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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. draft	HRC speech re: dedication -of Hillary Clinton Neonatal Intensive Care Unit [partial] (1 page)	03/03/1998	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
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FOLDER TITLE:
Children's Health Insurance

2013-0936-S
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

8TH STORY of Level 1 printed in FULL format.

The New York Times

August 5, 1997, Tuesday, Late Edition - Final

SECTION: Section A; Page 19; Column 1; Editorial Desk

LENGTH: 748 words

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 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.

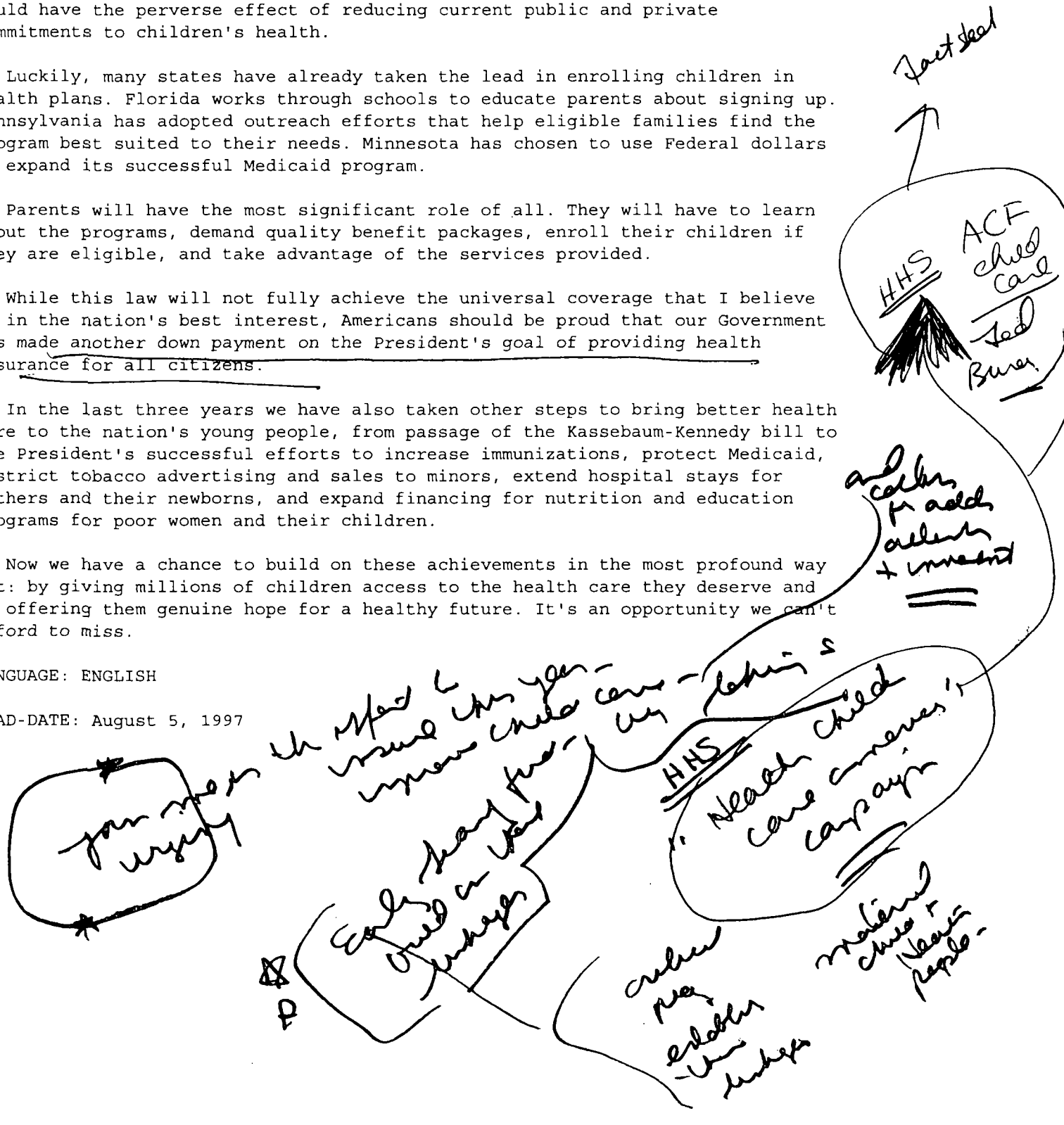
While this law will not fully achieve the universal coverage that I believe is in the nation's best interest, Americans should be proud that our Government has made another down payment on the President's goal of providing health insurance for all citizens.

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



THE CLINTON ADMINISTRATION:
ENSURING HEALTH COVERAGE FOR CHILDREN

April 1, 1998

Today, on the sixth-month anniversary of the Children's Health Insurance Program (CHIP), Health and Human Services Secretary Donna Shalala, Domestic Policy Council Chair Bruce Reed, and National Economic Council Director Gene Sperling announce that New York and Illinois's children's health expansions have been approved. With these new additions to CHIP, eight states have approved plans that will, when fully implemented, cover over one million children.

After Only 6 Months, Approved Plans Will Cover One Million Children. 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. President Clinton is committed to ensuring coverage for these children. With the addition of New York and Illinois, eight states have approved CHIP plans. These approved state plans will provide health care coverage for an estimated one million children.

Rapidly Implementing The New Children's Health Insurance Program. An NEC/DPC Progress Report issued at today's event shows the successful implementation of the Children's Health Insurance Program. To date:

- **Eight states have approved plans to insure one million children**, including Alabama, California, Colorado, Florida, Illinois, New York, Ohio, and South Carolina. Together, these states estimate that they will provide health care coverage to over one million children;

- **Another fifteen states have submitted Child Health Plans for approval**, including Connecticut, Idaho, Massachusetts, Michigan, Missouri, New Jersey, Nevada, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Vermont, Wisconsin;

- **Almost all other states have processes in place to develop and submit plans to expand coverage to uninsured children**;

- **States are taking advantage of CHIP's flexibility to develop innovative programs that meet the unique needs of their populations**; for example, 12 states have proposed expanding coverage through Medicaid, 6 have proposed using block grants, and 5 have proposed a unique combination of the two.

