

No excuse for children to get no health care

Think about the children you know or come in contact with every day. Do any of them have parents who work but cannot afford health insurance? Do any of them qualify for Medicaid but, for whatever reason, don't receive it?

Last week, I met just such a family. Linda Havemann is a full-time homemaker in Williamsburg. Her husband, Tom, has a good job working as a mechanic for a construction company, but they cannot afford health insurance for their sons, Raymond, 6; Michael, 3; and Andrew, 18 months. The two youngest have suffered with ear infections since birth, but they've never had regular doctor's visits because they don't have insurance.

I'm sure every parent can remember feeling panicked and helpless sitting up with a sick child. I can. Imagine how you would feel if, when your child had a temperature or an ear infection, you couldn't call a doctor.

This is what Linda and Tom had to live with until a Salvation Army social worker informed them that Michael and Andrew were eligible for Medicaid. When the Havemanns finally took the boys to the doctor, they found that Andrew had already lost 20 percent of his hearing and that his speech was delayed. Two weeks ago, after surgery to insert tubes in his ears, he said his first words: "Mama," "Dada," "bubble" and "shoe."

That's the good news, but the bad news is that 6-year-old Raymond is too old to qualify for Virginia's Medicaid program. In an effort to help states extend health coverage to 5 million children in Raymond's shoes, last year's balanced-budget agreement included a \$24 billion initiative.

Called the Children's Health Insurance Program, or CHIP, this program targets children of working families who do not qualify for Medicaid.

There is no excuse in this country for children to go without proper medical care. And yet, 10 million American children — that's one in seven — do. Three million of these, like Michael and Andrew, are eligible for Medicaid, but for a variety of reasons, their parents don't enroll them. Some don't know they qualify. Some can't deal with the complex enrollment forms. Others are simply ashamed to ask for help.

We must do everything we can to find and enroll those kids who are eligible for Medicaid or CHIP. We can pass all the laws we want, but if parents don't know their children are eligible, or if they can't or won't fill out

the forms, these laws will never fulfill their promise.

Last week, the president announced a series of initiatives that will help. First, he ordered federal agencies to develop a national outreach program — distributing information, coordinating toll-free numbers and simplifying the application process.

To complement this effort, he also described some extraordinary contributions from the private sector. Within a month, Bell Atlantic will have up and running a toll-free number to help states enroll uninsured children. Safeway will print the number on all its shopping bags, and chain drugstores will provide it to their customers.

The Robert Wood Johnson Foundation and the Kaiser Family Foundation together will spend \$23 million to research, design and fund outreach initiatives, and Pampers will offer information about available health insurance options in its childbirth-education packages, which are given to 90 percent of first-time mothers.

This administration is committed to making sure that every American has access to adequate and affordable health care. In 1996, the president signed a law that keeps an estimated 25 million Americans from losing their insurance if they change jobs, are self-employed or have pre-existing medical conditions.

And just last week, he signed a directive ensuring that everyone covered by a federal health plan — fully a third of all Americans — will be protected by a Patient's Bill of Rights. And he announced a new initiative to eliminate, by the year 2010, the disturbing disparities in infant mortality, diabetes, cancer testing and treatment, heart disease, AIDS and immunization among various ethnic and racial groups in this country.

But no goal is more important than providing adequate medical care to our youngest and most vulnerable citizens. Everyone can help. Besides social workers, we need doctors and nurses to inform parents about programs available for their kids. In addition, teachers, guidance counselors and coaches, neighbors and friends, camp counselors and mentors, tutors and members of the clergy — everyone in the "village" — can be on the lookout for children in need.

The health and well-being of our children is everybody's concern. If we work together, our efforts will help ensure that America's children get the healthy start they need to live long and productive lives.

The Washington Times
THURSDAY, FEBRUARY 26, 1998

Report likely to go easier on Gore

Senators rewriting portion on China

By Mary Ann Akers
THE WASHINGTON TIMES

A Senate committee that investigated campaign-finance abuses is rewriting a portion of its final report detailing Vice President Al Gore's financial ties to China, conceding that some of the harshest charges against the vice president were inaccurate.

In their report, Republican investigators still accuse Mr. Gore of participating in a Democratic fund-raiser at a Buddhist temple outside Los Angeles and then displaying a "lack of candor" about his knowledge of the event. But, under intense pressure from the White House and other Democrats, they now appear to be backing away from more serious charges that Mr. Gore was closely connected to Chinese government officials.

The investigators are now making "some semantic adjustments" to the report, one aide said.

Publication of the report, written by staff working for Sen. Fred Thompson, Tennessee Republican, chairman of the Senate Governmental Affairs Committee, has been held up for weeks by internal disagreements among Republicans and objections from the CIA and the FBI to language regarding espionage.

The final report, which chronicles three months of hearings by

House Republicans investigating campaign abuses abruptly canceled a scheduled hearing yesterday.

the committee on the finance practices of the 1996 presidential election, is now expected to be released next week, a spokesman for Mr. Thompson said.

A draft copy of the report, which has been widely leaked, said Mr. Gore met twice with Chinese businessman Shen Jueren, whose firm reportedly has close ties to Chinese intelligence. The vice president was introduced to Mr. Shen by former fund-raiser Maria Hsia, who has been indicted by federal prosecutors, the draft said. But investigators are now changing the language to reflect that Mr. Gore "may" have met with Mr. Shen, sources said.

Meanwhile, House Republicans investigating fund-raising abuses abruptly canceled a scheduled hearing yesterday but released information they said shows how the White House pressured a trade commission named for Sen. Jeff Bingaman, New Mexico Democrat, to appoint Charles Yah Lin Trie, who has been indicted by federal prosecutors, and other big Democratic donors.

The hearing was canceled after the star witness, Steve Clemons, a former Senate aide to Mr. Bingaman, was barred from testifying by a century-old congressional rule prohibiting one body of Congress from compelling testimony from lawmakers and aides of the other body. Senate Majority Leader Trent Lott and Minority Leader Tom Daschle agreed the former aide should not testify.

Although Mr. Clemons was unable to testify, GOP investigators released notes of two informal interviews that he gave them last December.

The investigators said Mr. Clemons told them the appointment process to the commission was controlled by the White House Office of Presidential Personnel and was based on a list of donors to the Democratic National Committee. Investigators' notes said Mr. Clemons was pressured by OPP Director Charles Duncan to check nominees against "donor" and "friends" lists.

Mr. Clemons said in a statement yesterday that the GOP notes contained "significant inaccuracies and misrepresentations about the important matters which were discussed." He also said release of the notes violates the congressional rule on privileged information.

An attorney for Mr. Duncan also disputed charges that his client pressured the Bingaman commission to accept political appointees. "It's an absolute falsehood," said lawyer Scott Bolden.

Rep. Dan Burton, Indiana Republican, chairman of the House Government Reform and Oversight Committee is scheduled today to release thousands of pages of documents revealing Mr. Trie's fund-raising role in the 1996 presidential campaign.

The Washington Times
THURSDAY, FEBRUARY 26, 1998

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Major Legislation Affecting Children

A RECORD OF ACCOMPLISHMENT

STRENGTHENING FAMILIES

Signed the Family & Medical Leave Act. Enables workers to take up to 12 weeks unpaid leave to care for a new baby or ailing family member without jeopardizing their job. Twelve million families have already benefited from Family and Medical Leave since its enactment.

Signed the Balanced Budget and Taxpayer Relief Acts of 1997 which included a \$500 Child Tax Credit. 27 million families with 45 million children under age 17 will receive the child tax credit as a result of the President's efforts.

Signed the Telecommunications Act of 1996 Giving Parents Control Over Children's TV Viewing with the V-Chip. Giving parents greater control over what their children watch on television by requiring the installation of screening technology (V-Chip) in all new televisions. When used with the new content-based voluntary ratings system, parents can identify which programs they want to block from their homes through the V-Chip.

Signed the Personal Responsibility and Work Opportunity Act Which Included Tough New Child Support Enforcement Rules. Signed into law tough child support measures that are projected to increase collections for children by \$24 billion over the next ten years. Under President Clinton's leadership, child support collections have increased 50 percent since 1992 to a record \$12 billion in 1996. Paternity establishment, often the first crucial step in child support cases, rose to nearly 1 million, almost double, from 516,000 in 1992.

Signed the Multiethnic Placement Act and the Minimum Wage Legislation Which Included a \$5000 Adoption Tax Credit -- Reducing Barriers and Increasing Adoption. Helping to increase the number of adoptions by prohibiting discrimination based on race or ethnicity, and by increasing recruitment of parents. And signed legislation providing a \$5000 tax credit to families adopting children and a \$6000 tax credit for families adopting children with special needs.

PROTECTING CHILDREN'S HEALTH

Signed the Balanced Budget and Taxpayer Relief Acts of 1997 Which Created the Children's Health Initiative. Fought to ensure that the Balanced Budget included \$24 billion to provide meaningful health care coverage to millions of uninsured children, representing the single largest investment in Health Care for children since Medicaid was enacted in 1965.

Signed the Health Insurance Portability and Accountability Act. Includes important new protections for an estimated 25 million Americans who move from one job to another, who are self-employed, or who have pre-existing medical conditions.

Signed the Newborns' and Mothers' Health Protection Act of 1996 Ending Drive-thru Deliveries. Proposed and signed into law legislation requiring insurers to cover at least 48 hours of a post-natal hospital stay (72 hours for a Cesarean Section).

Created the Comprehensive Childhood Immunization Initiative. Childhood immunization rates have reached an historic high. According to the Centers for Disease Control and Prevention, 90% or more of America's toddlers in 1996 received the most critical doses of each of the routinely recommended vaccines -- surpassing the President's 1993 childhood vaccination goal.

Increased Head Start Funding in Every Budget. Allowing 180,000 more children to participate. Since 1993, funding for the program has increased by 43% -- in fiscal year 1997, Head Start will have serve nearly 800,000 low-income children.

Created the Early Head Start Program with the Head Start Act Amendments of 1994. Serving nearly 25,000 children and their families in 143 *Early Head Start* programs across the country.

Increased Funding and the Participation of Low-income Women and Children in WIC. 1.7 million more woman, infants, and children are receiving nutrition and health assistance through WIC than in 1993. Currently 7.4 million women and children participate.

Vetoed the 1995 Republican Medicaid Block Grant Proposal Protecting the Medicaid Guarantee for Millions of American Children. Vetoed the Republican Medicaid block grant proposal that would have ended the guarantee of coverage for up to 4 million children by 2002. And, in the 1997 Balanced Budget preserved the Federal guarantee of Medicaid's meaningful health care coverage for the vulnerable populations who depend on it, passing legislation to provide health care coverage for as many as 5 million uninsured children.

Signed the Personal Responsibility and Work Opportunity Act Which Supported New Efforts to Prevent Teen Pregnancy. The law requires unmarried minor parents to stay in school and live at home or in a supervised setting; encourages "second chance homes" to provide teen parents with the skills and support they need; and provides \$50 million a year in new funding for state abstinence education activities. Because of the President's efforts since taking office, teen pregnancy prevention programs now reach about 30 percent or 1,410 communities in the United States.

PROVIDING EDUCATIONAL OPPORTUNITIES

Signed the Balanced Budget and Taxpayer Relief Acts of 1997 which included

Education Tax Breaks -- like HOPE Scholarships -- to Promote Lifelong Learning.

Representing the largest single increase in higher education since the G.I. Bill, the Balanced Budget includes a \$1,500 Hope Scholarship to make the first two years of college universally available, and a 20-percent tuition tax credit for college juniors, seniors, graduate students, and working Americans pursuing lifelong learning.

Signed the Goals 2000: Educate America Act. Establishing world-class educational standards.

Signed the Improving America's Schools Act of 1994. Overhauled Title I, which provides extra help with basic and advanced skills to disadvantaged students in elementary and secondary schools. As a result of this Act, states now hold more than ten million low income students to the same high standards set for all other students in the state, and hold schools accountable for the results. The new law also provides funds for teacher training, and strengthened requirements for parental involvement. Under the Clinton Administration, investment in Title I has grown by over \$1 billion.

Signed the Individuals with Disabilities Education Act (IDEA) Reauthorization.

Expanding opportunity for disabled children with IDEA, strengthening and reaffirming the nation's 20-year commitment to disabled children and their parents.

Initiated the Technology Literacy Challenge Fund, Bringing Computers to the Classroom.

Putting the future at the fingertips of children by connecting every classroom to the Internet by the year 2000, increasing the number of multimedia computers in the classroom, and giving teachers the training they need to use technology effectively. Proposed a 5-year, \$2 billion Technology Literacy Challenge Fund to help states and local communities meet these goals, with more than \$400 million in funding in the President's FY98 budget. The FY97 budget included \$200 million in funding.

Signed the Telecommunications Act of 1996 Which Included Plans to Link Schools and Libraries to the Internet. Fought for an "e-rate" in the Telecommunications Act which is providing more than \$2.25 billion per year in discounts for schools, libraries, and rural health clinics to connect to the Internet.

Launched America Reads in the Balanced Budget and Taxpayer Relief Acts of 1997.

Launched the America Reads Challenge, a nationwide effort to mobilize a citizen army of a million volunteer tutors to make sure every child can read independently by the end of third grade. The Balanced Budget includes a child literacy initiative consistent with these goals.

ENCOURAGING SERVICE

Signed the National Service Act of 1993 Creating the Corporation for National and Community Service. Promoting national service and providing educational opportunities -- since 1993, 70,000 have participated.

ENSURING SAFER COMMUNITIES

Signed Megan's Law. Allowing law enforcement to notify communities of the presence of sex offenders.

Signed the Brady Bill. Has already kept guns out of the hands of 250,000 felons, fugitives and stalkers.

Signed the Violence Crime Control and Law Enforcement Act. Putting 100,000 more police on the streets to keep our neighborhoods and communities safe and banning the manufacture and import of 19 of the deadliest assault weapons.

Signed a Strengthened and Expanded Safe and Drug-free Schools and Communities Act. Expanded the Drug- Schools Act into the Safe and Drug- Schools Act of 1994, making violence prevention a key part of that program. Schools use these funds to keep violence, drugs and alcohol away from students and out of schools.

Won \$195 Million in the Treasury-Postal Appropriations Bill for Media Campaign Targeting Young People with the Anti-drug Message. The Clinton Administration is funding a massive national media campaign to motivate America's youth to reject illegal drugs and substance abuse. This \$195-million media campaign will rely on high-impact, anti-drug television and radio advertisements aired during prime-time to educate and inform young people and their parents on the dangers of illegal drug use.

Signed the Gun-free Schools Act of 1994. Enforcing a "Zero Tolerance" gun policy in schools is keeping dangerous weapons out of children's classrooms. Thus far, 6,276 students have been expelled for bringing weapons to schools, and the vast majority of those expulsions involved guns.

PROTECTING THE ENVIRONMENT

Expanded The Public's Right To Know About Toxic Releases. Expanded families' right to know about environmental health risks that infants and children face to help them make informed decisions about their children's exposure to these risks. Required polluters to publicly disclose information about toxic releases -- nearly doubling the number of chemicals releases reported to the public and increasing by 30 percent the number of facilities that must report under right to know.

Signed The Safe Drinking Water Act. Ensure that families have healthy, clean drinking water. This law requires drinking water systems to protect against dangerous contaminants like *cryptosporidium*, and gives people the right to know about contaminants in their tap water.

Signed the Food Quality Protection Act. As a part the President's comprehensive efforts to

ensure safe food for our children and families, signed the Food Quality Protection Act requiring all pesticide residues on food will now meet safety standards specifically designed to protect infants and children. And recently, the President announces a new initiative to enhance FDA oversight over imported foods and develop guidance on good agricultural and manufacturing practices for fruits and vegetables.

**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.

President Clinton: Improving the Health of Our Nation's Children

Enacted Single Largest Investment in Children's Health Care since 1965. The Balanced Budget that President Clinton signed into law on August 5, 1997 included \$24 billion for the President's Children's Health Initiative -- the single largest investment in health care for children since the passage of Medicaid in 1965. The Children's Health Initiative will provide meaningful health care coverage to up to five million currently uninsured children -- including prescription drugs, vision, hearing, and mental health services.

Proposed New Incentives To Encourage Medicaid Enrollment. The President's FY1999 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. The budget provides states with the option of automatically enrolling children in Medicaid even before having received all of the complicated eligibility and enrollment forms (a provision known as "presumptive eligibility"). 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.

Issued Executive Directive to Implement Over 150 New Federal Commitments to Enroll Eligible But Uninsured Children. Over 4 million uninsured children are eligible for but not enrolled in Medicaid, and as the new Children's Health Insurance Program is implemented, even more families will have children who are eligible for state or federal health insurance programs. The Executive Memorandum cuts across jurisdiction and traditional agency inflexibility by directing eight Federal agencies -- ranging from HUD to SSA to the Education Department -- to implement over 150 new Federal initiatives to help sign up the millions of uninsured children eligible for but not enrolled in health insurance programs, including sending letters to 350,000 Federal workers, and working with national organizations and programs that reach millions of families to help enroll children in health insurance programs, including educating grandparents through the Medicare program.

Passed Meaningful Health Insurance Reform Act. The President signed the Health Insurance Portability and Accountability Act in 1996, which limits exclusions for pre-existing conditions, makes coverage portable and helps individuals who lose jobs maintain coverage. This law helps millions of children keep their health care coverage when their parents lose or change jobs.

Raised Immunization Rates to All Time High. Ninety percent or more of America's toddlers in 1996 received the most critical doses of each of the routinely recommended vaccines -- surpassing the goal set by the President in 1993. In July

1997, President Clinton proposed new child care regulations to ensure that children in child care receive the immunizations they need on time. The proposed rule would require that all children in federally subsidized child care be immunized according to state public health agency standards. This proposed regulation will particularly affect those children in child care arrangements that are legal but exempt from state licensing requirements.

Ensured that Prescription Drugs Will Be Adequately Tested for Children. President Clinton announced an important Food and Drug Administration regulation requiring manufacturers to do studies on pediatric populations for new prescription drugs -- and those currently on the market -- to ensure that prescription drugs have been adequately tested for the unique needs of children.

Helped Protect Children From Environment Health Risks. Last year, the President signed an Executive Order to reduce environmental health and safety risks to children by requiring agencies to strengthen policies and improve research to protect children and ensure that new regulations consider special risks to children.

Established Protections for Mothers and Their Newborns. The President spearheaded legislation requiring insurance companies to cover at least 48 hour hospital stays following most normal deliveries and 96 hours after a Caesarean section. This legislation ensures that mothers and babies do not leave the hospital before they and their doctors decide they are ready.

October 1, 1998
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THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Overview: *Today marks the first anniversary of the Children's Health Insurance Program (CHIP). Proposed by President Clinton and passed as part of the historic, bipartisan Balanced Budget Act of 1997, CHIP is the largest single expansion of health insurance coverage for children in more than 30 years. Today, nearly 11 million American children -- one in seven -- are uninsured. To reach these children, many of whom come from working families with incomes too high to qualify for Medicaid but too low to afford private health insurance, this new initiative set aside \$24 billion over five years for states to provide new health coverage for millions of children -- the largest children's health care investment since the creation of Medicaid in 1965. States will be able to use part of their federal funds to expand outreach and ensure that all children eligible for Medicaid and the new CHIP program are enrolled.*

The initiative is a partnership between the federal and state governments that will help provide children with the health coverage they need to grow up healthy and strong. At President Clinton's insistence, the program requires that states use this new money to cover uninsured children -- and not replace existing health coverage. The program also includes important cost-sharing protections so that families will not be burdened with out-of-pocket expenses they cannot afford.

Funds for the program became available to the states beginning October 1, 1997, and HHS is working closely with states as they design plans in accordance with the new law. During January and February 1998, HHS sponsored nine regional conferences to help inform states of all the options available to cover children under CHIP.

To bolster the aggressive outreach strategies that are already part of CHIP, President Clinton's FY 1999 budget includes new policies to help states reach out to uninsured children. Over five years, the budget provides \$900 million for children's health insurance outreach initiatives to help make

sure that all eligible children are covered either under traditional Medicaid or the new CHIP program. Equally important, over 4 million uninsured children are eligible but not signed up for Medicaid. To improve the health of our nation's children, every eligible child should be enrolled. In addition, the President has challenged the public and private sectors to work together to educate families and help them enroll their children

Majority of state CHIP plans have been approved. *In the one year since the program was created on October 1, 1997, 49 states and territories have submitted CHIP plans for approval by the Department of Health and Human Services. CHIP plans have been approved for 41 states and territories: Alabama, Colorado, South Carolina, Florida, Ohio, California, New York, Illinois, Michigan, Connecticut, New Jersey, Missouri, Rhode Island, Oklahoma, Massachusetts, Pennsylvania, Wisconsin, Oregon, Texas, Idaho, Puerto Rico, Indiana, Utah, North Carolina, Minnesota, Maryland, Arkansas, Nebraska, Maine, Nevada, South Dakota, Iowa, Kansas, Delaware, Georgia, Montana, New Hampshire, West Virginia, the Virgin Islands, the District of Columbia, and Arizona. In addition, the following state plans have been submitted: Alaska, Kentucky, Louisiana, Mississippi, New Mexico, North Dakota, Virginia and Tennessee. According to states' estimates, approximately 2.3 million children will be covered under these CHIP plans within the next three years.*

Diversity in approaches. *Each state has taken a slightly different approach in crafting CHIP plans, reflecting both existing state efforts to expand coverage and the unique needs of individual states. Twenty-six states and territories with approved plans are expanding coverage through Medicaid only. Thirteen states with approved plans are expanding coverage through non-Medicaid programs only; and ten states with approved plans are expanding through a combination of Medicaid for lower income children and a non-Medicaid program for higher income children.*

EXPANDING CHILDREN'S ACCESS TO HEALTH COVERAGE

The federal-state Children's Health Insurance Program (CHIP), created under the new Title XXI of the Social Security Act, will expand health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage. It builds on Medicaid, the federal-state health insurance program that covers approximately 36 million low-income individuals, including 18 million children. Because Medicaid allows states flexibility in determining eligibility, states currently cover children whose family incomes range generally from below the federal poverty level to as high as 300 percent of poverty.

(Note: One State, Tennessee, has no upper income cap.) The majority of states cover children in families between 100 and 150 percent of the federal poverty level (FPL). In the new CHIP program, states may either cover children in families whose incomes are above the Medicaid eligibility threshold but less than 200 percent of poverty, or within 50 percentage points over the state's current Medicaid income limit for children.

Ensuring Meaningful Health Benefits. Under the new program, states have flexibility in targeting eligible uninsured children. States may choose to expand their Medicaid programs, design new child health insurance programs, or create a combination of both. States choosing a new children's health insurance program may offer one of the following benchmark plans: the standard Blue Cross/Blue Shield Preferred Provider Option offered by the Federal Employees Health Benefit Program; a health benefit plan offered by the state to its employees; or the HMO benefit plan with the largest commercial enrollment in the state. A state may also choose to offer the "equivalent" of one of the benchmark plans. If a state chooses this option, its plan's value must be at least equal to the benchmark plan's and it must include: inpatient and outpatient hospital services; physicians' surgical and medical services; laboratory and X-ray services; and, well baby/child care services, including immunizations. In addition, if the plan a state chooses as its benchmark includes coverage for prescription drugs, mental health services, vision care, and hearing-related expenses, the state's "equivalent" plan must include similar benefits. Under the law, New York, Pennsylvania and Florida can continue to offer their current benefit arrangements (with some modifications to comply with the law's cost-sharing protections). States choosing the Medicaid option will offer Medicaid benefits for children.

Limiting Patient Costs. Patient out-of-pocket costs for this program are allowed but are limited. If a state expands its Medicaid program, then existing Medicaid limits apply to the newly enrolled children. If a new health plan is developed, premiums for families whose income is under 150 percent of the poverty level cannot exceed \$19 per family per month and copayments must be nominal. For families with incomes above 150 percent of poverty, cost-sharing must be based on an income-related sliding scale with an annual total for all children not to exceed five percent of the family's income.

Preventing Cost Shifting. To prevent states from shifting children from the traditional Medicaid program to this new program, states must not tighten the Medicaid eligibility standards for children that were in place on March 31, 1997. In addition, states must enroll all children who meet Medicaid eligibility rules in the Medicaid program not in the new CHIP plan. All states must design their programs to prevent private cost shifting as well. In their child health plans, states will describe methods they will use to prevent "crowd out" or the shifting

of children from private insurance to CHIP.

ACCESSING FEDERAL FUNDING

Under the new law, states are eligible to receive an enhanced federal matching rate drawn from an "allotment" for state programs approved by the Secretary of Health and Human Services that expand access to targeted, low-income children under the new CHIP program. Funds will be allocated to each participating state according to their number of uninsured low-income children, accounting for regional cost differences. Available state allocations, which were published in the *Federal Register* in September, range from \$3.5 million for Vermont's relatively small population to a high of \$855 million for California. States may use up to 10 percent of the CHIP benefit expenditures for outreach, services other than the standard benefit package for eligible children, and administrative costs. To access the FY 1998 allocation, states must have their CHIP plans approved by the Secretary of Health and Human Services by Sept. 30, 1999.

The Department of Health and Human Services(HHS) is working closely with states to design CHIP plans that meet the requirements of the new law. HHS has written to each state outlining the new program, and has published a list of the state allotments; a preliminary check-list of information states must submit to HHS when applying for their allotments; and answers to the most commonly asked questions from states about how to develop their children's health insurance programs. The Department will work with states to expedite the development and implementation of state CHIP plans.

EXPANDING OUTREACH

President Clinton's FY 1999 budget includes a significant effort to help states reach out to uninsured children and ensure that all children eligible for Medicaid and the new CHIP program are enrolled. Over five years, the proposal provides \$900 million for new outreach efforts, including:

- **A broad expansion of the number of places children could get Medicaid coverage immediately on a temporary basis while formal applications are processed.** This process, known as "presumptive eligibility," allows workers in specially designated locations to bring a child immediately into the program on a temporary basis. Under current law, workers in such places as Head Start centers and agencies that certify families for the Women, Infants and Children program can grant a child immediate Medicaid coverage. President Clinton's plan would expand that authority to other agencies, such as schools, child care resource and referral centers and child support

enforcement programs.

- **New access for states to an outreach fund established by the Temporary Assistance for Needy Families (TANF) program (formerly the Aid to Families with Dependent Children program).** The proposal would help states defray the cost of finding and enrolling children by expanding the use of a \$500 million fund which was originally set up to help states with Medicaid outreach for children who lost cash aid under welfare reform. Few states have used these funds, partly because of the difficulty of targeting such a narrow group. Under the President's plan, Medicaid would pay \$9 of every \$10 spent by states for most outreach activities for all uninsured children qualified for assistance and not just for outreach to a small subset of the children. Also, the budget proposal would remove the fund's sunset date of 2000 and add an additional \$25 million to the effort.

- **New Presidential Directive to Launch a Government-Wide Effort to Enroll Uninsured Children.** On February 18, 1997, in an executive memorandum to all federal agencies with jurisdiction over children's programs, President Clinton directed the establishment of a multi-agency effort to enroll uninsured children. The Departments of Agriculture, Interior, Education, Health and Human Services, Housing and Urban Development, Interior, Labor, and Treasury and the Social Security Administration, run programs such as WIC, Head Start, food stamps and public housing that cover many of the same children who are uninsured and eligible for Medicaid or other health insurance. The memorandum instructed these agencies: to identify all their employees and grantees who might come into contact with these children and ensure that these individuals are aware of the health insurance programs available to children; to develop an intensive children's outreach initiative, such as distributing information, coordinating toll-free numbers, and simplifying and coordinating application forms; and to report back in 90 days on their plan to help enroll uninsured children.

- **The Announcement of an Historic Private Sector Commitment to Provide Outreach.** On February 18, 1998, the President announced 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.** The President announced that the National Governors' Association and Bell Atlantic will establish and operate a toll-free number to help states enroll uninsured children and will help automatically direct millions of families around the nation to their local state Medicaid enrollment agency.

Over \$23 million in commitments from private foundations across the country. The

Robert Wood Johnson Foundation will spend \$13 million over the next 3 years, to fund

innovative state-local coalitions to design and conduct outreach initiatives, simplify

enrollment processes, and coordinate existing coverage programs. The Kaiser Family

Foundation will spend up to \$10 million over the next 5 years on studies to help understand

why eligible children do not enroll in existing programs and how best to provide insurance

coverage for these children. America's Promise, with support from the Robert Wood

Johnson Foundation and in collaboration with the American Academy of Pediatrics, will

mobilize corporations such as SmithKline Beecham and Schering Plough and local

communities nationwide in children's health outreach efforts.

New initiatives from corporate and advocacy organizations to reach out to uninsured children. Procter and Gamble, the manufacturer of Pampers diapers, has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, providing families information about available health insurance options. Grocery stores and chain drug stores across the country will provide information about the new National Governors Association and Bell-Atlantic toll-free number to their customers. The National Education Association will launch an unprecedented effort to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children.

BUILDING ON PREVIOUS CLINTON ADMINISTRATION ACTIONS

Since 1993, HHS has approved Medicaid waivers for 18 states for comprehensive health care reform projects that have allowed states to control costs and expand coverage. In addition, HHS has approved requests from 19 states for Medicaid waivers as part of larger welfare reform projects, as well as 25 local Medicaid demonstration projects. *When fully implemented, these demonstration projects will extend health coverage to 2.2 million parents and children who otherwise would be uninsured.*

President Clinton also signed into law the Health Insurance Portability and Accountability Act of 1996, creating important new protections for an estimated 25 million Americans (approximately 1 in 10) who move from one job to another, who are self-employed, or who have pre-existing medical conditions.

The new Children's Health Insurance Program also builds on the Clinton Administration's long standing commitment to improving health care for children. The President has issued guidelines to eliminate easy access to tobacco products and to prohibit companies from advertising tobacco to kids. He also recently announced that in 1996, over 90 percent of America's toddlers received the most critical doses of each of the routinely recommended vaccines -- surpassing the goal he set in 1993. And, the FDA recently released a rule that requires manufacturers to do studies on pediatric populations for new prescription drugs as well as those currently on the market.

Combined, this administration's efforts will help assure that children get the healthy start they need to live long and productive lives.

STATE CHIP PROGRAMS

Descriptions of approved state CHIP programs follow:

Alabama

Alabama will implement its CHIP plan in two phases. The first phase will expand Medicaid eligibility to uninsured children under 19 years of age whose family incomes do not exceed 100 percent of the federal poverty level(FPL). The AL-Kids program, the second phase, is a separate state children's health insurance program that will expand coverage to children up to age 19 whose family income is between 100 and 200 percent of the FPL. AL-KIDS offers coverage comparable to the HMO with the largest insured commercial, non-Medicaid enrollment in the state. With both phases, Alabama expects to insure 36,000 children by September 1999. Alabama will hire extra outreach workers to increase the number of children located and enrolled in Medicaid. Information on the new program will be advertised through newspapers, public service announcements and through the school system. Alabama was the first state approved on January 30, 1998 and its amendment was approved August 18, 1998.

Arizona

Arizona will use its CHIP allocation to create, KidsCare, a new health insurance program which will cover children from birth through age 15. Income eligibility will increase over time, beginning at 150 percent of the FPL and rising to 175 percent

on July 1, 1999, then to 200 percent from 2000 through 2007. The state expects to insure nearly 50,000 children by September 2000. Enrollees will receive coverage through established Arizona Health Care Cost Containment System plans and state employee health maintenance organizations that elect to participate in the program. American Indians may choose to receive services through the Indian Health Service as well. Participants will pay a \$5 copayment for non-emergency use of the emergency room. To assist with outreach, the state has created an Outreach Coordinator position and has sent applications to organizations that serve low-income children. Arizona was approved on September 18, 1998.

Arkansas

Arkansas will use its CHIP allocation to expand Medicaid coverage to nearly 3,600 children who would otherwise not have health insurance. It will cover children born after September 30, 1982 and prior to October 1, 1983 whose family income is at or below 100 percent of the FPL. Arkansas is currently considering how to structure the second phase of its Title XXI program to cover even more children. The state currently has a Medicaid section 1115 waiver, ARKids First, that serves children through age 18 with family incomes up to 200 percent of poverty. Outreach activities will include radio and TV ads, a direct mail campaign, a toll-free number, and print advertising. Arkansas was approved on August 6, 1998.

California

California could receive as much as \$855 million in new funds for FY 1998. The state will expand its Medicaid program, known as Medi-Cal, by implementing an income disregard and by making children under age 19 eligible if they have family incomes at or below 100 percent of the federal poverty level. The state will also expand its current state program, known as Access for Infants and Mothers (AIM), which will cover infants up to age 1 from 200 percent to 250 percent of poverty. Through CHIP, California will also expand its Healthy Families program, which will provide coverage for children age 1-19 with family incomes from 100 percent to 200 percent of the federal poverty level. California insuring 500,000 children by the end of FY 1998. As part of its outreach efforts, California will subcontract for a media campaign with private and community based organizations, health brokers and insurance agents to directly identify and assist potential enrollees in filling out the joint application form for the Medi-Cal and Healthy Families program. In addition, California will conduct a provider education campaign to support its outreach effort. California was approved on March 24, 1998.

Colorado

Colorado will expand children's access to health coverage by building on its own Colorado Child Health Plan, and could receive up to \$42 million in federal CHIP

funds for FY 1998. The state expects to cover a total of 23,000 children under this non-Medicaid managed care plan by the third year. The benefit package will include services such as hospital and emergency room transport, inpatient services, medical office visits, and prescription drugs. Coverage will be provided to children from birth through age 17 for families whose income is at or below 185 percent of the federal poverty level. The state will publicize the program through press releases, public service announcements, schools, employers, county agencies and regional and social agencies. Colorado was approved on February 18, 1998.

Connecticut

Connecticut could receive approximately \$35 million in new funds for FY 1998, which state officials will use to insure as many as 15,000 new children by June of 2000. The state will use its new allocation to both expand its Medicaid population and create a new program based on the state employee's health plan. Under the state's HUSKY program, Medicaid eligibility will be expanded to include children ages 14 through 18 with household incomes of up to 185 percent of the federal poverty level. Previously, the Medicaid program only covered children up to age 13 in families with incomes up to 185 percent of poverty. The state estimates that an additional 14,400 children will be added to the Medicaid program. The new health insurance program, Part B of HUSKY, will be targeted toward children up to age 18 in families with incomes up to 235 percent of poverty. The state will apply an income disregard - setting aside certain types of income the family may have - effectively bringing coverage to 300 percent of poverty. Before income disregards are applied, HUSKY Part B will charge families with incomes above 235 percent of poverty premiums of \$30 per child, with an upper limit of \$50 per family. Children with special physical and behavioral health needs will receive those services under a special third part of the program, HUSKY Plus. Outreach for the state will include radio and TV ads, a direct mail campaign, brochures/flyers, video, a toll-free number, web sites and state presentations and mail-in applications. Connecticut was approved on April 27, 1998.

Delaware

Delaware will use its CHIP allotment to create a separate state children's health insurance plan which targets children under age 19 whose family incomes are less than 200 percent of the FPL. Coverage will be provided through the state employee health plan and will include pharmacy services, mental health and substance abuse care. Monthly premiums will be charged on a sliding scale based on income. Delaware officials estimate they will insure about 10,500 children by October 1999. Delaware's plan was approved on September 1, 1998.

District of Columbia

The District of Columbia could receive as much as \$12 million in new funds for FY 1998. The District plans to expand its Medicaid program to children from birth to age 19 whose family income is less than 200 percent of the FPL. Enrollees will receive the regular Medicaid benefits package and there will be no cost sharing for families. The District anticipates enrolling nearly 8,400 children in its program, which will be called Healthy DC Kids. As part of its outreach efforts, the District will set up a telephone hotline to handle inquiries and has created a single, two-page, mail-in application for both Medicaid and CHIP. The District of Columbia's CHIP plan was approved September 17, 1998.

Florida

Phase One of Florida's new CHIP plan expanded Medicaid eligibility to children in families earning up to 100 percent of the FPL and expanded Florida's Healthy Kids program, a comprehensive program that was piloted in 20 counties, to additional counties. Phase Two will create the Florida KidCare Program which consists of: expanding the Healthy Kids program on a state-wide basis and expanding eligibility for the program to children through age 18 in families with incomes up to 200 percent of FPL; creating the MediKids program to provide coverage for children up to age 5; creating the Children's Medical Services Network for children up to 18 with special needs; and expanding Medicaid to cover children ages 15 - 19 to 100 percent of FPL. The state plans to simplify its enrollment form and enrollment process and is developing an outreach strategy. State officials hope to enroll 175,000 children in the combined Florida Kidcare program by July 1, 1999. Florida received its plan approval on March 6, 1998, and its amendment approval on September 8, 1998.

Georgia

Georgia could receive as much as \$125 million in new funds for FY 1998. Georgia will create a separate insurance program for children from age 0-18 whose families have incomes of less than 200 percent of poverty and who are not eligible for Medicaid. Enrollees will receive benefits comparable to the current Medicaid package. There is no cost sharing for children under age 6; for children over age 6 there is a monthly premium of \$7.50 for one child and \$15 for two or more children. The state expects to insure 58,000 children by FY 2000. Georgia's plan was approved September 3, 1998.