Continuing Work To Cover Uninsured Children. The rapid progress of the Children's Health Insurance Program will help millions of uninsured children get the health care coverage they need. However, this program will not reach all uninsured children. There are currently four million uninsured children that are eligible but not enrolled in Medicaid. Today, the Administration reiterated its commitment to finding ways to cover these children, by:

- Enrolling children in schools and child care sites. The President's budget proposes to allow states to enroll children in the places where they are --specifically schools and child care cites;

- Involving the private sector. Representatives of providers, children's health groups, foundations, and a host of private sector entities, such as pharmacies and grocery stores, have made new commitments to help find and enroll these kids.

PRESIDENT CLINTON:
IMPROVING THE HEALTH OF AMERICAN FAMILIES

March 9, 1998

"Although medical technology is ever-changing, the values of your profession -- the Hippocratic Oath -- are everlasting. We face a choice, as we walk together into the future, whether to widen the circle of access and extend the opportunity of new treatments to all American families. If we keep in mind the values you were taught and continue to uphold, then we will have a healthier America, and a stronger America, in the 21st century."

President Bill Clinton
March 9, 1998

Today, President Clinton is the first President to address the American Medical Association (AMA) in 15 years. In his remarks he calls on Congress to pass a Patients' Bill of Rights, comprehensive tobacco legislation to reduce teen tobacco use, and a proposal to allow hundreds of thousands of Americans ages 55 to 65 to buy into Medicare.

Urging Congress To Pass Legislation Guaranteeing A 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 would provide 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; and,
- Grievance and appeals processes for consumers to resolve their differences with their health plans and health care providers.

Releasing A New Report Underscoring The Bipartisan Support For The Patients' Bill Of Rights. In today's event the President releases a report showing that 44 states -- including 28 states with Republican governors -- have enacted at least one of the provisions in the Patients' Bill of Rights. To ensure that all health plans serving Americans provide the protections envisioned by the Quality Commission, we must pass and enact bipartisan Federal legislation.

Calling On Congress To pass Comprehensive Tobacco Legislation. A recent study concluded that the Administration's proposal to increase the price of cigarettes by $1.50 per pack, coupled with proposed sales and advertising restrictions, would keep up to 1.9 million Americans from smoking 2003, sparing as many as 1 million of today's young people from premature deaths resulting from smoking-related diseases. The President is proposing tobacco legislation that includes five key principles:

- A comprehensive plan to reduce youth smoking;
- Full authority of the Food and Drug Administration to regulate tobacco products;

- Changes in how the tobacco industry does business, including an end to marketing and promotion to children;
- Progress towards other public goals, including a reduction of secondhand smoke; promotion of cessation programs; public health research; and the strengthening of international efforts to control tobacco;
- Protection for tobacco farmers and their communities.

Urging Congress To Pass His Targeted Proposal To Expand Adequate, Affordable Health Coverage. The President has a carefully-targeted, fiscally-responsible proposal that would allow hundreds of thousands of vulnerable Americans to gain access to more affordable health care coverage by: allowing Americans ages 62 to 65 to buy into the Medicare program; allowing displaced workers age 55 and over a similar buy-in option; and allowing Americans 55 and over who have lost their retiree health benefits to buy into their former employers' health plan.

HILLARY RODHAM CLINTON

REMARKS FOR ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

LUNCHEON MEETING

OMNI SHOREHAM HOTEL

MARCH 9, 1998

Thank you so much for this award. It is a pleasure to be here, and to join so many committed friends and advocates of America's children and families. I want to acknowledge the strong leadership of the Association of Maternal and Child Health Programs: President Deborah Klein Walker (Massachusetts Assistant Health Commissioner); the AMCHP Executive Council; executive director Catherine Hess and the staff; and all of you, who have worked so tirelessly to improve and strengthen maternal and child health programs in states and communities across the nation.

This Association has been a pioneer on behalf of America's women and children for over 50 years -- extending health care to servicemen's wives and children during World War II; ensuring community services were available for children with mental disabilities in the 1950s; and placing the spotlight on the need to provide comprehensive prenatal and infant care to low income women in our inner city neighborhoods in the 1960s.

And you've been our allies in the 1990s, working with the Clinton Administration to place the health and well being of America's families at the top of the nation's agenda. You've helped strengthen efforts to improve immunization rates; and protect our children from the terrible affects of tobacco. You've worked to pass important legislation like the Kennedy-Kassebaum health insurance reforms. Thank you also for assuring strong national public health leadership -- through your support for our new Surgeon General, Dr. David Satcher.

Yet as much progress as we've made to improve health care services for women and children over the years, our nation faces another critical cross roads in our journey to give America's families the quality health care they need and deserve. Today, a report released by the Agency for Health Care Policy Research at HHS, confirms that there are eleven million kids in America who do not have health insurance. As many as four million of them are eligible for Medicaid, but are not enrolled. The report, called "Children's Health, 1996," confirms our deepest fears, and more accurately reflects the extraordinary challenge before us.

As the world's wealthiest nation, these figures are not just a terrible shame. They are unacceptable. And we cannot let them stand.

The President, with bipartisan support in Congress and help from organizations like yours, has taken the first crucial steps to begin turning this situation around. Last August, he signed into law the largest expansion of health care in 30 years. On that day, our nation made a commitment of $24 billion, aimed at insuring millions of children who don't have health insurance. We also created a federal-state partnership to fulfill this historic promise to America's children and their parents.

The enactment of this program into law is just the beginning of the battle, not the end. Now comes the even greater challenge: to see that this health care coverage actually gets to the children who desperately need it -- either through enrollment in Medicaid or the new Children's Health Insurance Program (CHIP).

We can pass all the laws we want, but if parents don't know their children are eligible, these laws will never fulfill their promise.

We knew that finding these eligible children scattered across the country, and then insuring them, would not be easy. But we also knew the consequences if we failed. So a few weeks ago, we opened a second battle front. The President announced an all out, $900 million effort to inform every family about health insurance, so they can enroll their uninsured children in Medicaid.

The President has taken a number of steps in this children's health outreach campaign. First, he directed all federal agencies who run our children's programs -- such as WIC and food stamps -- to cooperate in a comprehensive effort to make sure every family gets the information they need to enroll their children. They are to spread the word through agency employees, pamphlets, a toll free number, and simpler application forms.

Second, states are creating or expanding health programs in order to insure more children. I know that many of you have been working at the state and community level to help expand coverage for those in need, and to help circulate "best practices" to communities around the nation. And we also need AMCHP and its members to make sure we not only get fuller coverage for children -- but to make sure that translates into quality care -- and better outcomes.

Third, the private sector can, and must, play a critical role in this effort. And already, many companies and foundations are stepping up to the plate. Bell Atlantic will establish a new 800 number that will direct families to state agencies in charge of Medicaid. Safeway will put that number of their shopping bags. And the National Association of Chain Drug Stores and the National Community Pharmacists Association will help us get the word out to parents picking up prescriptions.

Private foundations continue to be strong partners -- with the Robert Wood Johnson Foundation and the Kaiser Family Foundation committing more than $23 million to finding better ways to expand coverage and implement outreach efforts.

Perhaps the most important allies, however, are the people on the front lines in our communities, who have regular contact with our children. We need to enlist every parent, grandparent, doctor, nurse, teacher, camp counselor, coach, minister, and neighbors to work together to find new ways of reaching our children and their parents. They must hear the message: "What you don't know CAN hurt you" -- and your children. We must get parents informed -- and children enrolled. And we can't do without your help and collaboration.

I recently met a family who had been suffering from lack of health care coverage -- and who would benefit from these new measures. Linda Havemann [have - uh - man] is a full time homemaker in Williamsburg, Virginia. Her husband, Tom, has a good job working as a mechanic, but he can't 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. Linda and Tom were particularly worried that Andrew wasn't speaking like other kids his age.

Just recently, a Salvation Army social worker informed them that Michael and Andrew were eligible for Medicaid. When the Havemann's finally took the boys to the doctor, they found that Andrew had already lost 20 percent of his hearing. A few weeks later, after surgery to insert tubes in his ears, Andrew said his first words: Mama, Dadda, bubble, and shoe.

That's the good news. The bad news is that Raymond is too old to qualify for Virginia's Medicaid program. And that's where the Children's Health Insurance Program (CHIP) can help the millions of working parents like the Havemann's get the health care coverage they and their children so desperately need. Today's report tells us that 90% of the children not insured live in homes like the Havemman's -- with one working adult.

These efforts to ensure our youngest and most vulnerable kids get the health care coverage they need -- as critical as that is -- must be seen as part of the larger network of services and programs aimed at ensuring all of our nation's children get a healthy start in life. Children need to be healthy physically, emotionally, and intellectually. And one of the ways we can make sure they get those building blocks for the future is by providing safe, quality, affordable child care to America's working families. And here again, we're not giving parents the opportunities or the choices they need to succeed in the most important job they will ever have: raising their children.

That's why the President has proposed the single largest child care investment in the history of our nation. He claims he was responding to my ceaseless requests for action over the past 20 years -- but I know he believes as deeply as I do that this is part of America's unfinished business, and that it's time to give parents child care they can afford, trust, and rely on.

As many of you know, we held the first ever White House Conference on Child Care last year, to jump start efforts to improve child care in America. The urgency to act has been heightened by new scientific information we have gained about the emotional and intellectual development of young children.

Science has confirmed what all mothers and grandparents and care givers have always known instinctively -- that how we interact with a child -- particularly in those first three years -- affects how well he or she learns and develops over a lifetime. And with 45 percent of our children under the age of one in regular day care, the issue of quality has tremendous bearing not only on individual lives, but on the future of this country.

And here, I want to recognize your important work over the years to strengthen the link between health care services and child care providers. Thanks to your contributions to initiatives like Healthy Child Care America, partnerships between child care providers and health care services have been established in almost every state.

This Administration's Child Care initiative seeks to build on these efforts, by stepping up enforcement of state health and safety standards, and providing scholarships for child care workers -- so they are better trained to give children the stimulating and loving atmosphere they need to grow and thrive. We're also promoting early childhood learning opportunities, to get children ready to read and learn.

But let's remember that these proposals to improve child care are just that -- proposals. We need your help to make them a reality for America's families and children.

And I urge you to help us another front as well: to cut down on the terrible scourge of teen smoking. Last fall, the President called on the Congress to pass comprehensive bipartisan legislation to reduce teen smoking by raising the price of cigarettes by up to $1.50 a pack over the next decade; imposing strong penalties on tobacco companies that keep advertising to children; and giving the FDA full authority to reduce our children's access to tobacco products. We can stop almost 3 million children from taking that first puff. We can prevent almost one million premature deaths. But to do this, we must pass comprehensive tobacco legislation.

Giving our children the best possible start in life -- by building healthy bodies and active minds -- is our greatest challenge -- and when met, our greatest reward. But succeeding will demand the energy, resources, creativity and commitment of every one of us. Whether it's working at the state level to deliver quality maternal and child health programs; promoting literacy efforts in our communities where doctors "prescribe" books for parents to read to their children; printing an 800 number on shopping bags to alert parents they could be eligible for health insurance; improving safety standards for child care centers; we are investing in the health and well being of our children. And thus, in the future of our nation.

This month, we celebrate Women's History month -- giving us an opportunity to look back on the historic strides that this country has made on behalf of women and children -- but also to gird ourselves for the challenges and opportunities of the 21st century. As this gathering knows so well, and as I've seen so vividly on my travels around this country and the world, whenever we invest in women -- we see progress for families, for communities, and for the nation.