Idaho

Idaho could receive as much as \$15.8 million in new funds for FY 1998, which state officials will use to insure nearly 5,000 children. Idaho will use its new CHIP allocation to expand Medicaid eligibility to children up to age 19 in families with incomes up to 160 percent of the federal poverty level. Due to state legislation,

the income threshold will be 150 percent of the federal poverty level effective, July 1, 1998. The state has formed a task force to study ways of further expanding Idaho's CHIP program. Children in the Medicaid expansion will receive the state's standard Medicaid benefit package, which includes inpatient and outpatient hospital services, inpatient psychiatric care, physician services, dental services, home health services, lab services, and prescription drugs. Outreach activities include mailing postcards to potential enrollees describing Title XXI. The mailing list is comprised of families who have lost cash assistance between April and December 1997. Idaho was approved on June 15, 1998.

Illinois

With its new CHIP allotment, Illinois will expand Medicaid eligibility for children up to age 19 whose families have incomes at or below 133 percent of the federal poverty level. Illinois could receive as much as \$123 million in new funds for FY 1998, which state officials will use to insure 40,000 additional children within the next three years. Prior to the CHIP expansion, the income level for Medicaid eligibility varied based on the age of the child. Under the new program, income thresholds have been equalized. State outreach efforts will include reviewing automated records to identify eligible participants followed by the notification of those individuals. In addition, the Illinois Department of Public Aid will send a notice to all non-assistance Child Support families informing them of the program and of locations where families can go to enroll their children. Illinois was approved on April 1, 1998.

Indiana

Under the CHIP program, Indiana could receive as much as \$70.5 million in new funds for FY 1998. Indiana will use its new allocation to expand its Medicaid program and estimate that they will insure as many as 58,000 more children by the year 2000. The program will expand eligibility to children up to age 19 in families with incomes up to 150 percent of the federal poverty level, and the state has formed a task force to study ways to further expand its CHIP program. Children in the Medicaid expansion population will receive the state's standard Medicaid benefit package, which includes inpatient and outpatient hospital services, inpatient psychiatric care, physician services, dental services, home health care, lab services and prescription drugs. To raise awareness about the program, the state will launch a media campaign and conduct outreach through state and local government agencies and community organizations. Indiana's CHIP plan was approved on June 26, 1998.

Iowa

Iowa could receive as much as \$32 million this year in new funds for FY 1998.

Iowa will use its new CHIP allocation to expand Medicaid by raising income eligibility in several different age categories. The Medicaid expansion will allow children from age 6 - 18 in families whose incomes are up to 133 percent of FPL to enroll. The state's current Medicaid program covers infants up to one year of age whose families have incomes of up to 185 percent of FPL. The benefit package for CHIP will be the same as the current Medicaid package and the state will contract an organization to run an outreach program. This outreach program will work with community and statewide organizations including provider associations, advocacy groups, Native American Tribal Councils, and refugee resettlement programs. Officials expect to insure 16,000 children by June 30, 1999. Iowa's plan was approved September 1, 1998.

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Kansas

With its new CHIP allotment, Kansas will create a separate insurance program called HealthWave for children through age 18 whose families have incomes of less than 200 percent of the FPL. The benefit package for children enrolled in CHIP will be the same as offered to as state employees. Families with incomes above 150 percent of FPL must pay a monthly premium. Families with income between 151 and 175 percent of poverty will pay \$10 per month per family, and families between 176 and 200 percent of poverty will pay \$15 per month per family. The state will target low-income children for outreach through the public schools and will offer a toll free number to access enrollment information. Kansas hopes to enroll 30,000 children by December 31, 1999. Kansas' plan was approved on September 1, 1998.

Maine

Maine could receive as much as \$12 million in federal CHIP funds for FY 1998. The state will use its new funds to expand coverage to 10,400 children by July 2000 by combining both a Medicaid expansion and a statewide children's health insurance program, Cub Care. Through CHIP, Maine will expand coverage to children through age 18 with family incomes up to 185 percent of the federal poverty level. The Medicaid expansion will cover children aged one through 18 in families with incomes up to 150 percent of poverty. The Cub Care program will cover children in families with incomes from 151-185 percent of poverty. State outreach efforts will include a targeted media and direct mail campaign. Maine was approved on August 7, 1998.

Maryland

Maryland could receive as much as \$62 million for FY 1998. Maryland will expand its Medicaid program with its new CHIP allotment to an estimated 15,500 uninsured children. Under the CHIP plan, children between birth and age 19 whose family incomes are below 200 percent of poverty will receive coverage. Children covered by CHIP will receive the Medicaid benefits package. To reach families who might be eligible for CHIP, the state will launch a grassroots information dissemination campaign involving state agencies, advocacy and community groups and provider organizations. In addition, the state will launch a public media and advertising campaign to include television, radio, mass transit, and newspaper advertising. Maryland was approved July 31, 1998.

Massachusetts

Massachusetts could receive as much as \$43 million for FY 1998, which state officials will use to expand the state Medicaid program and create a separate Family

Assistance Plan. With its federal allotment, the state hopes to bring annual enrollment in the program to 37,000 children. Massachusetts will provide the state's regular Medicaid benefit package to newly-enrolled children. The eligibility level for Medicaid will be increased from the current 133 percent of FPL to children in families with incomes of up to 150 percent of poverty. The state will also use its CHIP funds to create the Family Assistance Plan for children with family incomes between 150 and 200 percent of poverty. Uninsured children with family incomes over 150 percent of poverty will be eligible for either a "direct coverage option" or for financial assistance for families to purchase dependent coverage through their employers, the so-called "premium assistance option." The Family Assistance Program will provide coverage equivalent to the insurance plan offered to federal employees in the state. These families will pay a monthly premium of \$10 per child with a family maximum of \$30 per month. Proposed outreach includes school-based campaigns, distribution of promotional materials, and giving mini-grants to community organizations to help locate hard-to-find potentially eligible children. Massachusetts was approved on May 29, 1998.

Michigan

Michigan could receive as much as \$92 million this year for FY 1998, which state officials will use to insure as many as 133,000 new children by September 2000. The state will use its new allocation to implement MIChild. The program will provide comprehensive health care coverage to all children under age 19 whose families have incomes at or below 200 percent of the federal poverty level. The benefit package will mirror the state employees' plan and will be administered by multiple managed care providers. MIChild will not impose co-payments on families with incomes at or below 150 percent of poverty. Some co-payments will apply for families between 151-200 percent of poverty. The state's outreach efforts will include demographically-targeted media campaigns and coordination with relevant community programs and agencies. Michigan's plan was approved on April 7, 1998.

Minnesota

Minnesota has been among the most progressive states in the nation in providing health insurance coverage for children and families. The approval of Minnesota's plan enables the state to lay the groundwork for its CHIP program and to secure its CHIP allotment, which could be as much as \$28 million for FY 1998. Minnesota currently covers approximately 50,000 children who would otherwise be uninsured. The state has accomplished this through a Section 1115 Medicaid waiver amendment, granted in 1995. The MinnesotaCare program provides health coverage to pregnant women and children with family incomes up to 275 percent of the federal poverty level. Minnesota's plan was approved July 17, 1998.

Missouri

Missouri could receive as much as \$52 million for FY 1998, which state officials will use to insure as many as 90,000 new children by June 30, 1999. Missouri will use its new allocation to expand insurance coverage to children within the state's existing Medicaid managed care program, known as MC+. The program will expand eligibility to children in families with incomes up to 300 percent of the federal poverty level. Missouri's statewide health care reform demonstration plan was approved through a Section 1115 Medicaid waiver. It will allow the state to slightly alter the Medicaid benefit package and also enroll the CHIP children in Medicaid after the state's CHIP funds are exhausted. This Medicaid waiver will also provide coverage for certain adults, including working parents leaving welfare and mothers who otherwise would have lost their Medicaid following childbirth. Outreach efforts will be coordinated at state offices in every county. Free materials will also be available and distributed to other entities such as social welfare organizations, schools and health care providers. Missouri's plan was approved on April 28, 1998.

Montana

Montana expects to insure 9,000 children by June 2000 by creating a statewide children's health insurance program. Children under age 19 whose families have incomes of less than 150 percent of poverty will qualify for the Montana CHIP plan. The benefits package will mirror the state employee health plan, including prescription drugs, emergency room services, and mental health and substance abuse treatment services. For families with incomes at or above 100 percent of poverty, the state will charge an annual enrollment fee of \$12 for one child and \$15 for families with two or more children enrolled. Copayments for some services will be charged for families whose income is above 100 percent of FPL. Copayments will be capped at \$200 per family per year. Montana's plan was approved September 11, 1998.

Nebraska

Nebraska could receive approximately \$15 million in federal CHIP funds for FY 1998. The state will cover nearly 1,000 children through an expansion of its Medicaid program. The state will expand Medicaid coverage to children age 15 through 18 whose family income is at or below 100 percent of the federal poverty level. This will begin the first phase of Nebraska's Kids Connection program. Nebraska will provide the state's regular Medicaid benefits to the newly-enrolled children. To encourage enrollment, the state will work with advocacy agencies in disseminating information as well as distribute pamphlets and brochures. Nebraska's plan was approved on August 7, 1998.

Nevada

Nevada could receive as much as \$30 million in new funds for FY 1998. With its new CHIP allotment, the state will create, Nevada Check Up, a statewide health insurance program which will provide coverage to children up to age 18 in families with incomes at or below 200 percent of poverty. The Nevada Check Up program is estimated to cover 43,500 children in its first year. To encourage enrollment, the state has simplified the CHIP eligibility application, which will be available statewide through schools, child care facilities, family resource centers, social service agencies, and other locations where eligible children and/or their parents frequent. The state has also established a toll-free information number, which is listed on posters, marketing brochures, and the application form. Public service announcements are also planned. Nevada's plan was approved on August 13, 1998.

New Hampshire

New Hampshire could receive as much as \$11 million in new funds for the FY

1998 allocation of its CHIP funds. The state will use its CHIP allocation to expand its Medicaid program and create a separate statewide children's health insurance program. Healthy Kids-Gold, or Phase I, will expand Medicaid eligibility for newborns and infants up to age one in families with incomes up to 300 percent of the FPL. Healthy Kids-Silver, or Phase II, will be a separate statewide health insurance plan that will mirror the benefit package offered to federal employees in the state. Healthy Kids-Silver is aimed at children ages 1 to 19 in families with incomes up to 300 percent of poverty. In order to expand its coverage to this level of family income, the state will apply an income disregard—setting aside certain types of income the family may have. The state expects to insure 4,000 children by September 2000. New Hampshire's plan was approved September 16, 1998.

New Jersey

New Jersey could receive approximately \$89 million in new funds for FY 1998, which state officials will use to insure as many as 102,000 new children by the end of the program's first year. The state will use its new allocation to create NJKidCare which will include a Medicaid expansion and a new state CHIP plan. The Medicaid expansion will provide comprehensive health care coverage to all children under age 19 whose families have incomes at or below 133 percent of the federal poverty level. The new CHIP insurance program will be targeted to children in families with incomes above 133 percent to 200 percent of poverty. The new program will charge families a \$15 per month premium. The state will have a fourfold outreach effort which will include: public awareness, targeted outreach, community education, and consumer education. The state is also committed to targeting outreach to special populations such as HIV and homeless populations. New Jersey's plan was approved on April 27, 1998.

New York

New York was one of three states for which existing children's health coverage benefit packages were "grandfathered" into the CHIP legislation. The state could receive as much as \$256 million in new funds for FY 1998, which state officials will use to insure as many as 360,000 additional children within the next three years. New York will use its new allocation to expand its existing CHPlus program, which currently provides insurance to children up to age 19 whose families have incomes at or below 185 percent of the federal poverty level. CHPlus is a partnership between the state and private insurers with the state subsidizing private coverage for enrollees. The benefit package includes a full range of inpatient and outpatient services. The state's outreach activities will include a statewide media campaign that will be conducted by the New York State Department of Health. New York's plan was approved on April 1, 1998.

North Carolina

North Carolina could receive as much as \$79 million in new funds for FY 1998. North Carolina will use its CHIP allocation to create a separate state health insurance program to provide coverage to uninsured children whose family income does not exceed 200 percent of the federal poverty level. The state expects to insure 35,000 children. Families whose incomes rise above 200 percent of poverty up to a maximum of 225 percent will be able to buy into the program for one year. The benefit package is equivalent to that offered to state employees, plus Medicaid-equivalent benefits for children with special health care needs. North Carolina plans to improve outreach efforts by simplifying the application forms for both Medicaid and CHIP and by using existing public/private partnerships between local departments of health and social services. North Carolina's plan was approved on July 14, 1998.

Ohio

With its new CHIP allotment, Ohio will expand eligibility within its existing Medicaid program. The state will expand Medicaid eligibility to cover children up to age 19 whose families have incomes at or below 150 percent of the federal poverty level. Ohio could receive nearly \$116 million in new funds for FY 1998, and will expand coverage to as many as 133,000 uninsured children by 1999. To encourage enrollment, the state will survey community agencies on how they conduct Medicaid eligibility outreach, and develop media strategies for statewide education provided to Medicaid consumers and providers. Ohio's plan received approval on March 23, 1998.

Oklahoma

Oklahoma could receive as much as \$81 million in new funds for FY 1998, which state officials will use to expand its Medicaid program. With its federal allotment, the state hopes to expand coverage to 71,000 children by the end of the program's first year. Oklahoma will provide the state's regular Medicaid benefit package to the newly-enrolled children. Oklahoma plans to use its CHIP allotment to provide Medicaid coverage to children born on or after October 1, 1983 with family incomes up to 185 percent of the federal poverty level. The Oklahoma Health Care Authority is collaborating with other interested agencies in the state to develop a marketing and outreach plan. The plan will consist of posters, public service announcements, fact sheets, press releases and outdoor advertising. Oklahoma's plan was approved on May 26, 1998.

Oregon

Oregon could receive as much as \$39 million in new funds for FY 1998, which state officials estimate they will use to enroll approximately 17,000 children in their

CHIP program by July 1, 1999. Oregon will use its new allocation to expand coverage to children from birth to age 6 with incomes between 133 percent and 170 percent of the federal poverty level. Coverage will also be extended to children from age 6 to age 19 with family incomes between 100-170 percent of poverty. Children in the new CHIP program will receive the same benefit package as children currently enrolled in the state's Medicaid section 1115 waiver demonstration. The benefit package includes inpatient and outpatient hospital services, inpatient psychiatric services, physician services, dental services, home health services, lab services, prescription drugs and other medically necessary services. Oregon will convene a task force of public and private partners to develop a consolidated Medicaid and CHIP outreach plan. Oregon's plan was approved on June 12, 1998.

Pennsylvania

Pennsylvania could receive as much as \$117 million in new funds for FY 1998, which state officials will use to fund its existing Pennsylvania CHIP program. Pennsylvania is one of three states that had the benefit package of their existing state children's health program grand-fathered under CHIP. Pennsylvania's program currently serves 54,000 children. With its federal allotment, the state hopes to bring annual enrollment in the program up to 63,000 children by the end of the state's fiscal year 1999. Pennsylvania CHIP will provide coverage to children age one through 16 with family incomes at or below 185 percent of poverty. The benefit package includes a full range of inpatient services. Outreach activities in the state include canvassing local businesses, day care centers, school districts, hospitals, religious organizations, social service agencies and civic groups. Pennsylvania's plan was approved on May 28, 1998.

Puerto Rico

Puerto Rico could receive as much as \$9.8 million in new funds for FY 1998 under the CHIP program. Puerto Rico will use its allotment to expand Medicaid eligibility. Medicaid coverage will be expanded to cover children through age 18 in families with incomes below 200 percent of the commonwealth poverty level (\$8,220 for a family of four). Federal CHIP funding will allow Puerto Rico to cover approximately 20,000 children. Puerto Rico's program will also include children currently under its public health system, which receives no federal funding. Puerto Rico is also unique in that it has elected to contribute more money than the standard federal-state matching funds. Officials in Puerto Rico estimate that there will be 165,000 children in their CHIP plan by the end of FY 1998. Puerto Rico will develop a number of outreach efforts, including disseminating brochures, leaflets, and posters with information on the CHIP program; launching a broad-based media campaign; and appealing directly to eligible children and families. Puerto Rico's plan was approved June 26, 1998.

Rhode Island

Rhode Island could receive as much as \$10.6 million for FY 1998, which state officials will use to insure as many as 3,000 children by the end of FY 2000. Rhode Island will use its allocation to expand its Medicaid program. The program will provide comprehensive health care coverage to children between the ages of 8 and 15 whose family income is between 100 and 250 percent of the federal poverty level. The program will also cover children 15 to 18 whose families have incomes up to 250 percent of poverty. Beginning at 185 percent of the federal poverty level, or about \$30,432 for a family of four, families will begin paying modest premiums or co-payments. In order to effectively reach the target population, various outreach methods will take place. The first phase of Rhode Island's outreach efforts, a public information campaign, will last four months. The second phase of outreach will include follow-up and evaluation activities which will last approximately six months. Rhode Island's plan was approved on May 8, 1998.

South Carolina

South Carolina had already begun to expand its Medicaid program when the new CHIP law was enacted, and could receive over \$63 million in new funds for FY 1998. The state will use its share of CHIP funds to expand its Medicaid program, and hopes to enroll an additional estimated 75,000 children. Regular cost-sharing rules apply and eligibility will be extended to children under age 19 whose family incomes are at or under 150 percent of the federal poverty level. The state has placed eligibility workers in public schools, hospitals, clinics, pharmacies and other places frequented by families with potentially eligible children. South Carolina's plan was approved on February 18, 1998.

South Dakota

South Dakota could receive as much as \$7.5 million for FY 1998. The state will use its CHIP allocation to expand its Medicaid program to insure 7,400 children in its first year. The state will increase eligibility limits for children ages 6 to 18 from the current limit of 100 percent of FPL to 133 percent of FPL. The benefit package for children enrolled in CHIP will be the same as that offered to other children in the state's Medicaid program. Families will not be charged for medical care under this CHIP program. The state will identify eligible children and mail their families applications. South Dakota's plan was approved on August 25, 1998.

Texas

Texas could receive as much as \$561 million in new funds for FY 1998, which state officials estimate that they will use to enroll nearly 58,000 children in their

CHIP program by October 1, 1999. Texas will use its allotment to expand Medicaid eligibility to children up to age 19 in families with incomes below 100 percent of the federal poverty level. Texas currently covers children from birth to one in families with incomes up to 185 percent of poverty, ages 1-5 up to 133 percent of poverty, ages 6-14 up to 100 percent of poverty, and ages 15-19 up to 47 percent of poverty. The state also plans to expand coverage to additional low-income children and families by submitting an amendment to their CHIP program in 1999. Outreach activities will include working the entire network of public health providers to disseminate outreach materials to providers so that they may supply information to families with potentially eligible children. Texas' plan was approved on June 15, 1998.