I was remembering recently one mother's day, when Chelsea, my daughter, was about 4 years old. We were at a church in Little rock, and during the children's sermon, the minister asked the kids: 'If you could give your mommy anything in the world today, what would it be?" Chelsea answered without hesitation. "Life insurance." That broke up the congregation. It turned out she thought life insurance meant you could live forever.

As much progress as this group and other committed organizations like you have made over the years, we haven't yet unlocked the secrets of how to live forever. But we can recommit ourselves today to improving the quality of that life for our children and families. Thank you for your invaluable contributions toward that goal. And thank you for what you will do in the weeks and months ahead.

June Shih
03/04/98 11:15:02 AM

Record Type: Record

To: Christine N. Macy/WHO/EOP

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

---------- Forwarded by June Shih/WHO/EOP on 03/04/98 11:15 AM ----------

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 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: _____

REMARKS FOR FIRST LADY HILLARY RODHAM CLINTON

COLUMBIA HOSPITAL FOR WOMEN

DEDICATION -- HILLARY CLINTON NEONATAL INTENSIVE CARE UNIT

MARCH 3, 1998

Thank you. Thank you very much for this tremendous honor. For more than 130 years, Columbia Hospital for Women has been a lifeline **to** our community -- and a product **of** our community. I want to thank just a few of the many leaders who have given of themselves so that this extraordinary hospital will always be here for the families who depend upon it: Congresswoman Norton; Trisha Lott and Linda Daschle; Barbara Harrison; Dr. Safa Rifka; Gerry Bailou; Dr. Marciana Wilkerson and the entire staff here, including my own physician, Dr. Kathy Bis.

It is only fitting that we come together during Women's History Month -- a time to honor our grandmothers, mothers, and other pioneers who helped women secure rights that we cherish today: The right to vote. The right to earn a living. The right to safeguard our own health. Few have played a more integral role in writing this history than Columbia Hospital for Women. After the Civil War, women came to D.C. in search of missing husbands and friends. Unable to afford health care, some resorted to delivering their babies in police stations and parks. And one even gave birth on the steps of the State, War, and Navy building (which is now, incidentally, the home of the Old Executive Office Building right across from the White House).

The Congress and the community responded by creating this hospital and making a promise to women who live here: You will have access to the health care you need regardless of need. Even in times of great budgetary constraints and changes in our health care system, you have kept that promise. Now, as we enter the next century, all of us must ensure that your vital mission is preserved -- that the doors of Columbia are always open.

Right before this ceremony, I had the opportunity to see the Ambulatory Care Center, the Birthing Center, and the Neonatal Intensive Care Unit and talk to parents and medical staff members about the miracles you create every day. This institution understands that women need unique and comprehensive care -- from prenatal care to mammograms. You know that when women and babies are healthy, families and communities are healthy as well.

There's probably not a family in D.C. that hasn't been touched in some way by Columbia. Vice President Gore was born here close -- very close -- to 50 years ago. Members of my staff have delivered babies here -- in fact, one of them is scheduled to have her first child here in the next few weeks.

There are families here of every background, race, and religion. Almost 12 percent receive Medicaid. Almost 5 percent walk in with no insurance at all. But you give every person who comes through your doors the best medicine of all: State-of-the-art care and good old-fashioned caring.

I remember how nervous my husband and I felt when Chelsea was born. We had asked every question and read every book you can imagine. But even in the best of circumstances, all parents worry. All parents need someone to guide them, listen to them, and understand what they're going through. And that's especially true when children are born with special needs. There is nothing more terrifying than finding out you cannot hold or take home the child you just brought into this world. In the NICU, I met parents whose babies who were born sick or prematurely, some with arms and legs the size of my fingers. And I met professionals who are doing everything they can to bring health to these children and peace of mind to their parents.

The results are in this room -- in the faces of the children saved, the families

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kept together. We are joined by (b)(6) twins who were born at 28 weeks. Their parents, (b)(6) needed support and information from the NICU -- and they got it. That meant when (b)(6) developed a respiratory infection at home, (b)(6) knew how to give him CPR and when to call 911. She knew how to save his life. Today, (b)(6) are healthy 8-year olds – and they, like the countless other families served by Columbia, are why we're here this afternoon.

Because no matter what, parents will always worry about their children. They'll worry when their kids come down with fevers, when they come home with broken bones, or when they leave home for college. But the President has worked hard to ensure that there's one thing parents won't have to worry about -- and that's getting quality health care for their families.

We must work for the day when all children get the right start in life: Today, childhood immunization rates are at their highest levels in history -- and infant mortality rates are at historic lows. Yet, too often the children who live in our nation's capital have not shared in our nation's progress. That must change -- and I want to thank you for your tireless efforts to ensure that it does.

We must work for the day when all women receive the care they need

and deserve: Under the Administration's watch, funding for family planning and for breast cancer research, treatment, and early detection have dramatically increased. And, as of January 1, insurance companies can no longer tell women to leave the hospital only 24 hours after giving birth.

We must work for the day when quality health care is within the grasp of all Americans. With the help of a bipartisan Congress, the President enacted the largest expansion of health care in 30 years. The new Children's Health Insurance Program will provide insurance to millions of kids who don't have it. Many of their parents come to this hospital every year. We need your help in educating them about why it's important to insure their children and how to find out if they're eligible, either through Medicaid or CHIP.

And we need the Congress to pass a patient's bill of rights so that every single person has access to what Columbia provides -- quality health care, including guaranteed access to specialists if you need them.

Those who created this hospital probably didn't know that they were writing the first chapter of an extraordinary success story. Now, the challenge falls to us. When women's history month is celebrated in the next century, what will they say

about our contributions? When given the chance, did we give every child, every woman, every family in the district the health and hope they need?

The answer must be "yes." And with Columbia Hospital for Women continuing to lead the way, I know it will be yes. Thank you very much for this honor.

You are the best trained, best skilled doctors in the world. You've had the best medical educations, and have the best medical technology. We've got to let you do the job that only you can do--to heal.