Utah

Utah could receive as much as \$24 million in new funds for FY 1998, which state officials estimate will insure 21,000 children in their CHIP program by the year 2000. Utah will use its CHIP allocation to create a separate state health insurance program to provide coverage to uninsured children up to age 19 whose family incomes do not exceed 200 percent of the federal poverty level. The plan does have some cost sharing for services, but no premiums or enrollment fees will be charged. Copayments and out-of-pocket maximums will be determined by income level; however, out-of-pocket payments cannot exceed five percent of family income. The state will use Medicaid eligibility workers already placed in 98 hospitals, community health centers, local health departments, and other allied agencies to determine CHIP eligibility. The state will also do outreach through community presentations, toll-free telephone lines, brochures, flyers and postcards. Utah's plan was approved July 10, 1998.

Virgin Islands

The Virgin Islands could receive nearly \$280,000 in new funds for FY 1998. The territory will use its CHIP allocation to expand its Medicaid program to children receiving services through a territory-funded program. The CHIP funds will help strengthen federal support for children's health in the Virgin Islands. The local government will not expand eligibility limits, but the current income level for a family of four is \$8,500 – or about half the level of states. The Virgin Islands' plan was approved September 17, 1998.

West Virginia

West Virginia could receive as much as \$23 million in new funds for FY 1998. The state will use its CHIP allotment to expand Medicaid eligibility to children between the ages of one and five in families with incomes up to 150 percent of FPL. The state currently has an income cutoff for that group of 133 percent of FPL. The newly covered children will receive the regular Medicaid benefit package at no cost

to their families. As part of their outreach efforts, the state will include Medicaid information in all free or reduced lunch and textbook applications and the state's toll-free 24 hour hotline will include information on the CHIP program. The state is currently planning a second expansion stage. West Virginia's plan was approved on September 15, 1998.

Wisconsin

Wisconsin could receive as much as \$38 million in new funds for FY 1998, which state officials will use to expand its Medicaid program. The state will initially cover an additional 2,000 children under its Phase One plan for the new federal CHIP program, and will amend its program with a more comprehensive plan in the near future. Wisconsin plans to expand Medicaid eligibility to children ages 15-18 in families with incomes below 100 percent of the federal poverty level. Presently, the state's Medicaid program covers children under age 6 in families with incomes less than 185 percent of poverty, and children ages six to 14 in families with incomes less than 100 percent of poverty. All eligible children will receive the full Medicaid benefit package with no out-of-pocket costs for families. Wisconsin's outreach efforts will include: public health agencies coordinated efforts with schools ; the expansion of school-based clinics in twelve Milwaukee public schools; and inclusion of schools as potential outstation sites for Medicaid eligibility workers. Wisconsin's plan was approved on May 29, 1998.

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**CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
PROGRESS REPORT AS OF OCTOBER 1, 1998**

STATE		TYPE OF EXPANSION			UPPER ELIG- IBILITY*	STATE ESTIMATED ENROLLMENT
		Grant	Combined	Medicaid		
	Date approved♦					
TOTAL: PLANS SUBMITTED (49)		13	10	26		2,339,800***
STATES WITH APPROVED PLANS:						
Alabama	01/30/98		X		200%	36,000
Colorado	02/18/98	X			185%	23,000
South Carolina* *	02/18/98			X	150%	75,000
Florida	03/06/98		X		200%	175,000
Ohio * *	03/23/98			X	150%	133,000
California	03/24/98		X		200%	500,000
Illinois * *	04/01/98			X	133%	40,000
New York	04/01/98	X			185%	360,000
Michigan	04/07/98		X		200%	133,000
Connecticut❖	04/27/98		X		235%	15,000
New Jersey	04/27/98		X		200%	102,000
Missouri* *❖	04/28/98			X	200%	90,000
Rhode Island* *	05/08/98			X	250%	3,000
Oklahoma	05/26/98			X	185%	71,000
Massachusetts	05/29/98		X		200%	37,000
Pennsylvania* *	05/28/98	X			185%	63,000
Wisconsin * *	05/29/98			X	100%	2,000
Oregon* *	06/12/98	X			170%	17,000

Tennessee				X	200%	
New Mexico				X	235%	
Kentucky			X		200%	
Virginia		X			175%	
North Dakota				X	100%	
Mississippi **				X	100%	
Louisiana				X	200%	
Alaska				X	200%	
TOTAL: STATES WITH PLANS UNDER REVIEW (8)	1	1	6			

NOTES:

" Date of approval of original CHIP plan. Some states already have amendments approved to their plans.

Upper eligibility is defined as a percent of the federal poverty level (FPL). In 1998, FPL is \$16,450 for a

family of 4.

** State either has an amendment pending or has indicated to HHS that the plan submitted is only the first step in a broader expansion. Other states also may be considering second phases of their CHIP plans.

*** The total state estimated enrollment only reflects the approved 41 plans. These estimates reflect states' unreviewed estimates of enrollment upon within three years.

❖ This income level reflects an eligibility level net of adjustments to gross income.

-- State estimates less than 1,000 children will be covered.

**THE CHILDREN'S HEALTH INSURANCE PROGRAM:
ONE-YEAR ANNIVERSARY, OCTOBER 1, 1998
HIGHLIGHTS**

Today is the first anniversary of the Children's Health Insurance Program (CHIP). This program, proposed by President Clinton and passed by the bi-partisan Balanced Budget Act, is the largest single expansion of health coverage for children in over 30 years. It provides states with \$24 billion to give health insurance to children in working families that have too much for Medicaid but too little to afford private insurance. States will also be able to use part of their federal funds to expand outreach and ensure that all children eligible for Medicaid and the new CHIP program are enrolled.

Majority of states approved and implementing CHIP. In the one year since the State Children's Health Insurance Program (CHIP) began:

- 49 states and territories have submitted plans for approval by the Department of Health and Human Services (HHS);
- 41 of these plans have been approved -- 38 states & DC, Puerto Rico & the Virgin Islands -- and 8 states have plans currently under review; and
- About 2.3 million children will be covered by approved states' CHIP, according to state estimates of enrollment within 3 years.

Diversity in approaches. Each state has taken a slightly different approach that reflects both existing programs in their state and their unique reasons why children are uninsured.

- 13 states with approved plans are expanding through non-Medicaid programs only;
- 10 states with approved plans are expanding through a combination of Medicaid for lower income children and a non-Medicaid program for higher income children; and
- 26 states and territories with approved plans are expanding through Medicaid only.

Importance of outreach. CHIP will only succeed if all of the children eligible for it are enrolled. Additionally, another 4 million uninsured children are eligible but not signed up for Medicaid. In his 1999 budget, President Clinton included \$900 million to expand flexibility and funding for state outreach activities. The President has also challenged the public and private sectors to work together to educate families and help them enroll their children. For example:

- Twelve federal agencies will implement over 150 actions to improve outreach. For example, the Departments of Agriculture and Education launched a campaign to encourage states to use the 94,000 school lunch programs to sign up uninsured children.

President to Announce Health Care Protections

'Bill of Rights' to Cover Federal Beneficiaries

By Amy Goldstein
Washington Post Staff Writer

A

President Clinton today will announce plans to impose a broad set of patient protections for all 9 million federal workers as well as the 75 million Americans covered by Medicare, Medicaid and other government health programs, according to White House officials.

In an announcement scheduled for this morning, Clinton will direct the federal agencies that oversee health care for the elderly, the military, veterans and the poor to put in place a "bill of rights," intended to ensure patients better treatment and greater clout in the nation's changing health care system.

Under these protections, people who are either employed or insured by the federal government will be guaranteed information to help them select doctors, better coverage of emergency room visits, appeal rights if they are dissatisfied with their care and greater ability to participate in decisions about their medical treatment. Their health programs will be

forbidden to discriminate on the basis of such factors as race or sex, and, under most circumstances, to disclose confidential medical information about individual patients.

Although some of these provisions already exist in various government health programs, administration officials have determined that each program will have to augment its patient protections to varying degrees to comply with the new mandate. Clinton directed the agencies to impose the new standards by the end of next year.

At the same time, the administration is calling on Congress to enact

See HEALTH, A14, Col. 1

HEALTH, From A1

stronger regulations of the health insurance industry to help ensure that the same standards are extended to the nearly 180 million Americans who are covered by private insurers.

Taken together, the directive to the agencies and the prodding of Congress represents Clinton's most aggressive response to the mounting dissatisfaction among the American public with the condition of health

care in the United States since his attempt at fundamental health reform failed three years ago. Patient complaints have heightened because of the proliferation of "managed care" arrangements, which typically restrict how much and what kind of care people receive.

Such complaints have given rise to a flurry of recent legislation that seeks to rein in the perceived excesses of managed care, both in Congress and in statehouses around the country. Meanwhile, the health insurance industry and many employer groups have clamored that the private market should be allowed to correct any problems that have emerged.

Even before his scheduled announcement, word of Clinton's decision prompted protests from the insurance industry, which raised the specter of increased costs, and from at least one leading congressional Republican, who complained that the president was unfairly preempting the debate over health care on Capitol Hill.

"I guess it's just too bothersome to work with Congress when you want to make political points," said Rep. Bill Thomas (R-Calif.), chairman of the House Ways and Means health subcommittee. Thomas also said that the regulations translate into greater health care costs and that some of the provisions contained "apparent contradictions" with basic rules of some government health programs.

He cited as an example the guarantee that plans may not discriminate based on patients' sex, noting that the Medicaid program for the poor typically does not allow adult men to enroll. Under the new protections, Thomas said, "Can they sue?"

One senior White House official said that the standards reflect the hard-fought consensus of an eclectic commission Clinton appointed last year to recommend improvements in the quality of health care for Americans with insurance. As a first task, the president assigned the group to propose a set of minimum standards to which all patients should be entitled. The official also disputed the argument that the regulations would increase costs substantially.

The panel—representing the often-clashing interests of consumers, insurers, employers and health care providers—produced its recommendations in November, and Clinton embraced them the next day.

When he adopted the commission's recommendations, Clinton instructed the five agencies to sort through which of the recommendations already were in effect, which of them could be imposed through existing federal regulations, and which of them would require new federal legislation.

The analysis of the agency's findings, which was prepared by Vice President Gore and will be submitted to Clinton today, concludes that the government's health programs are largely in compliance with the new standards—but not entirely.

The analysis concludes that several changes will be needed in the 350 health plans that insure federal workers. Those plans will have to guarantee coverage for emergency room visits that any "prudent layperson" would consider necessary. They also will be required to allow patients with chronic medical problems to keep the same doctor for up to 60 days after they switch health plans.

To varying degrees, both Medicare and Medicaid will have to promise greater access to specialists for patients who have serious medical conditions, or guarantee that patients will be given adequate information about their treatment in a way they can understand.

The Washington Post

FRIDAY, FEBRUARY 20, 1998

Judge Hears Dispute On Presidential Secrecy

A1

By Peter Baker and Toni Locy
Washington Post Staff Writers

A federal judge sent President Clinton's most trusted aide back before a grand jury yesterday to testify in the Monica S. Lewinsky investigation as the president and prosecutors escalated their struggle over the limits of White House secrecy.

A team of lawyers for the president descended on the federal courthouse yesterday morning to try to block independent counsel Kenneth W. Starr from asking senior White House official Bruce R. Lindsey about his conversations with Clinton regarding Lewinsky. Although they did not formally invoke a constitutional claim

of executive privilege, the lawyers argued in a closed-door hearing that the president's private talks with top aides are out of bounds for Starr, according to people knowledgeable about the session.

The issue was not resolved during the hearing, which lasted less than an hour. Chief U.S. District Judge Norma Holloway Johnson decided Lindsey should return to a grand jury meeting one floor above and she set parameters for what prosecutors could ask in an effort to "build a record" that would define the most controversial areas for possible litigation, one source said.

The day's confrontation presag-

See STARR, A8, Col. 1

STARR, From A1

es a possible legal battle that, if no compromise is found, could reach the Supreme Court and clarify what have long been murky rules governing presidential confidentiality. While chief executives periodically assert that certain conversations should remain private to ensure the president receives candid and uncensored advice, the boundaries of that only rarely have been tested in court.

Even as it tried to shield Lindsey, the White House yesterday extended its penchant for secrecy to include the debate over secrecy itself. Officials declined to discuss the issue publicly, to the point where they would not even say whether Clinton had formally claimed privilege.

In a public statement, the White House said it is "continuing to try to resolve the matter regarding the confidentiality of conversations" and was withholding further comments because the hearing was sealed.

A Clinton ally privy to White House thinking said both sides have an interest in settling the dispute. "The clock is running against [Starr's office]. They can't afford another six months while we fight this in court," the ally said. "And we can't win politically with an executive privilege battle on this issue."

Yet while White House counsel Charles F.C. Ruff wants an amicable solution, the source added, "They are willing to take this to the Supreme Court and fight a battle for the ages, not just for this White House. Ruff genuinely believes this is not about what Bruce Lindsey does or does not know. ... If they do not take a stand ... you have compromised every future White House."

The legal clash came as Lewinsky's lawyer denied for the first time last night that his client's testimony in the Paula Jones case was tied to job assistance, a key question being investigated by Starr. In an interview, William H. Ginsburg said Lewinsky first met with Clinton's close friend, Vernon E. Jordan Jr., to seek help finding a job on Nov. 5, a month before her name showed up on a witness list in the Jones lawsuit.

Ginsburg did not dispute reports that Lewinsky met with Jordan four times, including on Dec. 8, three days after Clinton's lawyers were notified that she would be interviewed by Jones attorneys about her relationship with the president. But "the innuendo that there was a quid pro quo regarding the Paula Jones case vis-a-vis Vernon Jordan and a job is totally wrong," Ginsburg said. "Totally wrong."

In a separate television interview, Lewinsky's father spoke out publicly for the first time, castigating Starr's tactics and asserting that his daughter would not fantasize an entire relationship with Clinton.

Bernard Lewinsky, a Los Angeles radiologist, said he was outraged by how Starr has treated both his daughter and ex-wife, Marcia Lewis, who was forced to testify for two days. His message to the independent counsel, he said, would be: "Lay off!"

"What Ken Starr has brought up on her is unconscionable in my mind," Bernard Lewinsky said in an interview that will be broadcast tonight on ABC's "20/20 Friday." "To pit a mother against her daughter, to coerce her to talk, to me it's reminiscent of the McCarthy era, of the Inquisition, and even, you know, you could stretch it and say the

The Washington Post

FRIDAY, FEBRUARY 20, 1998

1/2



SUNTUM_M @ A1
02/18/98 02:16:00 PM

Record Type: Record

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

cc:

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 is 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.

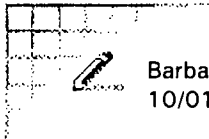
Too many parents live with these worries every day. Millions of our fellow Americans -- people who are dedicated citizens, people who get up every day and go to work, people who pay the taxes they owe to the government, people who do everything that is expected of them and still have to worry about the 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.)

END

1:55 P.M. EST

Message Sent To: _____



Barbara D. Woolley
10/01/98 10:45:21 AM

Record Type: Record

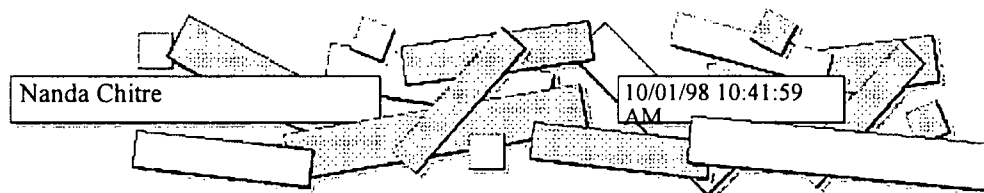
To: Jennifer L. Klein/OPD/EOP, Jeanne Lambrew/OPD/EOP

cc:

Subject: Statement By The President: One Year Anniversary of Children's Health Insurance Program

fYi.

----- Forwarded by Barbara D. Woolley/WHO/EOP on 10/01/98 10:45 AM -----



Record Type: Record

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

cc:

Subject: Statement By The President: One Year Anniversary of Children's Health Insurance Program

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

October 1, 1998

STATEMENT BY THE PRESIDENT

Today, marks the one-year anniversary of the new Children's Health Insurance Program (CHIP). This historic effort -- which I called for in my 1997 State of the Union and signed into law last summer as part of the historic bipartisan Balanced Budget Act -- is the largest children's health coverage expansion since the enactment of Medicaid over 30 years ago. CHIP provides \$24 billion to help states offer affordable health insurance to children in working families that make too much for Medicaid but too little to afford private coverage.

I am proud to announce that in its first year, nearly four out of five states are already participating in CHIP. A report released by the Department of Health and Human Services

today finds that these state programs will provide health care coverage to over 2.3 million children when fully implemented. Many of these states have indicated they will expand their programs to even more children, and the remaining states have proposals that we expect to approve in the coming months.

However, much work remains to be done to improve the health of our nation's children. We must work to ensure that every child eligible for CHIP gets enrolled. Equally important, over 4 million uninsured children are eligible but not signed up for Medicaid. Educating families, simplifying the enrollment process, and making health insurance a national priority requires a sustained commitment from the public and the private sector. This has been and will continue to be a top priority for my Administration. I have directed twelve Federal agencies that serve children and families to reach out and enroll uninsured children and am extremely encouraged by our partnership with the states and the private sector to help meet this challenge.

We know that children with insurance are healthier -- getting more regular checkups, more routine immunizations, and fewer ear infections. On the one year birthday of CHIP, let us recommit ourselves to providing affordable health coverage to the millions of American children without insurance.

30-30-30

Message Sent To: _____



SUNTUM M @ A1
08/29/98 11:02:00 AM

Record Type: Record

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

cc:

Subject: 1998-8-29 radio address

THE WHITE HOUSE

Office of the Press Secretary
(Martha's Vineyard, Massachusetts)

For Immediate Release

August 29, 1998

RADIO ADDRESS BY THE PRESIDENT
TO THE NATION

Edgartown Elementary School
Martha's Vineyard, Massachusetts

10:06 A.M. EDT

THE PRESIDENT: Good morning. I'm speaking to you today from the Edgartown Elementary School in Martha's Vineyard, Massachusetts. I'd like to talk to you about how we can put progress over partisanship in efforts to expand access to quality health care for every American.

Years from now, when we look back on the greatest accomplishments of this century, miraculous advances in medical care surely will be at the top of the list. But for all the successes of medicine, for all the wonders of its quality, parts of our rapidly changing medical system that deal with access to medical care are in desperate need of repair.

Like many of you, I've been appalled by tragic and repeated stories of men and women fighting for their lives and, at the same time, forced to fight insurance companies focused not on getting them the medical care they need, but on cutting costs even if it denies that medical care.

Recently, I met Mary Kuhl, the wife of a 45-year-old man who died after his insurance company canceled his emergency heart surgery, against his doctor's urgent warnings. I met Mick Fleming, whose sister died of breast

and lung cancer after she was unfairly denied the treatment her doctor recommended, treatment for which she was eligible and desperately needed. These stories, and these practices, are callous and unacceptable. We must do everything in our power to give our families greater protection at this time of great change in medical science.

These things happen when, against doctors' recommendations, managed care plans deny procedures or treatment.

Now, nobody wants to waste money, and the managed care movement has done a lot of good in slowing down unnecessary inflation. But none of us wants to see medical decisions affecting our families made by insurance company employees who are trained and

paid to think like cost-cutting accountants, not care-giving doctors.

That's why I've worked so hard to pass a patients' bill of rights, available to all Americans in all plans -- a patients' bill of rights that would say medical decisions should be made by doctors, not accountants; emergency room procedures should be made available whenever and wherever they're needed; no one should be denied access to a specialist when it's needed; no one should be forced to change doctors in the middle of treatment just because an employer changes medical plans; there ought to be an appeal of a medical decision made by an accountant all the way up the change in the company quickly until it gets to a doctor; people who are hurt ought to have redress, and medical records should be kept private.

We've worked very hard to make these protections available to everyone we could. We've extended the protections of a patients' bill of rights to 85 million Americans who get their health care through federal plans -- Medicare, Medicaid, the Federal Employee Plan, the Veterans Administration. Today we'll take executive action once again.

More than 120 million Americans are in workplace health plans that are protected under federal law. The Secretary of Labor has now been instructed to ensure that all these people can quickly appeal through an internal review process any coverage decision that denies the care their doctors said was needed and appropriate. That means 120 million more people will no longer have to take an HMO accountant's "no" for an answer. This will bring a lot greater peace of mind.

In many of these stories we hear about, the HMO actually, ultimately, approves the treatment the doctor recommended, but only after it goes through layer after layer after layer of appeal. And sometimes there's no appeal at all. What we're doing today is trying to give quick and prompt appeals through an internal review process to the insurance companies and

plans that are within our jurisdiction. It will help 120 million Americans, but it's not enough. It is simply not enough.

We do not have the authority to extend all the critical patients' rights protections I mentioned to all the American people, and we won't have it until Congress acts. That's why I've worked since last November with doctors, nurses, consumers, lawmakers of both parties to get a strong, enforceable and bipartisan bill of rights -- again, one that says you have the right to emergency room care whenever and wherever you need it; the right to see that medical decisions are made by medical doctors, not insurance company accountants; the right to know you can't be forced to switch doctors abruptly; the right to see a specialist when you need it; the right to hold your health care plan accountable if it causes harm; and the right to privacy in medical records.

These protections could have spared the Kuhls, the Flemings, and large numbers of other families across our country needless tragedies. They are protections all Americans deserve. Unfortunately, not a single one of these vital protections is assured in the Republican leadership bills now in the House and Senate. Both leave millions and millions of Americans without any protections at all. The Republican leadership of both Houses has not allowed full and open debate on the issue. The Senate hasn't even held a single vote.

But remember, this is not a partisan issue. Nobody asks your party affiliation when you visit your doctor. No one wants to see unfeeling practices by insurance companies add to the pain of injury and disease. So when the Senate returns from recess next week, I urge lawmakers of both parties to make patient protections their first order of business.

Last year we worked together in a bipartisan spirit to pass a balanced budget which included historic Medicare reforms and the largest investment in children's health in more than 30 years. This year Congress must act like that again. It must put progress ahead of partisanship, and join me in giving Americans a patients' bill of rights strong enough, enforceable enough to make quality health care every insurance company's bottom line.

Thanks for listening.

END

10:11 A.M. EDT

**PRESIDENT CLINTON:
PATIENTS' BILL OF RIGHTS**

February 20, 1998

"The Patients' Bill of Rights is the next important step we must take to ensure that every American family has the quality health care it needs to thrive. This is especially important as our health care system changes to meet the needs of an emerging new economy. I believe that we have an obligation to give Americans the tools to meet these challenges -- and to make sure that whether they have traditional care or managed care, all Americans have quality care."

President Bill Clinton
February 20, 1998

Today, the President releases an Executive Memorandum directing all Federal health plans, which serve over 85 million Americans, to come into substantial compliance with the President's Quality Commission's Consumer Bill of Rights. The Executive Memorandum follows a report that the Vice President forwarded to the President on the current status of compliance with the Consumer Bill of Rights. The President also reissues his challenge to Congress to pass legislation that assures that these patients' bill of rights will become the law of the land for all Americans.

Patients' Bill of Rights. The nation's health care system is undergoing significant change. Many Americans worry that these changes may reduce their health care options and lower the standards of care. A Patients' Bill of Rights should give Americans much needed protections, including:

- **Guaranteed Access To Needed Health Care Providers** to ensure that patients are provided appropriate high quality care;
- **Access to Emergency Services** when and where the need arises;
- **Confidentiality of Medical Records** to ensure that individually identifiable medical information is not disseminated and to provide consumers the right to access and amend their own medical records;
- **Grievance and Appeals Processes** for consumers to resolve their differences with their health plans and health care providers.

America's Federal Health Programs Are Leaders In Providing Patient Protections. Although citing some shortcomings, the Vice President's report on the compliance status of Federal health programs with the Consumer Bill of Rights concludes that Federal health plans (including Medicare, Medicaid, Indian Health Service, the Federal Employee Health Benefits Program, the Department of Defense Military Health Program, and the Veteran's Health Program) are already largely in compliance. This finding illustrates that implementing consumer protections to help Americans navigate through a changing health care system, can be and has been done without excessive costs or regulations.

Directing Federal Agencies To Accomplish Even More. Although the Federal government is taking a leading role to assure consumer protections are in place, the Vice President's report concluded it has the authority to do more. The President is issuing an Executive Memorandum to ensure that Federal

programs come into substantial compliance with the Consumer Bill of Rights by no later than next year.

Challenging Congress To Pass Federally-Enforceable Patient's Bill Of Rights This Year. The President renews his call to Congress to pass a patients bill of rights this year. The Vice President's report underscores that most consumer protections cannot be assured to patients in private health plans without additional legislation. Without this legislation, the millions of Americans in private health plans will never be assured these protections.

Noa A. Meyer 10/07/98 09:38:41 AM

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TALKING IT OVER

BY HILLARY RODHAM CLINTON

RELEASE: WEDNESDAY, OCTOBER 7, 1998, AND THEREAFTER

One of the very first projects I worked on as a young attorney at the Children's Defense Fund 25 years ago was a study of what happens to juveniles incarcerated with adults.

Not surprisingly, I found that children placed in adult prisons experience unspeakable horrors. They are eight times more likely to commit suicide and five times more likely to be sexually assaulted than those who serve their time in juvenile facilities.

As a result of these facts, Congress acted in 1974 to separate juveniles from adults in prison.

Now, in the pre-election flurry of activity on Capitol Hill, these protections are in danger of being eroded. There is a move in Congress to rush through a juvenile crime bill -- without a moment's debate on the Senate floor -- that could result in young runaways and truants being placed in adult prisons.

Juvenile crime is too important an issue to deal with in this manner. It requires full and proper debate.

During the 1980s, lots of tough talk failed to stem the increase in violent crime. When my husband was elected, he abandoned tough talk and replaced it with a real strategy, focused on the local level, that combined tough prosecution measures with smart prevention efforts. The Brady Bill and his 1994 crime bill cracked down on the sale of handguns to fugitives, stalkers and felons, banned 19 types of assault weapons and funded 100,000 new police officers on our streets. Communities got the tools they needed to address their own crime problems.

The President's strategy has worked. We have seen violent crime decrease each of the last six years and overall crime rates go down to their lowest level in nearly 25 years.

This same approach can work for juvenile crime. Communities all across the country are abandoning rhetoric for prosecution and prevention strategies that show real results.

San Diego County is attacking this problem with a comprehensive plan in which law enforcement, schools, public agencies and communities work together. There is zero tolerance for guns and drugs in school. Young people who break the law are held accountable. Families in trouble are directed to a wide array of support services. And at-risk youth are steered into a variety of after-school activities.

Since San Diego implemented its plan, there has been a significant decrease in juvenile crime coupled with reductions in teen birth rates, dropout rates, possession of drugs and weapons on campus, and truancy rates.

The widely reported success of Boston's juvenile crime initiatives has made it a model for communities around the country as well as for the President's Anti-Gang and Youth Violence Strategy.

In Boston, a comprehensive community-based program reaches at-risk youth before they take their first step into crime and deals with those already in trouble, specifically targeting gang activity and illicit gun trafficking. Prevention efforts, including after-school programs and part-time jobs, are also key elements.

This three-pronged strategy of prevention, intervention and enforcement is paying off. Between 1990 and 1995, Boston's youth homicides dropped 80 percent, and in 1996, not a single juvenile died in a firearm homicide in the city.

The President's own juvenile crime strategy also targets gangs and violent youth, cracks down on guns and gun traffickers, and works to keep children in school, off drugs and out of trouble.

Any juvenile crime initiative must balance real accountability for those who commit acts of violence with prevention measures that keep our children on the right track. It should prohibit serious and violent juvenile offenders from ever possessing guns. And it should target children's easy access to handguns by raising penalties for adults who unlawfully supply them.

Prevention programs must offer young people constructive activities during the hours when most juvenile crime occurs -- after school.

One successful Baltimore after-school program we will highlight next week at the White House Conference on School Safety and the Causes and Prevention of Youth Violence stresses academics and is staffed by police officers who know that often the best way to fight crime is to prevent it in the first place. Since this program opened, crimes against children in the neighborhood have decreased 44 percent and the juvenile arrest rate has dropped 16 percent.

A different model in San Antonio, Texas, introduces at-risk youngsters to arts after school. Urban smARTS combines a variety of arts activities with conflict resolution, training and a range of child and family services -- all with an eye to keeping kids out of the criminal justice system.

The debate over juvenile justice must not be framed in terms of prevention OR prosecution. We must demand both: tough measures that punish criminal behavior and protect children in custody, along with strategies and programs to keep kids out of the criminal justice system in the first place. That's the formula for federal legislation that could really decrease juvenile crime across the country. Let's hope this Congress agrees.

To find out more about Hillary Rodham Clinton and read her past columns, visit the Creators Syndicate web page at www.creators.com.

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On children's health outreach -- I am proud to announce that the Administration is launching a radio advertising campaign to let parents know that their children may now be eligible for health insurance. This radio campaign will begin in nine states, targeting minority families, and will become part of a larger nationwide outreach effort in January.

On tobacco, drug and alcohol abuse --

- Tobacco

Stats -- 4.5 million children ages 12 -17 are current smokers; every day, 3000 young people become regular smokers in this country, and 1000 will die prematurely from smoking-related diseases as a result; almost 90 percent of adult smokers began at or before age 18; smoking among high school seniors is at a 19 year high -- 36.9 percent; adolescents (12-17) who are current smokers are 12 times as likely to use illicit drugs and 23 times as likely to drink heavily as non-smoking youths.

What we are doing -- First, we will continue to push Congress to enact comprehensive bipartisan legislation that will reduce youth smoking by imposing a significant price increase on cigarettes, reaffirming FDA's full authority over tobacco products, and imposing heavy surcharges on tobacco companies that market tobacco to young people.

- Drugs -- 1997 National Household Survey released on August 21, 1998 showed that while overall drug abuse remains flat, teen drug use continues to be a serious and growing problem. This summer the President launched a five-year, \$2 billion Youth Drug Media Campaign -- to use the full force of the media to get out the message to youth that drugs are dangerous, wrong and can kill you. Also asked Congress to pass a comprehensive drug strategy that aims to cut drug use in half through prevention, more effective treatment, tougher law enforcement, and improved interdiction.
- Alcohol -- The Office of National Drug Control Policy reported that approximately 9.5 million drinkers in 1996 were youth ages 12 to 20. Of this number, 4.4 million were binge drinkers, including 1.9 million heavy drinkers. According to a new report released in January 1998 by the National Institutes of Health, young people who began drinking before age 15 are four times more likely to develop alcohol addiction than those who began drinking at age 21. The Justice Department recently released grants to states for comprehensive, coordinated efforts including improved enforcement of prohibitions against selling alcohol to minors and for alcohol use prevention programs.

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On Patient's Bill of Rights --

PRESIDENT CLINTON AND VICE PRESIDENT GORE'S ACCOMPLISHMENTS: *Arkansas*

EXPANDING ECONOMIC OPPORTUNITY FOR ALL

- **Unemployment Down to 4.5%:** The unemployment rate in Arkansas has declined from 6.7% to 4.5% since 1993.
- **152,100 New Jobs:** 152,100 new jobs have been created in Arkansas since 1993 -- an average of 27,242 per year, compared to an average of just 24,300 jobs per year in the previous administration.
- **130,300 New Private Sector Jobs:** Since 1993, 130,300 new private sector jobs have been created in Arkansas -- an average of 23,337 jobs per year, compared to an average of just 20,075 private sector jobs per year in the previous administration.
- **14,300 New Manufacturing Jobs:** 14,300 manufacturing jobs have been created in Arkansas since 1993 -- an average of 2,561 jobs per year. In contrast, an average of only 2,425 manufacturing jobs were created each year during the previous administration.
- **12,400 New Construction Jobs:** 12,400 construction jobs have been created in Arkansas since 1993 -- an average of 2,221 jobs per year. In contrast, an average of only 1,200 construction jobs were created each year during the previous administration.
- **174,000 Have Received a Raise:** Approximately 75,000 Arkansas workers benefited from an increase in the minimum wage -- from \$4.25 to \$4.75 -- on October 1, 1996. They, along with about 99,000 more, received an additional raise -- from \$4.75 to \$5.15 -- on September 1, 1997.
- **Home Building Up 6.4%:** Home building has increased by an average of 6.4% per year since 1993, after increasing only 2.6% per year during the previous 12 years.
- **A \$500 Child Tax Credit to Help Families Raising Children:** To help make it easier for families to raise their children, the balanced budget includes a \$500 per-child tax credit for children under 17. **Thanks to President Clinton the balanced budget delivers a child tax credit to 263,000 families in Arkansas.**
- **Personal Income Has Risen 2.8% Annually:** Personal income in Arkansas has risen at an annual rate of 2.8% since 1993.
- **5.8% Growth in Total Bank Loans and Leases:** Arkansas has seen a 5.8% average growth rate in total bank loans and leases per year since 1993, after increasing only 1.2% per year during the previous administration.
- **2.9% Growth in Commercial and Industrial Loans and Leases:** Since 1993, Arkansas has experienced a 2.9% annual growth rate in commercial and industrial loans and leases. In contrast, commercial and industrial loans and leases fell over 4.9% per year during the previous administration.
- **Over \$25,000 of Reduced Federal Debt for Every Family of Four:** The national debt will \$1.7 trillion lower in fiscal year 1999 than projected in 1993 -- that's \$25,000 less debt for each family of four in Arkansas next year.

EXPANDING ACCESS TO EDUCATION

- **Nearly \$40 Million in Head Start Funding:** In FY97, Arkansas received over \$36 million in Head Start funding benefitting more than 9,600 children. This year [FY98], Arkansas receives nearly \$40 million for Head Start, an increase of almost \$4 million over 1997. President Clinton's FY99 budget proposal will increase Head Start funding for Arkansas's children by an additional \$2.7 million.

- **\$4.5 Million in Goals 2000 Funding:** This year [FY98], Arkansas receives \$4.5 million in Goals 2000 funding. President Clinton's FY99 budget proposes to increase Goals 2000 funding by an additional \$150,000. This money is used to raise academic achievement by raising academic standards, increasing parental and community involvement in education, expanding the use of computers and technology in classrooms, and supporting high-quality teacher professional development.
- **Over \$4 Million for Technology Literacy:** This year [FY98], Arkansas receives more than \$4 million --doubling its funding over FY97 -- for the Technology Literacy Challenge Fund which helps communities and the private sector ensure that every student is equipped with the computer literacy skills needed for the 21st century. President Clinton's FY99 budget proposal will raise funding for technology literacy by \$600,000 over FY98.
- **\$75.4 Million for Students Most in Need:** Arkansas receives \$75.4 million in Title I Grants (to Local Educational Agencies) providing extra help in the basics for students most in need, particularly communities and schools with high concentrations of children in low-income families [FY98].
- **\$72.8 Million in Pell Grants:** This year [FY98], Arkansas will receive \$72.8 million in Pell Grants for low-income students going to college, an additional \$14.2 million over last year. With this increase, a total of 37,900 Arkansas students will benefit, 2,200 more than the previous year. And President Clinton's FY99 budget proposal increases Pell Grant funding to \$75.2 million.
- **Nearly 1,000 Have Served in Arkansas through AmeriCorps:** Since the National Service program began in 1993, nearly 1,000 AmeriCorps participants, working in 165 different programs, have earned money for college while working in Arkansas's schools, hospitals, neighborhoods or parks [through 3/98].
- **Tuition Tax Credits to Open the Doors of College and Promote Lifelong Learning:** The balanced budget includes both President Clinton's \$1,500 HOPE Scholarship to help make the first two years of college as universal as a high school diploma and a Lifetime Learning Tax Credit for college juniors, seniors, graduate students and working Americans pursuing lifelong learning to upgrade their skills. This 20% tax credit will be applied to the first \$5,000 of tuition and fees through 2002 and to the first \$10,000 thereafter. **37,000 students in Arkansas will receive a HOPE Scholarship tax credit of up to \$1,500. 44,000 students in Arkansas will receive the Lifetime Learning Tax Credit.**

FIGHTING CRIME AND VIOLENCE

- **Crime Falls in Little Rock:** Between 1992 and 1997, serious crime has fallen 20% in Little Rock, with a 39% decline in murder. [1996 and preliminary 1997 Uniform Crime Report data, FBI]
- **957 More Police:** The President's 1994 Crime Bill has funded 935 new police officers to date in communities across Arkansas. [through 9/98]
- **Reducing Crime with Drug Courts:** Working to reduce drug-related crime in Arkansas, the Clinton Administration has awarded a Drug Court grant to the community of Little Rock. Drug courts use the coercive power of the criminal justice system to combine drug testing, sanctions, supervision and treatment to push nonviolent, drug-abusing

offenders to stop using drugs and committing crimes.

- **Over \$1.5 Million to Combat Domestic Violence:** Through the Violence Against Women Act, Arkansas receives \$1,510,000 in federal funds this year [FY98] to establish more women's shelters and bolster law enforcement, prosecution, and victims' services.
- **\$536,268 in Grants for Battered Women and Children:** This year [FY98], Arkansas will receive \$536,268 in HHS's Family Violence Prevention Program grants to assist women and children fleeing domestic abuse, an additional \$96,200 increase over last year. President Clinton's FY99 budget proposal increases HHS's Family Violence Prevention Program grants to \$549,000.
- **Nearly \$5 Million to Keep Drugs & Violence Out of Arkansas' Schools:** Arkansas receives nearly \$5 million in FY98 for the Safe & Drug Free Schools Program, which invests in school security and drug prevention programs.