That's why I have urged Congress to pass a Patient's Bill of Rights--and put medical decisions back in the hands of patients and the best medical doctors in the world.

I have already acted to ensure that our federal employees and their families, our military personnel, our veterans and their families, and every person on Medicare or Medicaid--altogether, one third of Americans--are protected by the Patient's Bill of Rights. And across the nation, state legislatures--Republican and Democratic--are doing what they can. Forty-three have enacted into law one or more of the basic provisions of the Patient's Bill of Rights. But the reality is that state law, and this patchwork of reforms, can't protect most Americans--140 million Americans. That's why Congress must pass a Patient's Bill of Rights with the full force of federal law.

The Patient's Bill of Rights keeps the covenant of care with our parents, our children, and the neediest and most vulnerable Americans. The Hippocratic Oath binds doctors to " follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients." That's your responsibility and your patients' right--to know all their medical options, not just the cheapest. Primary care when possible. Specialists when necessary. That's why the Patient's Bill of Rights lifts the gag order on our nation's doctors, and allows patients to follow your best recommendations by appealing any unfair decisions by managed care accountants.

Patients have a right to keep their medical records confidential. And doctors must feel free to write down the whole truth--without it ending up on the Internet, or in the hands of employers and marketing firms, or increasing a patient's insurance rates. Again, we recall the Hippocratic Oath, which says that "all such shall be kept secret." That's why the Patient's Bill of Rights safeguards the sanctity of the patient-doctor relationship.

Patients have a right to emergency services wherever and whenever they need it. And when the EMTs are wheeling a new arrival into your ER, the last thing you--or your patient--should have to worry about is the fine print on a health plan.

With less than 70 days remaining in this legislative session, it is time to guarantee that the best practices of traditional medicine survive in the age of managed care. This administration has acted. The states have acted. The AMA has acted. I ask you to urge Congress to take the next, important step--and take it today.

The other great health issue before this Congress is tobacco. Today--and every day--3,000 children light their first cigarette. 1,000 of them will die prematurely because of it. This is a national epidemic, and a national tragedy. As physicians, you know the importance of preventative care. Often, it is easier to stop a disease before it starts. And that

is why, for more than five years, our administration has worked to stop our children from smoking before they start. We launched a nationwide campaign with the FDA to educate children about the dangers of smoking, to reduce their access to tobacco products, and to put a stop to tobacco companies that spend millions on mass marketing to young people.

Last fall, I called on Congress to pass comprehensive bipartisan legislation to reduce teen smoking by raising the price of cigarettes by up to $1.50 a pack over the next decade; imposing strong penalties on tobacco companies that keep advertising to children; and giving the FDA full authority to reduce our children's access to tobacco products. If we do this, we can cut teen smoking by almost half over the next five years. We can stop almost three million children from taking that first puff. We can prevent almost one million premature deaths.

But again, the clock is ticking. It is time for leaders of both parties to put politics aside, protect our children from the deadly threat of tobacco, and protect every patient's right to quality care. It is time for Congress to match the commitment this administration has made, and the AMA has made, to the health of American families as we approach the 21st century.

There is another step we must take, and on this one you and I may disagree. I have made a targeted proposal that gives a vulnerable group of Americans new options for health care coverage. By enabling Americans aged 62 to 65 to buy into Medicare, and giving displaced workers 55 and over a similar buy-in option, my proposal protects them--without burdening the Medicare Trust Fund or busting our balanced budget. The CBO just reported that this policy will cost even less and help even more people. It will provide access to health care for hundreds of thousands of the most vulnerable Americans, and it is clearly the right thing to do. We should not wait to take this next, important step toward quality care in the next century. I challenge you to join me.

This is a time of remarkable promise for American medicine. We have the potential to make it the most powerful force for human health in history. We are finding cures for seemingly incurable conditions. New gene therapies. Revolutionary fertility treatments. The choice we face today is whether to fulfill this promise tomorrow--and carry the best aspects of traditional care forward into the future. I think we will make the right choice as a country. And even though medical technology is ever-changing, the values of the medical profession--the Hippocratic Oath--are everlasting. If we preserve the values you were taught and continue to uphold, then we will truly have a healthier America, and a stronger America, in the 21st century.

HILLARY RODHAM CLINTON
REMARKS FOR ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS
LUNCHEON MEETING
OMNI SHOREHAM HOTEL, WASHINGTON, D.C.
MARCH 9, 1998

Thank you so much for this award. But the even greater reward, I believe, is to be in the presence of so many committed friends and supporters of America's children and families. I want to acknowledge the strong leadership of the Association of Maternal and Child Health Program: President Deborah Klein Walker (Massachusett's Asistant health Commissioner); the AMCHP Executive Council; executive director Catherine Hess and the rest of AMCHP's staff; Dr. Gil Buchanan, who has been active not only as a national leader in the Association and the Academy of Pediatrics, but also a strong family health advocate in Arkansas; and his colleagues from Arkansas (Dr. Richard Nugent; Donnie Smith; and Nancy Church.)

A special welcome to the parents who are with us today -- especially those with children who have special health care needs -- who are working with state Maternal and Child Health programs. And finally, I want to acknowledge our representatives from federal Health and Human Services agencies, who play such a vital role in working with our partners at the national, state and community levels to assure all of our children grow up healthy, and are able to develop their full, God-given protential.

I want to begin by expressing my deep appreciation to the Association of Maternal and Child Health Programs and its invaluable work on behalf of America's women and families. For more than 50 years, this organization has been a source of innovative ideas and in-depth knowledge on family health issues -- helping to shape the policies and programs that have improved the lives of women and children across the nation.

You were there for America's families in the 1940s, when the dramatic call up of enlisted men during World War II overloaded the capacity of local station hospitals, and the AMCHP worked with the government to extend care to servicemen's wives and babies throughout the war. You were there in the 1950s, doing pioneering work to ensure community services were available for children with mental disabilities. And you were there in the 1960's, when America's urban migration put a spotlight on the need to provide comprehensive prenatal and infant care to low income women in our inner cities.