MOVING ARKANSANS FROM WELFARE TO WORK

- **41,909 Fewer People on Welfare:** There are 41,909 fewer people on welfare in Arkansas now than there were at the beginning of 1993 -- a 57% decrease. [through 3/98]
- **Breaking the Cycle of Dependency -- Preventing Teen Pregnancy in Arkansas:** Since 1993, President Clinton has supported innovative and promising teen pregnancy prevention strategies, with significant components of his strategy becoming law in the 1996 Personal Responsibility Act. The law requires unmarried minor parents to stay in school and live at home or in a supervised setting; encourages "second chance homes" to provide teen parents with the skills and support they need; and provides \$50 million a year in new funding for state abstinence education activities. Efforts are making a difference, adolescent pregnancy rates for teens aged 15-19 decreased between 1992 and 1995 and fewer teenagers gave birth from 1991 to 1996. Teen abortion rates are also declining. **Notably, between 1992 and 1995, teen pregnancy rates declined 2.8 percent in Arkansas.**
- **Child Support Collections Up 89%:** Child support collections have increased by \$37 million -- or 89% -- in Arkansas since FY92. [through FY96]
- **Arkansas Receives \$8.5 Million in Welfare-to-Work Grants:** In FY98, Arkansas is eligible to receive \$8.5 million in welfare-to-work state formula grants, helping Arkansas prepare welfare recipients for work and to place them in jobs. Part of the President's comprehensive efforts to move recipients from welfare to work, this funding is included in the \$3 billion Welfare-to-Work Jobs Challenge Fund signed into law in the 1997 balanced budget.

INVESTING IN ARKANSAS' HEALTH

- **Health Care for Uninsured Children:** The balanced budget includes the largest single investment in health care for children since the passage of Medicaid in 1965 -- an unprecedented \$24 billion over five years to cover as many as five million children throughout the nation. This investment guarantees the full range of benefits -- from checkups to surgery -- that children need to grow up strong and healthy. It ensures that prescription drugs, vision, hearing, and mental health coverage now offered at the state level are extended to millions of uninsured children. **To expand health coverage to approximately 90,000 uninsured children in Arkansas the Balanced Budget provides \$47 million in 1998.** This compares to the 1995 Republican plan vetoed by President Clinton that would have denied health care coverage to 48,700 children in Arkansas.
- **Helping Arkansas Women and Children with WIC:** The Clinton Administration is

committed to full funding in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Last year, in Arkansas, 3,184 more women and children in need received health and food assistance than in 1994.

- **Increased Funding for HIV/AIDS Programs by 222%:** In FY97, Arkansas communities received \$2.5 million in Ryan White formula and other HIV/AIDS program funds, a 222% increase over FY93 levels. This funding provides people living with HIV and AIDS medical and support services, including the AIDS Drug Assistance Program which helps those without insurance obtain much needed prescription drugs. [HHS, Health Resources and Services Administration, 4/98]
- **President's Tobacco Plan Will Cut Smoking and Premature Deaths by 43% in Arkansas:** If the Clinton Administration's tobacco proposal on youth smoking is enacted, by 2003, Arkansas will see a 43% cut in youth smoking and resulting premature deaths. Over the next five years, 28,000 youth of Arkansas will be kept from smoking and 9,000 will be spared a premature tobacco-related death. [Treasury Dept., 3/23/98]
- **1,000,000 Americans in Arkansas Cannot Be Assured They Have Patient Protections.** Even if Arkansas enacted all the protections in the Patients' Bill of Rights, 1,000,000 people in Arkansas cannot be assured they have the comprehensive patient protections recommended by the President's Advisory Commission. This is because the Employee Retirement Income Security Act (ERISA) may preempt state-enacted protections. That is why the President has called on Congress to pass a federally enforceable patients' bill of rights so that everyone enrolled in managed care may have a basic set of protections. Notably, 500,000 Arkansas women are in ERISA health plans and are therefore not necessarily protected. Women are particularly vulnerable without these protections because they are greater users of health care services, they make three-quarters of the health care decisions for their families, and they have specific health care needs addressed by a patients' bill of rights.

PROTECTING THE ENVIRONMENT

- **5 Toxic Waste Sites Cleaned Up:** Since 1993, the EPA has completed Superfund toxic waste cleanups in Omaha, Edmondson, Ola, and two in Jacksonville, Arkansas [through 8/98]. In contrast, only 3 sites were cleaned up in the previous 12 years.

SPEARHEADING URBAN AND RURAL RENEWAL EFFORTS

- **\$9 Million to Counties Across Arkansas:** Little Rock/ Pulaski County, East Central, and Mississippi County were all designated Enterprise Communities in December, 1994 and were awarded \$3 million each to create more jobs, housing, and economic opportunity for area residents.
- **Expanding the Low-Income Housing Tax Credit Will Help Develop 1,900 To 2,300 New Affordable Housing Units in Arkansas Over the Next 5 years:** In January, the Vice-President announced the Clinton-Gore Administration's proposed 40-percent expansion of the Low-Income Housing Tax Credit. If enacted, it will mean an additional 1,900 - 2,300 quality rental housing units for low-income American families in Arkansas during the next five years.

EXPANDING FUNDS FOR TRANSPORTATION IMPROVEMENT

- **Over \$1 Billion in Federal Highway Aid:** Since 1993, Arkansas has received \$1.29 billion in federal highway aid. These funds have helped generate approximately 54,300 jobs. [through FY97]
- **Over \$128 Million in Aviation Funds:** From FY93-FY97 Arkansas received \$128,620,000 in AIP funds to help build and renovate airports, and, when necessary, to provide funds for noise

- abatement to improve the quality of life for residents who live near airports.
- ***\$25.1 Million in US DOT-Assisted Contracts to DBEs:*** During FY97 the Arkansas State Department of Transportation awarded or committed 171 contracts/subcontracts valued at \$25.1 million of their US DOT-assisted contracts to certified Disadvantaged Business Enterprises (DBEs).

PRESIDENT CLINTON'S BUDGET BUILDS ON A STRONG RECORD OF IMPROVING WOMEN'S HEALTH

Helping Older Women by Proposing New Options for Americans Ages 55 to 65 to Access Health Insurance, Including Buying Into Medicare. There are currently three million Americans ages 55 to 65 that are uninsured. This number will likely increase as the number of Americans in this age groups is expected to rise by more than 50 percent [from the current 21 million to 35 million by 2010]. Women make up sixty percent of the uninsured between the ages of 55 and 65 are women. One-fifth of the uninsured between the ages of 62 and 64 lose their health insurance because their spouse becomes eligible for Medicare. Of this population, over 80 percent are women. The President's proposal gives this vulnerable population three new options to access health insurance by: (1) allowing Americans ages 62 to 65 to buy into Medicare, through a premium that ensures that this policy is self-financed; (2) providing vulnerable displaced workers 55 and over access to Medicare by offering those who have involuntarily lost their jobs and their health care coverage a similar Medicare buy-in option; and (3) giving Americans 55 and over who have lost their retiree benefits after they retire access to their former employers' health insurance.

Protecting Patients Through a Health Care Consumer Bill of Rights. A recent Kaiser report studying rapid changes in health care system found that 60 percent of Americans believe that managed care plans have made it harder for the sick to see specialists. Over three-fifths said they are very or somewhat worried that their health plan would be more concerned about saving money than about the best treatment for them if they were sick. The President called on Congress to pass Federally enforceable consumer health care protections that should contain a range of protections, including: guaranteed access to needed health care specialists -- including access to specialists for women's health services -- to ensure that patients are provided appropriate high quality care; access to emergency room services when and where the need arises, an assurance that medical records are confidential; and access to a meaningful internal and external appeals process for consumers to resolve their differences with their health plans and health care providers. The nation's health care system has changed dramatically, as 160 million Americans are now in managed care plans. This legislation will ensure that whether Americans have traditional health insurance or managed care, that they are assured quality care.

Preventing Discrimination Based on Genetic Information Both by Health Plans and Employers. The President has urged Congress to pass bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums, or to distribute confidential information. He also has supported legislation that ensures that employers do not use genetic information to discriminate against employees. Tests for a genetic predisposition to certain diseases and conditions -- such as Huntington's disease, breast cancer, and certain types of colon cancer -- are already available and more genetic tests are on the horizon. However, genetic testing also can be used by insurance companies and others to discriminate and stigmatize groups of people. In fact, studies show that a leading reason women do not get genetic testing for breast cancer is because they

fear the information will be used to discriminate against them. A study in Pennsylvania designed to understand how to keep women with breast cancer gene mutations healthy reported that nearly one-third of the high-risk women invited to participate in the study refused because they feared discrimination or loss of privacy.

Covering Cancer Clinical Trials for Medicare Beneficiaries. Currently, only three percent of cancer patients participate in clinical trials. Many scientists believe that higher participation in clinical trials could lead to faster development of cancer therapies, as it often takes between 3 and 5 years to enroll enough participants in a cancer clinical trial to make the results scientifically legitimate and statistically meaningful. Americans over the age of 65 make up half of all cancer patients, and are 10 times more likely to get cancer than younger Americans. About 60 percent of Medicare beneficiaries are women. The Vice President recently announced that, under the President's budget, for the first time, Medicare beneficiaries would be able to have the patient care costs associated with cancer clinical trials explicitly covered through a new demonstration. This would give Medicare beneficiaries access to cutting-edge treatments and encourage higher participation in clinical trials.

Creating a Historic "21st Century Research Fund" Which Includes an Unprecedented 50 Percent Increase in Biomedical Research. Scientists are on the cusp of important new breakthroughs in biomedical research which could revolutionize the way medical experts understand, treat, and prevent some of our most devastating diseases. For example, revolutionary progress in genetics and imaging technologies are charting new ways to conquer diseases, such as breast cancer, Alzheimer's, osteoporosis, and other diseases which impact millions of women. In FY 1999 alone, the "21st Century Research Fund" would provide the largest increases in history for the National Institutes of Health (\$1.15 billion). And, for the first time, the President is proposing a sustained investment in biomedical research with a 50 percent increase in the NIH in the next five years, and with over \$20 billion dedicated to biomedical research the NIH in 2003.

THESE NEW PROPOSALS BUILD ON A STRONG RECORD OF IMPROVING WOMEN'S HEALTH

Protected and Strengthened Medicare. The Balanced Budget Act, the President signed into law this summer: extended the life of the Medicare Trust Fund until at least 2010; expanded choices in health plans; and provided beneficiaries new preventive benefits, including more affordable annual mammograms for all beneficiaries, cervical cancer screening, and tests to help detect osteoporosis.

Preserved and Strengthened Medicaid. The President fought to stop proposals to block grant the Medicaid program, preserving the guarantee of health care for the millions of vulnerable pregnant women, older Americans, children, and people with disabilities who depend on this program. Nearly 60 percent of Americans who receive Medicaid are women.

Passed Legislation to Allow Mothers and Their Newborns 48-Hour Hospital Stays Following a Delivery. In 1996, President Clinton signed legislation that protects mothers and their babies from drive-through-deliveries, ensuring them adequate stays in hospitals following a delivery. This law requires health plans to cover at least 48 hours following a delivery and 96 hours following a caesarian section.

Expanded Medicare to Pay for Annual Screening Mammograms for all Medicare Beneficiaries Age 40 and Over. The balanced budget expanded coverage to pay for annual screening mammograms for all Medicare beneficiaries age 40 and over, enabling women to follow the National Cancer Institute's (NCI) recommendations to undergo regular mammogram screening at forty. President Clinton has also taken action to bring Medicaid and federal employee health benefits in line with NCI recommendations.

Made Medicare Mammograms More Affordable and Accessible. The balanced budget enacted by the President this August waived deductibles for all mammograms, making mammograms more affordable for older women. Costs can be a significant barrier for older women to get mammograms. Although Medicare has covered screening mammography since 1991, only 14 percent of eligible beneficiaries without supplemental insurance receive mammograms.

Built on HHS Commitment to Breast Cancer Research, Prevention and Training. Since the President took office, funding for breast cancer research, prevention and treatment has nearly

doubled, from about \$276 million in FY 1993 to \$513 million in the President's FY 1998 budget. **Continued Department of Defense Funding for Breast Cancer Research.** In FY 1998, the DOD will spend over \$100 million on breast cancer research. This is an unprecedented partnership between the military, scientists, physicians, and the community to fund grants to invigorate breast cancer research. One of the most important and innovative aspects of the program is that breast cancer survivors are actively engaged in defining the program and serve on scientific panels which review grant proposals.

Educating Older Women to Use the Medicare Mammography Screening Benefit. The First Lady has launched a yearly mammography campaign to inform and encourage older women to use the Medicare mammography screening benefit. This year the First Lady's campaign focuses on populations with particular low mammography utilization rates.

Improved Mammography Quality Standards. The President supported regulations that strengthen and improve the program the FDA implemented for mammography standards in 1994 to ensure that they meet standards for equipment, personnel, record-keeping, and quality control. Women and their families can look for the FDA certificate as evidence that the facility meets quality standards. These new standards will ensure women that they can rest assure they received a high quality mammograms which give accurate readings. Women can also find a certified mammography facility by calling 1-800-4-CANCER.

Preventing Women From Being Forced Out of the Hospital Only Hours After a Mastectomy. President Clinton has endorsed bipartisan legislation to ensure that women are not forced out of the hospital before they are ready because of pressure from their health plan. The Department of Health and Human Services also sent a letter to all Medicare managed care plans making it clear that they may not set ceilings for inpatient hospital treatment or set requirements for outpatient treatment, and that a woman and her doctor should make decisions about what is medically necessary.

Combating Violence Against Women. Millions of women throughout our nation are plagued by the terror of family violence. Approximately 20 percent of all emergency room visits by women result from domestic violence. President Clinton has given high priority to eliminating domestic violence from our communities. Through the Violence Against Women Office at HAS and DOJ, the Clinton Administration is taking strong steps to fight domestic violence including: creating a National Domestic Violence Hotline which has received over 100,000 calls; enhancing assistance for welfare recipients who are victims of domestic violence as they move to work; passing a new Federal Anti-Stalking Law and Domestic Violence Gun Law; and enhancing funding for domestic violence intervention and prevention through the Violence of Women Act.

Providing Cervical and Breast Cancer Screening for Low-Income Women. CDC's National Breast Cervical Cancer Early Detection Program offers free or low-cost mammography screening to low-income elderly and minority women. On October 1, 1996, Secretary Shalala announced the expansion of the program to all fifty states. The goal is to reduce breast cancer deaths among these women by 30 percent and cervical cancer deaths by 100 percent through increased

mammographies and pap testing.



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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 21, 1998

RADIO ADDRESS BY THE PRESIDENT
TO THE NATION

The Oval Office

10:06 A.M. EST

THE PRESIDENT: Good morning. February is Black History Month, the time when we celebrate the rich heritage of the African American community and rededicate ourselves to the value of equal opportunity for all Americans that is at the heart of the American ideal. Today I want to talk about an important step we're taking to make sure all Americans, no matter what their background, have a better opportunity to live healthier lives.

In the last six years we've worked hard to make quality health care more accessible and affordable and to place more emphasis on prevention. And this approach is working. Since 1993, our nation's health has greatly improved. Infant mortality has reached an all-time low, childhood immunization levels are at an all-time high and AIDS death rates are falling, for the first time in the history of the epidemic. Americans are living longer and are in better health than ever before.

This is good news we should all celebrate. But we must not be blind to the alarming fact that too many Americans do not share in the fruits of our progress, and nowhere are the divisions of race and ethnicity more sharply drawn than in the health of our

people.

Consider: Infant mortality rates are twice as high for African Americans as for white Americans. African American men suffer from heart disease at nearly twice the rate of whites. African Americans are more likely to die from breast cancer and prostate cancer. Overall, cancer fatalities are disproportionately high among both Latinos and blacks. Vietnamese women are five times as likely to have cervical cancer; Chinese Americans four to five times as likely to have liver cancer. Hepatitis B is much more prominent among Asian Americans than the rest of the populations. Native Americans suffer higher rates of infant mortality and heart disease. And for diabetes, Hispanic rates are twice the national average, and Native American rates three times the national average.

Research shows that overall, all these groups are less likely to be immunized against disease, less likely to be routinely tested for cancer, less likely to get regular check-ups.

We do not know all the reasons for these disturbing gaps. Perhaps inadequate education, disproportionate poverty, discrimination in the delivery of health services, cultural differences are all contributing factors. But we do know this: No matter what the reason, racial and ethnic disparities in health are unacceptable in a country that values equality and equal opportunity for all. And that is why we must act now with a comprehensive initiative that focuses on health care and prevention for racial and ethnic minorities.

This is our national goal: By the year 2010, we must eliminate racial and ethnic disparities in infant mortality, diabetes, cancer screening and management, heart disease, AIDS, and immunization.

My balanced budget plan devotes an unprecedented \$400 million to spur promising prevention and outreach programs to help us meet this challenge. I'm asking our top public health officials, led by Secretary Donna Shalala, to convene a task force to find new ways of targeting existing federal programs to reduce racial and ethnic disparities. Our new Surgeon General, Dr. David Satcher, will launch a comprehensive campaign to educate the public and work with community leaders and health professionals to reach more Americans.

These steps, along with our drive to give 5 million more children, many of them minorities, health insurance, and our huge increase in overall medical research, will bring us closer to our goal. But to truly eliminate these disparities and ensure better health for all Americans, all Americans must do their part.

I'm pleased to announce that Grant-Makers in Health, a major coalition of over 136 philanthropic foundations across the country, is joining our efforts. Together we'll host a national

conference this spring to help solve this national problem, community by community.

Above all, Americans must take more responsibility for our own health and the health of our children, for good health is the greatest gift God can bestow and it is each of our duty to protect it.

America has the best health care system in the world. But we can't take full pride in that system until we know that every American has the best health care in the world. With these steps, I'm confident that we can meet the challenge and go forward as one America into the 21st century -- stronger and healthier than ever before.

Thanks for listening.

END

10:11 A.M. EST

Message Sent To: _____

Commencement Speech
First Lady Hillary Rodham Clinton
Harvard Medical School
June 4, 1998

Thank you. Thank you very much. Thank you, Dr. Martin, Dr. Federman, Dr. Donoff. I am delighted to be here. I want to thank the class for extending this invitation to me. I have, as you might expect, attended numerous commencement ceremonies in my lifetime and I must say I have never attended one where we've already heard so many good speeches. We could quit right now and feel that we had been in the presence of some extraordinary young people who imparted some rather significant words of advice, and even wisdom to us. I want to commend to co-moderators, Dr. Bryant and Dr. Somers, for this commencement ceremony (applause) and I want to thank the student speakers. I want to thank Dr. Cook for not only reminding us that it's done, Mom and Dad, but for showing extraordinary composure while speaking in the course of having a helicopter take off in the background. I want to thank Dr. Babagbemi for her eloquent description of On-Call, but even more for her understanding of what the requirements are for one who has been blessed with the kind of education and gifts that she has on behalf of humanity. And I want to thank Dr. Mitchell for reminding us that in life it is competence, and confidence, and compassion that separate us as human beings from mere technicians.

Each of these student speakers has already set the stage for the graduation of this extraordinary class. This class comes with, I'm sure, a range of emotions that we can only guess at-- exhilaration and exhaustion among them. But also, as we've already heard, a lot of gratitude for the opportunities that they have been given. They also deserve gratitude from us for undertaking the rigorous education which they have, for pushing themselves to the limits and now for going into the world ready to use their talents and their education on behalf of the rest of us.

They have made many sacrifices. More than 70 percent of this class had to take out loans to complete the degrees that they receive today. They will be paying back those loans for a number of years, and I hope that we as a nation will continue to look for ways to provide financial support to students such as these so that they do not have to go into the debt that these young graduates have. (Applause) Some of these graduates, these new doctors and dentists, are the first in their families to attend college. Some have completed their educations while they were caring for their own families: Some are recent immigrants to our country. More than 15 percent managed to earn additional degrees, and all of them have worked extremely hard. They deserve this celebration by family and friends, and by alumni of these institutions who are gathered here to pay you credit. I hope that each of you feels the competence and the confidence that you've already heard described, because I can imagine that as you think about your new futures you've got some questions in

your mind. You're thinking about the next chapters of your lives.

Now, I don't think the food wherever you're going will be as good as the restaurants on Newbury Street. The sleeping accommodations are not going to be exactly five-star ones. You know where you're going, it's called internship or specialty training. As we've already heard that means a lot of hard work and not very much sleep. And some of you in the dark of night when those beepers go off or those phone calls come may ask yourselves, 'My goodness, am I ready for all of this?' Based on what I have learned about your class and your preparation, I think the answer is very clear -- you certainly are. You are more than prepared to enter the world of medicine and dentistry and serve your patients.

I was very impressed by the oath that the class has written, which you'll find at the end of your program. That oath describes very well what this class of extraordinary young men and women are committing themselves to doing. No group of new doctors and dentists has ever been better prepared to care for their patients. No group has ever been better prepared to help us usher in the next century, the next millennium of medicine. From the clinic to the classroom to the community you have received a first-rate education from one of the finest schools in the world.

We've already heard about the extraordinary diversity in your class. If you think back for a minute, a hundred or so years ago, to classes that also stood on the brink of a new century and new discoveries, you can see starkly the differences. The doors of medical education were virtually glued shut to women and people of color. Tuition here at Harvard was a couple of hundred dollars and you didn't even need a bachelors degree to get into Harvard Medical School. Until the 1870's, there were no written exams. And in fact, when President Elliott first suggested them, there was an objection because many of the students couldn't write. Yet like you, the students at the end of the last century had much to look forward to. When Oliver Wendell Holmes spoke at the 100th Anniversary of the Harvard Medical School, he referred to some things that never change, such as students sleeping in class. He noted that bleeding had almost become an unknown procedure, and he celebrated the exciting advances in surgical anesthesia, germ theory, and the microscope. He thought they would produce miracles that sounded as though they would come straight from some new Gulliver's Travels.

That day that he talked, future physicians such as yourselves were staring down challenges like cholera and typhoid. There were no antibiotics, no antiseptic surgery in America. The sanitation conditions were horrible. But those young doctors and dentists, like you, were armed with something very important called hope. The hope that they could write a new future for medicine in the 20th century, and they did. Today, all of you stand on the shoulders of those Harvard graduates and faculty who have come before you and pioneered many of the advances that we take for granted today. You stand on the shoulders of all the Nobel Laureates from

Harvard who have unlocked the secrets behind some of the world's greatest medical mysteries. Even today, there are so many Harvard alumni here in the United States and around the world who are working to unlock the secrets of cancer and research into sickle cell disease, working to rid the world of AIDS and doing so much more. Now it is your turn to join them. It is your time to lead. You've been given the chance to use your education and training during the most exciting time ever in medicine.

Just think, who could have imagined even thirty years ago the revolutions in biology and technology, to see change in demographics, and the shifts in the way that we fund the health care system. All of these changes offer incredible opportunities and fundamental challenges. The real challenge for all of you, it seems to me, is how in the midst of these truly revolutionary changes, you can stay true to the oath you will take today to make, as you say, the health of my patients my first concern. I know that many of you worry about this. I imagine there have been many conversations about what is happening in the health care system and how you will handle these new challenges, how you will manage the business of medicine from compromising the profession of medicine, how you will keep sacred the bond between patient, and doctor and patient and dentist.

In that extraordinary oath you've written, I think that there is a pathway to the future, a pathway that is not only one for you to follow, but for all physicians and dentists and lay people as well. When you pledge today to promote health and prevent disease, you do so at a time when there are extraordinary breakthroughs. You know all about them. Treatments for strokes and AIDS, the potential to slow diseases like Alzheimers, computer technology allowing you to share lifesaving information in real time, the mapping of the human genome that is revealing evolutionary secrets as we discover genes that are linked to breast cancer, colon cancer, and Parkinson's Disease.

And yet, with all of these breakthroughs come some questions that each of us, and particularly each of you, will have to address. For example, these kinds of advances don't just happen by accident or overnight. They are the result of sustained investments in research, especially in basic science. That is why we all have a stake in supporting the President's proposal for a 21st century research fund to increase our federal budget at NIH to historic levels. We should be increasing our budget at NIH as much as we can, at least by 50 percent over the next five years. That would give us the kind of investment that would enable you and your colleagues in the sciences to make these breakthroughs real in the lives of your patients. I hope that all of us (applause) will make clear that the United States must continue to be a leader in basic research and biomedical research, and that the United States government must, at this point in our history, make the kind of significant commitment that will enable us to move forward on the fronts that many of you will work on either in the research labs or apply in your practices.

Now, these continuing advancements in research and treatment also challenge us to ensure that our ethics keep pace with our science. We've all heard stories about people who are avoiding critical tests that their doctors recommend, or refusing to use their insurance out of fear that they will be discriminated against or have their privacy violated. It will do us little good if we discover genes that cause breast cancer or colon cancer, but people are afraid to be tested to find out if they have it because they worry that the information will cause them to lose their job or lose their insurance. You should be able to look your patients in the eye and say 'information about your genes will be used to heal you, not deny you a job or affordable health insurance.' The President has asked Congress to pass legislation prohibiting the use of genetic screening information to discriminate in health insurance and employment. The Congress should act to end genetic discrimination now (applause) and you should be able to guarantee your patients the privacy of their medical records.

At a time when personal health information is electronically criss-crossing the country, moving among health plans, insurance companies, and employers with fewer federal safeguards than the records of your video rentals, it is time to pass a law safeguarding the medical records and information of every American. (Applause) When you take your oath and you pledge to respect the dignity and autonomy of your patients in living and in dying, you make that promise in a world of rapidly changing demographics. The baby boomers like me are graying. Americans are living longer with less disability. Now that is good news. It is what my husband likes to call a high-class problem.

But, as with any nation whose population is aging, we face tough questions about how we will provide and finance healthcare for this expanding group of older citizens. Think back. Before Medicare was enacted, almost fifty percent of older Americans went without health insurance. They found themselves often mired in poverty and chronic illness. People used to work their entire lives only to enter their later years facing unthinkable choices between paying their heating bills and their medical bills. We hear a lot of talk about what's wrong with government, but we shouldn't forget about what we have done right. Medicare forever changed what it means to grow old in this country and we have to make sure that it is there for generations to come. But Medicare, like any program in the public or the private sector, must adapt to a new world. The President worked in a bi-partisan fashion to extend the life of the trust fund as part of the Balanced Budget Act of 1997. And the changes in Medicare included not only an extension of its life, but more health plan choices and treatment options, and new prevention benefits like yearly mammogram, and colo-rectal screening, and diabetes self-management.

There is now a consensus between Republicans and Democrats that we have to address the long-term future of Medicare together. This should not be a partisan

issue. Therefore, the President and Congress have appointed a National Bi-partisan Commission on the Future of Medicare that is scheduled to report in 1999. I hope that during the process of its deliberations and certainly in reaction to its report that all of you, and all of your colleagues will make sure your voices are heard, because we have to ensure that whatever changes are made are made in the best interest of patients.

You will dedicate yourselves to the profession of medicine and dentistry at a time when revolutions in our own health care delivery system are blurring the lines between payers, and providers, and insurers. There are more than 160 million people enrolled in managed care plans, an increase of 75 percent just since 1990. More physicians are forming their own health plans and working to find new ways to share risks and control costs. There is, however, another responsibility, that these new forms of care do not mean sub-standard care, that the bottom line of profits never eclipses the bottom line of good medicine. And you have to be on the front lines of ensuring that that occurs. Think about a recent statistic that came from a survey I read: 'Sixty percent of Americans say they are worried, that if they were sick their health plans would be more concerned about saving money than giving them the best treatment.' Physicians have been on the front lines arguing against these, standing up for patients who have been denied treatments that were recommended by their doctors. Physicians have spent countless hours on telephones arguing with insurers to try to make sure that a patient got the care that the physician thought necessary. We have to work to make it absolutely clear that it should be the medical professional who determines treatment options, not a checklist administered from some office thousands of miles away. (Applause)

Whatever kind of insurance plan any American has, that American should feel they will get quality care. What better place to make that pledge than here at this graduation. Dr. Mitchell Rabkin introduced the first Patients Bill of Rights here at Harvard hospital. Patients should never have to beg and plead to see a specialist they need. When an emergency arises they should get the care whenever and wherever they need it. They should have a right to a fast and fair appeal when they or their physician disagree with decisions about their care. Congress should pass a Patients Bill of Rights to protect every American and pass it this year. (applause)

One of the most serious and unintended consequences of the changes in the financing and delivery of healthcare in America is its effect on academic health centers like this one. You have seen first-hand in your training what happens when new market forces squeeze academic health centers. Now you have also been part of putting some good models in place here in Boston, when managed care plans have joined forces with teaching hospitals. But the problem is one that is not just the concern of Harvard or Harvard's graduates, but should be the concern of every American. Because, just stop and think for a minute what our academic health centers have meant to each and every one of us.

Academic health centers have many missions. But three of them, in particular, have helped to make American health care the best in the world. The research mission of the academic health center has not been replicated anywhere else and could not be. We are all grateful for the extraordinary breakthroughs in research that have happened in the labs and clinics of academic health centers. The mission of training young doctors, and dentists, and nurses, and other health care professionals is also the province of the academic health center. And thirdly, the care for the most vulnerable, whether they are vulnerable because they are poor and disadvantaged, or they are vulnerable because they are sick and without hope, the academic health center has been there as a place of last refuge.

Now those three missions: research, education and training, and uncompensated care for the vulnerable, are not profitable missions. You rarely can make any money at all in the short-run, and even the medium-run, in research. You certainly cannot make money off training young physicians or dentists and you lose money when you open your doors to the most vulnerable. Yet, in this brave new world of HMOs and health care agencies that look to the bottom line, many academic health centers are being told, 'I'm sorry, we're not reimbursing you for these functions which are not directly related to the patient care activities that we have listed in our brochure. So you will not receive compensation for research, education, training. And you're just going to have to send those poor patients somewhere else.'

That attitude fails to recognize that the reason American health care is so good is because we've had the best research, education and training opportunities available of any country in the world. If we squeeze out those functions, if we force places like Harvard to have to cut back on what they do best, it is not only Harvard that will suffer, it is hospitals and patients throughout the world. It is time for us to recognize that paying for those academic health centers and their vital missions is in the best interest of us all. Historically, Medicare has borne a great deal of the cost, paying directly and indirectly for graduate medical education. We should do everything possible to continue Medicare and the federal government's commitment to academic health centers. But, I believe it is also fair and appropriate for every health plan and every insurance policy to pay something toward the maintenance of our academic health centers since we all benefit from the work which they do on our behalf. (Applause) This is not one of those abstract debates that should only take place in Washington behind closed doors. It should be brought out in the light of day. Those of you on the front lines of delivering high quality medicine, doing cutting-edge research, and caring for the poorest and the sickest among us should make sure your voices are heard.

Now, all of these issues I've just mentioned were part of the overall plan that was presented a few years ago to reform our nation's health care system. Now clearly, that particular proposal was not successful, but it is critical that we do not give up

on what must still be done. Many people ask me, 'Well, were you discouraged after the defeat of health care reform?' Well yes, I was discouraged we didn't have the kind of debate that we should have had in Congress, so that people in the country could have seen clearly what our true choices were. But, I also believe that the debate and the effort was very important for America. We did educate ourselves about many of the issues that you here at Harvard know so well. And we also learned that when the political environment makes it impossible to take large steps in a direction you believe you must go, then you have either the choice of taking smaller steps or sitting on the sidelines and doing nothing. I come from the school of smaller steps. It is far better to try to make changes that will help at least some people than to do nothing and help no one.

So, we've seen some progress since 1994. Thanks, for example, to the leadership of Senator Kennedy here in Massachusetts, the Congress passed a bill prohibiting the loss of health insurance just because of the loss of a job or a pre-existing condition. Now there are problems with the implementation of that provision, but it is still an important step, and it is a value that makes clear that we are moving toward ensuring that people are not wrongfully deprived of their access to health insurance. We've also seen major legislation, the most significant since 1965, in making it possible for uninsured children to have access to health insurance.

But, our job is far from done. We have 41 million people living without health insurance. You've treated many of them in the hospitals where you've done your rotation and waited to be on call. Who will take care of these people in the future? Who will ensure that they will be taken care of? How will we pay for their care? And how will we pay for the extra costs that come when someone is not treated for a chronic disease or turned away from the emergency room? The job of health care reform in America cannot be done when any of our citizens' access to care depends on the color of their skin, or the neighborhood they live in, or the amount of money in their wallet.

Let's be clear. As a nation, we have to continue to work toward universal, affordable, quality health care for every single American. (Applause) While all of us must continue to work toward that day and we will do our part, it is going to be up to each of you who graduates today to assume your place as one of the architects of this changing health care world. I'm afraid you can't just be bystanders or kibitzers because you have the information and the experience that all of us need. About 100 years ago, one of your predecessors said, "We are very glad to be in the class of 1900 and not 1800, because we confidently believe we shall all witness greater triumphs in the century now dawning." I hope each of you feels the same and I trust that in 100 years when your successors look back at the class of 1998, they will say that, given the opportunity, you went far beyond the instructions to do no harm at the patients' bedside. Instead, you worked in the service of your patients and humanity. And you worked to improve the system in which you care

for your patients.

I hope also that we'll be able to look back and see that just as medicine conquered bacteria in the 20th century that the 21st will see the defeat of viruses; that chronic illness will be cured or tamed; that so many of the problems we have seen in disease around the world will finally be put at bay; that our grandchildren will have to look in history books to learn about the devastation of cancer or AIDS. During a time of great change, there is always uncertainty about which direction each of us individually will go and which direction collectively we will choose. We are at such a point in your lives as you enter this system.

I am extraordinarily hopeful as I look out at these graduates, that the decisions will be made with their guidance and expertise, and that the oath that they take today will be fulfilled in full measure. Because after all, it is they who must ensure that above all, "the health of my patients will be my first concern." We need your competence and your confidence, as we've already heard. Even more, we may need your compassion--harnessed to that competence and confidence--and we will need your voices to ensure that what you know, what you see, what you experience cannot be ignored as our nation debates what direction we take. And I'm confident that if we follow your oath we will make the right decisions. Congratulations, good luck, and God speed.

End Oratory by First Lady, Hillary Clinton

LEVEL 1 - 1 OF 1 STORY

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HEADLINE: Our Chance for Healthier Children

BYLINE: By Hillary Rodham Clinton

DATELINE: WASHINGTON

BODY:

The historic balanced budget bill that the President is set to sign today offers hope that as many as five million uninsured boys and girls will receive the health care they need, from checkups to antibiotics to complicated surgery. As the largest expansion in children's health coverage since Medicaid's creation 30 years ago, the bipartisan legislation could move the United States closer to shedding its status as the only Western industrialized nation that does not provide basic health benefits to all children.

Even as we celebrate this progress, we should recognize that passage of a bill, no matter how historic, does not guarantee success. Whether this legislation fulfills its promise depends on how hard we are willing to work in the months ahead.

Finding uninsured children who are scattered across the country, and then insuring them, will not be easy. As successful as Medicaid has been, an estimated three million eligible children are still not enrolled, because their parents don't know about the program, are unclear about whether they qualify, are reluctant to accept "government" help or are confused by complex eligibility rules.

Millions of other uninsured children have working parents who are employed by businesses that don't provide health insurance or who are low-wage workers unable to afford their share of insurance premiums. Still others lose coverage when their parents lose jobs.

For this new bill to fulfill its promise, states first have to agree to participate and build on successful efforts that many have already made. While \$24 billion in Federal aid over five years should be a significant incentive, dollars alone may not induce participation across the board. That's why our most urgent task is to educate citizens, especially parents, about what is at stake, and to encourage state officials to join the program and assure adequate benefits for all children.

Meeting this challenge will require a joint effort involving the Federal Government, states, localities, advocacy groups, foundations, health care providers, insurers and businesses -- all of whom will have to work to inform

*Seventy million kids
in the
house
also*

*What do we
do for as
many as
71.5 million
kids?*



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The New York Times, August 5, 1997

families about insurance options for their children.

The Federal Department of Health and Human Services, for example, will offer guidance to state officials by helping to interpret key portions of the law and provide technical assistance to states with little or no experience in children's health programs.

Health care providers and insurers, who will benefit from a population of newly covered patients, can play a pivotal role in designing high-quality health plans and enrolling uninsured children who come to the hospital or emergency room for care.

Finally, states will have to meet the law's requirement that new dollars not be used to replace or supplant existing coverage. Otherwise, the legislation could have the perverse effect of reducing current public and private commitments to children's health.

Luckily, many states have already taken the lead in enrolling children in health plans. Florida works through schools to educate parents about signing up. Pennsylvania has adopted outreach efforts that help eligible families find the program best suited to their needs. Minnesota has chosen to use Federal dollars to expand its successful Medicaid program.

Parents will have the most significant role of all. They will have to learn about the programs, demand quality benefit packages, enroll their children if they are eligible, and take advantage of the services provided.