And today, AMCHP has carried on its historic commitment to promote the health and well being of families and children -- working with the Clinton Administration to place these concerns at the very top of the nation's agenda.You've been our partners in addresssing major threats to our children's health -- such as strengthening immunization efforts; and protecing our youth from the terrible affects of tobacco. You've been our allies in helping to secure health insurance -- including our success with the Kennedy-kassebaum reforms. And you've stood with us in assuring strong national public health leadership -- and I want to thank you for your support for our new Surgeon General, Dr. David Satcher.

Perhaps most most importantly, you've worked with us in our efforts to ensure greater quality of care and consumer protections -- a major focus of your meetings here over the next few days. Your concept of quality is broad and comprehensive, encompassing how all family and children services can work together to improve the quality of life in our communities, and better outcomes for our families and children.

And today, I want to focus especially on one of the most vital services we provide to America's families -- child care. I believe, as I know you do, that raising children is the most important job any of us ever has, and we must help provide parents the tools and resources they need to succeed at this extraordinary challenge.

As many of you know, we held the first ever White House Conference on Child Care last year, to jump start efforts to improve child care in America. The urgency to act has been heightened by new scientific information we have gained about the emotional and intellectual development of young children. Science has confirmed what all mothers and grandparents and care givers have always known instinctively: that how we interact with a child -- particularly in those early years -- affects how well he or she learns and develops over a lifetime. And with 45 percent of our children under the age of one in day care on a regular basis, the issue of quality has tremendous bearing not just on individual lives, but on the future of this nation.

I don't need to tell this gathering that quality child care means. You've been working with us in ensuring healthy and safe environments; developing links between child care and the health care community; making sure the child care providers are well trained; designing programs that serve children with special health care needs. Now, we must make sure that this quality care is affordable and available to every parent and child who needs it.

That's why the President has proposed the single largest child care investment in the history of our nation. He claims he was responding to my ceaseless requests for action over the past 20 years -- but I know he believes as deeply as I do that this is part of America's unfinished business, and that it's time to give parents child are they can afford, trust, and rely on.

The President's proposal to invest over $20 billion over the next five years in child care and after school care would make child care more affordable for working families -- by doubling the number of children receving child care subsidies; increasing tax credits for child care, and providing tax incentives to businesses that offer child care services to their employees.

And it will ensure greater quality. The proposal, for example, will help local communities promote early learning and healthy child development opportunities, which will give our children a better start in life. And it will help ensure higher standards for child care by stepping up enforcement of state health and safety standards, and providing scholarships for child care workers. And here, I know that AMCHP, through its Title VI grants, has been involved in at the community and state levels to ensure health care services ~~are more available to child~~ care providers. The President is also seeking a significant investment in after school care, by expanding the 21st Century Community Learning Center program which enables school community partnerships to start up or expand after school programs.

Now
Strong
Links

While the President's initiative calls for an historic commitment to ~~help working~~ parents ~~find the child care they can afford, trust, and rely on~~ -- that investment won't be made without strong bipartisan support for it across the country, and on Capitol Hill. So today, I'm calling on all of you -- who have already worked so hard on behalf of children and families -- to redouble your efforts to mobilize government agencies, communities, businesses, pediatricians and most of all parents --- to ensure quality child care is available and affordable to every working parent in America who needs it.

Our common efforts to ~~secure~~ our children have safe, healthy, challenging environments in which to grow and learn is part of a far broader agenda to bring better health care to the nation's young people. And we can take pride in the many advances we've made over the years: from passage of the Kassebaum-Kennedy bill to the President's sucessful efforts to increase immunizations, protect Medicaid, restrict tobacco advertising and sales to minors, extend hospital stays for mothers and their newborns, and expand finaincing for nutrition and education programs for poor women and their children.

Today, we have an opportunity to build on these achievements in a profound way -- by giving millions of children access to the health care they deserve, and have a right to receive. Again, this is a battle that many of you have helped lead and promote over the years, but one that continues to demand our collective commitment, skills, and energy to win.

Last August, with the support of a bipartisan Congress -- as well as many of you -- the President signed into law the largest expansion of health care in 30 years. On that day, our nation made a commitment of $24 billion, aimed at insuring 5 million children who didn't have health insurance. We also created a federal state partnership to fulfill this historic promise to millions of uninsured children and their parents.

We wanted to make it crystal clear to parents around the country: whether your children need check ups or immunizations; whether they need their broken bones healed or their diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

The fact that this money has been appropriated is -- as you know so well -- just the beginning of the battle -- not the end. No victory dances yet. Now comes the even greater challenge of ensuring that money, and those critical resources, get to the children and families who need them most. So we need to redouble our efforts to ensure this law fulfills its historic promise for America's children.

And our work is cut out for us. There are currently ... million children who today don't have health insurance -- but who are eligible for the Medicaid program. And we know that finding them, scattered across the country, and then insuring them, will not be easy. Some of these children lose coverage when their parents lose their jobs. And the majority have parents who work hard, but are making too much money to qualify for Medicaid, but not enough to afford private insurance.

So we knew that while states would create their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and and enroll their children -- if they're eligible; either through Medicaid or the new Children's Health Insurance Program (CHIP). As the President said recently in urging action on this plan, we must send a clear message to teachers, business leaders, public officials, and above all to parents: "What you do not know CAN hurt your children." And we must all join forces to spread the word, and get people informed.

There's no question we are beginning to make headway in developing working partnerships and collaborations at all levels of government and community -- thanks in part to the hard work of many of you here today. The President has directed the eight federal agencies who run our children's programs to cooperate in a comprehensive effort to make sure that every family gets the information they need to enroll their children. States -- including Colorado, South Carolina, and Alabama -- are in the process of devising their own plans to expand insurance coverage to more uninsured children. And I know that the National Governor's Association is issuing a best practices report on state efforts to insure children that highlights what's working effectively around the country. Businesses and foundations are also finding innovative approaches to get information to parents to get kids insured -- and helping to fund those programs.