While this law will not fully achieve the universal coverage that I believe is in the nation's best interest, Americans should be proud that our Government has made another down payment on the President's goal of providing health insurance for all citizens.

In the last three years we have also taken other steps to bring better health care to the nation's young people, from passage of the Kassebaum-Kennedy bill to the President's successful efforts to increase immunizations, protect Medicaid, restrict tobacco advertising and sales to minors, extend hospital stays for mothers and their newborns, and expand financing for nutrition and education programs for poor women and their children.

Now we have a chance to build on these achievements in the most profound way yet: by giving millions of children access to the health care they deserve and by offering them genuine hope for a healthy future. It's an opportunity we can't afford to miss.

LANGUAGE: ENGLISH

LOAD-DATE: August 5, 1997



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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 3, 1997

REMARKS BY THE FIRST LADY
TO THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT
The Sheraton Washington

MRS. CLINTON: -- I want to thank Dr. Elder and thank all of you for the expertise and leadership you bring to the field of child development. The work you do is vitally important, not only in promoting a greater understanding of our children and how they develop but in strengthening our understanding and the connection between research, public policy, and people's everyday lives.

I've had a chance to look through the book that has been produced for this biannual conference -- and I know you haven't been in Washington, D.C., since, I believe, the 1930s -- but given the number of topics and presenters, it seems like you are more than making up for the fact that you have not been here for some time. The range of topics that you are addressing and the research that you are discussing touches on every aspect of children and families and the environments in which they grow and develop.

Many years ago, it seems to me now, when I was in law school, I had the chance to study children at the Yale Child Study Center in New Haven, Connecticut. I was privileged to work with many experts in the field of psychiatry and psychology and development and social work and medicine. And I was particularly privileged to work with one of the pioneers in the field of infant behavior, Dr. Sally Provence. I still have vivid memories of the gentle and subtle ways that Dr. Provence would elicit information from parents and infants to help establish better patterns of relating to children. And I would stand sometimes behind the one-way mirror, watching her work, thinking to myself, how can we know so much about these babies? How can we draw from their gestures and their patterns of relationships such lessons? That was before I myself was a mother.

Later on in the work that I have done with children's organizations, such as the Carnegie Council on Children and others, I have been interested in watching how experts, such as yourselves, have applied the knowledge that you have learned from research to public policy, and that has become one of my abiding interests. How do we take what you have developed through research and apply it in the public policy arena? I think that that is a question that certainly should be on the minds of anyone who takes seriously Dr. Elder's challenge about the

state of children in our country. We have made a lot of progress in many areas.

Certainly, if you look at the progress that has been made in infant mortality -- eradicating childhood diseases like measles or polio, developing and releasing new drugs and therapies, making it better known to the general public what are the conditions of child rearing that are more likely than not to benefit a child's development -- one can see a very clear nexus between medical science and research and policy. I don't know that we could have made as much progress in our understanding of certain hazards that affect the lives of children -- whether those hazards be lead or tobacco or alcohol or illegal drugs -- without basic research. We are also beginning to understand how violence is a public health epidemic, and the steps that need to be taken to try to protect our children from it.

In so many areas the research that you and your colleagues do every day enhances our teaching methods for children with learning disabilities; outlines the benefits of everything from educational television programming to friendship to nutrition; gives us new tools for devising care and services for infants, toddlers, young children, adolescents; helps us strengthen programs, whether they be child care or Head Start or school programs, aimed at providing better conditions toward a child's development.

In short, science and research need social policy. And social policy needs science and research, and needs scientists and researchers. There has to be a relationship so that the work that you do and that you report at this conference doesn't just stay in a room like this but is able to inform public debate far beyond these walls.

I have seen for myself in the programs that I've worked with how using the benefits of science and research can make a difference. Dr. Elder mentioned one program that I've been involved with called the Home Instruction Program for Pre-School Youngsters -- the acronym HIPPPY -- which I always get a kick out of saying. (Laughter.) Some of you may know that it's a program which started with research at Hebrew University in Israel. And using data from research on immigrants to Israel who were exposed to many of the same social conditions as those who had lived there longer but were not progressing as well in school, researchers devised a program to begin to work with the parents of such youngsters to increase the confidence of parents, primarily mothers, in their capacity to be their child's first teacher, to begin to lay the foundation for the acquisition of academic skills. And in country after country we've seen that programs like this, if properly administered, can make a difference not only in the preparation of a child but in the increased competence of a parent.

There are many such efforts that we could mention that researchers have devised that have helped to improve the quality of life for our children, our families and our communities. So I thank you and commend you for building on the rich legacy of the SRCD and providing this opportunity to showcase some of the latest advances in children's research. What I hope is that this work will continue to inform scientists, decision-makers, child care providers, individual parents as we seek to create more promising conditions for the growth and development of our children.

**FACSIMILE TRANSMISSION**

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Counselor to the Secretary

Telephone: (202) 260-9923**Fax:** (202) 260-3053

MESSAGE:

**The Unfinished Agenda for Children:
Building on Success, Addressing the Next Challenges**

Progress Since 1993

Children are healthier

- We will achieve the Year 2000 goal of infant mortality reduction (a national rate of 7 per 1,000 live births) three years early, largely due to a significant decline in deaths as a result of Sudden Infant Death Syndrome (SIDS) and new ways of addressing the consequences of prematurity.
- We have dramatically lowered the risk of preventable childhood illnesses (measles; haemophilus influenzae which causes acquired mental retardation, deafness and meningitis; whooping cough) through the development of vaccines and major initiatives resulting in record percentages of young children being immunized. Ninety percent or more of America's toddlers receive the most critical doses of most of the routinely recommended vaccines for children by age 2. Seventy-seven percent of children 19-35 months old have received the full recommended series of immunizations.
- We are on the way to eradicating mother-to-child transmitted pediatric AIDS which, as early as 1991, was one of the 10 leading causes of death in the U.S. in the age groups between 1 and 24 years of age.
- Death rates for children ages 1-4 and 5-14 continue to decline, principally as a result of decreases in mortality from unintentional injury and cancer.

More children are ready for school and better prepared for work and college

- One of the National Education Goals for the Year 2000 is: "All children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school". By 1996, 55 percent of all pre-kindergarten children ages 3 to 5 were enrolled in preschool and early childhood center-based programs (including day care centers, Head Start, preschools, pre-kindergartens), reflecting a continuing increase.
- We are on the way to meeting the President's goal of one million children in Head Start by the Year 2002 and strengthening Head Start quality. Since 1993, funding for the Head Start program has doubled, the number of children and families served by Head Start has increased to approximately 830,000, and the number of children ages 0-3 served in the signature Early Head Start program is about 39,000.

- Hundreds of thousands more families have access to affordable child care while they work as a result of the additional \$4 billion in child care funding the President fought to include in welfare reform legislation.
- There are a record number of young people enrolled in college in the fall of 1998. College will be more affordable when the "HOPE Scholarship" tax credit for students starting college and the Lifetime Learning tax credit for upper level college, graduate and professional degree students and adults are fully phased in. Approximately 13.1 million students are expected to benefit from the new tax credits.

Children have more stable families

- Paralleling the overall trend in employment, in 1996, 75 percent of all children living with their parents had at least one parent who worked full time all year, up from 71 percent in 1993. The rate of employment of individuals on welfare in one year who were working in the following year increased by nearly 30 percent. As a result, 1.7 million adults on welfare in 1996 were working in March 1997. On average, a family's income increased by 51 percent in the move from welfare to a part-time entry level job.
- Teen birth rates have declined steadily over the past six years, after a substantial increase between 1986-1991.
- We are on the way to meeting the President's goal of doubling the number of children adopted from the public foster care system by 2002. In 1997, 31,000 children were adopted, reflecting both a reporting and a real increase of 10,000 children gaining permanent homes since 1996.
- The Family and Medical Leave Act has protected millions of Americans from job loss as they took time off during family and medical emergencies or for the birth or adoption of a child.

Children are gaining greater economic security

- The number of children in poverty declined between 1993-1996, from 15.7 million children under age 18 (22.7%) to 14.5 million children (20.5%).
- The Clinton Administration expansion of the Earned Income Tax Credit (EITC) significantly increased the numbers of families receiving the credit (from 15.1 million in 1993 to 18.6 million projected for 1997) and expanded the amount of credit per family by 40 percent (from \$1028 to \$1443). By the year 2001, the number of families projected to get the EITC is over 19.2 million, and the average credit is projected to be \$1557.

- The 1996 and 1997 minimum wage increases raised the wages of workers in more than 2 million poor and near-poor families.
- Child support collections from non-custodial parents have risen 68% since 1992 to a record \$13.4 billion in 1997. The number of families that are receiving child support increased to 4.2 million during that period.
- The Child Health Insurance Program (CHIP) represents the largest investment in federal funding for health insurance for low income children since the Medicaid program began in 1965. The thirty four states and Puerto Rico with approved CHIP plans anticipate covering 2 million currently uninsured children in the next three years.

The Next Challenges

Improving children's health

- 
- Eliminate racial disparities in infant mortality (black infants continue to be at much higher risk of infant mortality and low birth weight than infants of other races)
 - Continue to improve immunization rates, especially for minority and low-income children, through vaccine development and the comprehensive child immunization initiative
 - Continue aggressive outreach and education to get children who lack health insurance enrolled in CHIP and Medicaid.
 - Continue the effort to stem youth tobacco, alcohol and drug abuse
 - Reverse the increasing incidence of asthma, and other respiratory illnesses and reduce the level of exposure to toxins and pesticides by full implementation of environmental regulations and other initiatives addressing environmental hazards affecting children

Expanding children's opportunities for early education and care

- Complete expansion of Head Start to reach one million children by 2002, including doubling the number of infants and toddlers in Early Head Start, and continue to strengthen Head Start quality
- Continue the campaign to make child care affordable, available and high quality for working families by pressing for major investment in child care and reintroducing the major child care legislative package

Preparing for adulthood: education, work and social development

- Accelerate expansion of opportunities for youth during out-of-school time, prepare young people academically and financially to enroll in post-secondary education, develop supports to prepare young people in long-term welfare families for the world of work, increase the preparation and build on the reduction in teen pregnancy, youth homicide, children carrying weapons through a major youth development initiative

Strengthening Vulnerable Families

- Enhance the safety, permanence and well-being of children in the child welfare system by expanding independent living for youth aging out of foster care; reforming legal representation of children and courts that make decisions about children's lives; strengthening post-adoption supports; building neighborhood and community capacity to protect children; and developing alternative supports for troubled children in the delinquency, child welfare and mental health systems

Increasing Children's Economic Security

- Working Families paper recommendations:

Build secure, reliable supports for work, such as Food Stamps, child care, health care, and possibly expanded support through the tax system

Help families earn a living wage, through improvements in the minimum wage and skill development among low-wage workers

Help families weather temporary breaks in employment, through improved access to unemployment insurance for low-wage workers and possibly through improved availability of parental leave for low-income families

Remove bureaucratic barriers to work that prevent working families from gaining access to the supports that currently exist

Meet the particular needs of families who are especially likely to work and still be poor, such as families with a disabled member and immigrant families

Sara
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Social Fellow -
~~Pat - still Dept~~
Pat - still Dept
Viana
Hi Anita
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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

April 23, 1998

REMARKS BY THE PRESIDENT ON CHILD CARE

The Rose Garden

10:20 A.M. EDT

THE PRESIDENT: Thank you. Ladies and gentlemen, Hillary and I are delighted to have all of you here. We thank Mr. Tobias for his work and the power of his example. I thank Secretary Shalala and Secretary Herman for their extraordinary work, and Secretary Rubin, in his absence. And I note the presence here by SBA Director Aida Alvarez, and our OMB Director, Frank Raines, in the back. I thank the members of Congress who are here -- Representatives Lois Capps, Rosa DeLauro, Sheila Jackson Lee, Sandy Levin, Patsy Mink, Tim Romer, Ellen Tauscher, Lynn Woolsey, and Steny Hoyer.

There are many other members of Congress who are supporting this child care initiative --two who are not here, three that I think I should mention are Senators Dodd, Jeffords, and Kohl, along with Senator Specter who have given real bipartisan leadership to the child care initiative in the Senate.

Let me also say I'm delighted to see all the children here today. I like Take Our Daughters To Work Day. As Representative Capps pointed out, since her daughter works in the

White House, she came to work with her daughter today instead of the other way around. (Laughter.) But, for the rest of you, I like this day.

When my daughter started pre-school, and she was asked what her father did, she said that he works at McDonald's. (Laughter.) So I decided I better take her to work with me, even though I realized it would result in a diminution of my status in her eyes. (Laughter.) So then, by the time she went to kindergarten, she had actually been to work with me, and they asked her what I did for a living and she said, "Well, he drinks coffee, makes speeches and talks on the telephone." (Laughter.) (Laughter.) So I'm delighted that all the children are here.

The idea of merging work and family is embodied in Take Our Daughters To Work Day. There's also another important idea embodied in it, which is that we want our daughters to believe, along with our sons, that they can aspire to do whatever it is they want to do, whatever they're willing to do, whatever they're prepared to make the effort to do. Now, if you want that to be a reality, we have to make a commitment to give all of our children the best possible childhoods. That's really what all this is about.

Last year Hillary and I sponsored two conferences that many of our administration people helped on and many of you participated -- one on child care and the other one on early childhood and the brain. Now, what they showed is what all of you already know, but what is still not widely accepted by decision-makers in our society. They showed, first of all, that the early years are profoundly important and that an even greater percentage of a child's learning capacity and intellectual infrastructure is built up in those very early years. And they showed what we in the child

care conference, what we've all been here to say today, that people are worried about whether they can find child care, whether they can afford it, and whether it will be good child care.

A { We've been very fortunate in our country in the last few years, and I know we're all grateful to have the best economy in a generation and the lowest welfare rolls in 30 years and the lowest crime rates in a generation. But if we really want Americans to succeed over the long run we have to allow every family the opportunity to succeed at home and at work. It is the most fundamental decision we have to make. There is no more important job in a society than raising children well. Nothing even compares with it. In the end, if you fail at that job, all the other jobs will, by definition, fail. } HRC

Therefore, there is virtually nothing worse you can do to a parent than to put a parent in the position of basically just being knotted up every day, worrying about whether he or she has fulfilled the responsibilities to the child. How can you be at work

worrying about your kids, and if you have to leave work to take care of your kids, except in emergency situations or for appropriate events -- there's a sacrifice there.

One of the reasons the business community is interested in this is that enlightened business leaders understand that, actually, if you permit people to do the right thing by their children you wind up having a happier, more upbeat, more affirmative, more positive business environment, and ultimately the business enterprise will be more successful because the workers are also successful at home. That's what this whole business is about, taking care of their children and not asking their parents to choose between being good parents and good workers. It all comes down to that.

The private sector obviously can and should do more. We should have more companies that are willing to follow the example of these fine leaders who are here and who have been acknowledged. The Treasury working group that Secretary Rubin has led has done a very important job in participating in and presenting this report to me, and I am glad to receive it.

I'm also releasing a report today that Secretary Herman has provided that highlights other family-friendly businesses, giving them sort of an honor roll status. I think it's well-deserved, and I hope that the work the Labor Department will now do in serving as a clearinghouse for companies interested in child care and setting up mentoring programs between businesses on child care will get more and more private sector folks involved. Secretary Shalala pointed out that in the welfare reform bill -- the one we finally got -- we fought like crazy to get \$4 billion in child care for states. But, believe it or not, there's still a lot of demand out there that's not being met, in state after state after state.

Hillary said before we came out of the Oval Office this morning that everybody talks about how important child care is, but if you look at higher education -- and this may be hard for some of you to believe if you have staggering tuition bills, but still, nationwide, families directly pay only about 25 percent of the costs of their children's move through college.

No one questions that we have the best system of higher education in the world. No one questions that it's not only been good to let our children live out their dreams, but it's also been very, very good for the American economy. By contrast, with child care, the average family, at an earlier age with a lower income, just getting started out in the work force with young children, on the whole, pays over 60 percent of a cost out of pocket.

So I would suggest to you that we basically have a choice to make here. I have put a proposal before Congress that deals with affordability, accessibility, the training of the workers, the quality of the child care. But the fundamental question is not so much over the specifics of our proposal, but whether the national government has a responsibility to do more. And we have a

fundamental choice: Do you believe that the early years are as important as all the evidence says? Do you believe that we could hardly do anything better for America's families than to relieve them of the burden of being terribly worried about their children while they're at work? In other words, do you believe that this should be an urgent priority for America?

} HEC

That is the decision every member of Congress should make. And this year, we shouldn't slide by it. Everybody should just stand up and say, yes, or no -- because the budget is going to be in balance, we have the money to make a major step forward. (Applause.)

Now, there's a highway bill making its way through Congress, and I support a good highway bill. I presented a good highway bill that would have significant increase in our infrastructure. But I hope that as Congress continues to consider this and determine how much money should be put in it, they will remember some other things. We've got to build a lot of highways -- or bridges, if you will -- to the 21st century. We have to have a road that will make Social Security strong in the 21st century. We have to have a road that will make our children's environment better in the 21st century. We have to have a road that will guarantee universal high-quality, high-standards education in the 21st century.

I think we have to have a road that will guarantee that people will not have to choose between being good parents and good children, and that we will act on the overwhelming weight of the evidence about the importance of the earliest years in the child's life.

Now, there are choices to be made, and it is wrong to pretend that there are no choices here. We now have the opportunity because of the good fortune that we enjoy as a people, because of the solvency of the budget, to take a major step forward in child care; to build that part of our national infrastructure. You look around at all these children today, and at their parents beaming about them -- I don't really believe that any part of our infrastructure is more important than they are.

Thank you very much. (Applause.)

Q Mr. President, do you propose tax cuts for mothers who want to stay home?

THE PRESIDENT: I'm glad you didn't stay home today, Sam. (Laughter.)

Q What do you think of the idea of tax cuts for a stay-at-home mom?

THE PRESIDENT: Well, we need to get into a negotiation. We need to get started talking seriously about what we're going to do.

Q Would you be open to it?

THE PRESIDENT: I'll be happy to talk to them, but we've got to -- are we going to make a serious effort here? We need to have a discussion about it.

Q So you are willing to negotiate, then?

THE PRESIDENT: I'm willing to negotiate with anybody who wants to help people raise their children better so that people can succeed at home and at work. It's not an either-or deal. That's why we had the \$500 tax credit last time, children's tax credit, because we wanted to help all parents. We're not against helping all parents. But the question is, most parents are in the work force and we have to do something serious about it. We have to decide, are we going to do it, or not.

Q Children's advocates, Mr. President -- children's advocates --

Q What do you think of McDougal testifying today?

Q Did the French betray the effort in Bosnia to bring Karadzic --

Q Mr. President, did the French soldiers prevent Mr. Karadzic from being arrested?

END

11:00 A.M. EDT

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