So all of us here here have a critical role to play in this outreach. Whether you're working on maternal and child health at the federal or state level, as child and family advocates, or are families with special health care needs, this Administration is counting on AMCHP and its members to help in this national campaign to get eligible children enrolled in health insurance. 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 so now.

It's fitting that this month we celebrate Women's History month -- giving us an opportunity to look back on the historic strides that this country has made on behalf of women and children -- but also to guird ourselves to ensure that we fulfill that commitment in the 21st century. As this gathering knows so well -- whenever we see an investment in women -- whether it's in women's rights or women's health, we see progress for families, and progress for our communiites, and progress for our nation. But Women's History Month reminds us of another reality as well: nothing comes easily; no victory is inevitable. Whether it has been gaining the women's right to vote; passing the civil right's laws; or securing greater health care coverage for America's families, we recognize that ensuring those rights, and those ..., must be embedded in the fabric of our homes and communities to really change lives. It's up to all of us to keep widening the circle of opportunity -- for women, for children, and for all of our citizens.

I've been missing my daughter Chelsea, who as many of you know has gone off to college. And I was remembering one mother's day, when Chelsea was about 4 years old, we were at a church in Little Rock. During the children's sermon, the minister brought all the kids up to the front of the church, and ased each of them: "if you could give your mommy anything in the world today, what would it be?" When it was Chelsea's turn, she answered without hesitation: "Life Insurance." That broke up the congregation. It turned out she had heard someone talking about life insurance, and thought it meant that you could live forever.

Even this group -- as effective as you are -- can't make any of us live forever. But working together, we can make a very real and positive difference in the quality of life of our families and children. Thank you for your invaluable contributions to that mission.

TALKING IT OVER
BY HILLARY RODHAM CLINTON
FOR IMMEDIATE RELEASE

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, Va. 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 drug stores 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 assure that America's children get the healthy start they need to live long and productive lives.

February 24, 1998

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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.

this is where the Pres. gets confusing.

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

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

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

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

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

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

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

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

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

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

applications.

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

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

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

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

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

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

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

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

END 1:55 P.M. EST

Message Sent To:

REMARKS BY HILLARY RODHAM CLINTON
CHILDREN'S HEALTH OUTREACH ANNOUNCEMENT
CHILDREN'S NATIONAL MEDICAL CENTER
FEBRUARY 18, 1998

Thank you. I am so honored to join the President and all of you today as we take another important step forward in putting quality health care within the reach of every child in America. None of this would have been possible without the leaders and advocates and parents in this room...and I especially want to thank Secretary Shalala; Congresswoman Diana DeGette; Congresswoman Norton; Mayor and Mrs. Barry; Charlene Drew Jarvis; Sandy Allen; Ned Zechman and the entire Children's National Medical Center; Linda Havemann and her family; and all the children here, who are counting on us not only to improve their health tomorrow, but to keep our remarks brief today.

As we drove over here, I thought about one of my favorite children's folktales, where a group of travelers arrive in a village hungry. So, they go to the center of town and boil a pot of water with nothing but a stone in it. Soon, curious villagers come by to ask what they're cooking. And one by one, they each add something useful to the pot -- the butcher brings salt beef, someone else brings carrots, another cabbage -- ultimately transforming a mere stone into a wonderful "stone soup," created by all and benefiting all.

Like this fable, the success story that we celebrate today is really the timeless story of what works in meeting our biggest challenges. Last August, with the support of a bipartisan Congress, the President signed into law the largest expansion of health care in 30 years. On that day, our nation not only made a commitment of $24 billion dollars, we created a federal-state partnership to fulfill an historic promise to millions of uninsured children and their parents. We make it clear: Whether your children need check-ups or immunizations, broken bones healed or deadly diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

As I said when the bill was enacted, fulfilling its promise would depend on what we did in the months ahead. We knew that finding these children scattered across the country, and then insuring them, would not be easy. Three million are eligible for Medicaid, but not enrolled. Some lose coverage when their parents lose jobs. And the majority have parents who work hard, but make too much to qualify for Medicaid, and not enough to afford private insurance.

So, we knew that while states would devise their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and enroll their children if they're eligible, either through Medicaid or the new Children's Health Insurance Program (CHIP). And, like the travelers making stone soup, we knew that doing this would take an entire village...that when everyone contributes, the product is always richer than any single ingredient.

As the President will announce today, that's exactly what's happening. While, the Federal government is doing its part with new resources and new

ways to reach kids...States are answering the call with plans that devise local solutions to fit their local needs. Businesses and Foundations are finding innovative approaches to get information to parents and get kids insured. Doctors and teachers are learning how to be front-line soldiers in the battle to enroll our children. And the National Governor's Association is issuing a best practices report on state efforts to insure children that shines a spotlight on what's working around the country.

As I've traveled the nation, talking to parents and other citizens who are trying to do right by our children, I've often been struck by the fact that there isn't a problem in America that isn't being solved by someone somewhere. Just think about how much we could accomplish if we took those models that work and helped every community apply them to address their own problems. Well, that's what we're doing today.

I still remember how scared we were when Chelsea had her tonsils out...and I can only imagine how we'd have felt if she didn't have health insurance. Whenever children are hurt, whenever children are sick, parents shouldn't have to worry that there's no where to take them to heal their wounds or ease their pain. Our next speaker is the best expert around on this subject -- she's a parent. And, as her family has learned from personal experience, these new efforts will help parents who work hard and play by the rules get what all parents want -- more peace of mind for themselves, and more health and hope for their children.

It is my great honor to introduce Linda Havemann.

BACKGROUND ON THE ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Formed in 1944, AMCHP was incorporated under its current name in 1987, and opened its Washington, D.C. office in 1988. Over the past decade, the organization has grown to a staff of 19 and an annual budget approaching $2 million.

AMCHP serves as a source of new ideas and in-depth knowledge on women's and children's health and the public policies that influence them. AMCHP builds awareness and strengthens public health professionals' knowledge and skills through a variety of means including: policy analysis, monitoring actions of Congress and federal agencies, speaking on behalf of women, children, and families at the national level, sponsoring state-based forums for the exchange of best practices and lessons learned related to maternal and child health.

AMCHP also has extensive working relationships with other national organizations representing or addressing the interests of state policymakers, consumers, advocates, and health care providers. Circulation of AMCHP reports to national, state, and local agencies and organizations ranges from 2,000 to 5,000 depending on the focus of the report.

AMCHP MEMBERS: STATE LEADERS AND COMMUNITY ADVOCATES FOR MCH

AMCHP's regular members are senior leaders and staff of state public agency programs responsible for promoting the health of women of reproductive age, children, adolescents and their families, including children with special health care needs (CSHCN). These state programs are authorized by and derive their mission from Title V of the Social Security Act, now known as the MCH Block Grant. The programs are typically responsible for a range of related federal and state programs, such as WIC, family planning, early intervention for children birth to three years old, school health programs, and specific Medicaid programs, such as outreach and tracking for EPSDT, and home and community based service waivers for special needs children. In addition to the approximately 300 members working in state programs, another 100 individuals participate in AMCHP as Associate Members, bringing in the perspectives of consumers, advocates, researchers, and community health foundations and agencies among others.

HIGHLIGHTS OF AMCHP'S RECENT ACCOMPLISHMENTS

- ***Medicaid and Child Health Insurance***

  Building on its extensive work on health care reform, AMCHP joined with other national organizations early in 1997 in forming a Child Health Group to build awareness among policymakers and the public about the problem of uninsured children and to advise on and advocate for solutions. This group's work contributed significantly to the successful passage of Title XXI in the Balanced Budget Act.

  After the law's passage, AMCHP quickly mobilized to assist states with implementation of the Children's Health Insurance Plan (CHIP). Within a month of its passage, AMCHP convened the first of a series of nationwide audioconference calls featuring federal and state officials as well as other experts. Although primarily aimed at AMCHP members, over 90 sites have joined the calls, with participation from Medicaid and insurance officials as well.

Also of note, AMCHP's issue brief - *Focusing on Results* -was also produced within a month of the law's passage, at the request of the National Governor's Association for inclusion in their initial technical assistance manual for state Governor's staff and staff of related Executive Branch Organizations. The brief, which focuses heavily on the need for interagency coordination of efforts and attention to systems design issues, subsequently was disseminated and used across the country. AMCHP is currently working to summarize the results of the first in a series of nationwide surveys, which will also be utilized to identify and write up case studies of innovative or promising approaches evolving in the states.

- ***Early Childhood Services***

AMCHP was a catalyst to creation of a federal-state, interagency Technical Advisory Group to the Administration for Children and Families (ACF), which includes representatives from MCH, Head Start, Medicaid and Child Welfare. This group focuses on analyzing barriers and gaps and developing joint action strategies to promote comprehensive, integrated services for young children. The group is currently developing recommendations regarding child care services.

- ***SSI for Children***

State Title V programs have statutory mandates to assist SSI eligible children to obtain the services they need. AMCHP has made it a priority to provide its members with information and assistance to effectively discharge this role. AMCHP mobilized a major push for outreach following the Zebley Supreme Court decision on children's SSI eligibility, which was formally recognized with a Social Security Administration award for public service for its leadership role. Today, AMCHP and its members continue to be a force for assisting families with SSI related needs. Many state Title V programs have mounted multi- pronged strategies for helping families, medical providers, and pro- bono attorneys assure that children receive all SSI and Medicaid benefits they are entitled to, as well as services that the Title V programs can provide.

- ***Simplifying eligibility and enrollment***

AMCHP's work in this area also was formally recognized by HHS. AMCHP's Executive Director and staff participated in and contributed research and analysis to development of a single, model application for MCH, Medicaid, WIC, and Head Start programs. At the state level, MCH programs have worked in partnership with Medicaid agencies to redesign eligibility and enrollment systems, playing key roles in planning and administering presumptive eligibility for pregnant women.

- ***Addressing Adverse Health Consequences of Tobacco for women and children***

In 1993, AMCHP was awarded a cooperative agreement with the Centers for Disease Control and Prevention to provide assistance in states on tobacco control efforts, particularly prevention and cessation programs for affecting youth and pregnant women. In the ensuing years, AMCHP has conducted surveys to ascertain the extent of state MCH program involvement in tobacco control activities;

sponsored regional conferences to bring state MCH and tobacco control officers together to explore issues of common interest; disseminated information on relevant research, national news, and MCH prevention/cessation activities in Association newsletters and special mailings; sponsored educational workshops at AMCHP's annual meeting; and provided direct funding to states in the form of seed grants to encourage innovative MCH tobacco control programming. AMCHP also is now advocating for enactment of national legislation as part of the ENACT coalition.

- ***Welfare Reform***

AMCHP has made it a top priority to help states understand, assess and address the consequences of welfare reform, particularly its potential impact on infant and child health. AMCHP developed a side-by-side matrix outlining key provisions of the welfare reform law, the impact on MCH populations, and state implementation issues which was broadly disseminated and so well received that it was recently updated and reissued.

- ***Performance Measurement***

AMCHP and its member states have worked closely with HHS' Maternal and Child Health Bureau in pioneering the development of performance indicators for the Title V Maternal and Child Health Block Grant. States are currently being trained on the new requirements, and will submit their first plans containing new measures this summer.

AMCHP Leadership in Maternal and Child Health
1940's-1960's

AMCHP, from 1940's up until 1980's, was largely a volunteer organization, run out of state Maternal and Child Health Offices. From its inception, Association and its state MCH members were a major and lead force in advocating for a national agenda for women's and children's health and greater national priorities and federal support for improving the health of women and children. Particularly before the 1960s and the expansion of travel options, AMCHP was the one forum for state MCH officials to learn about what was going on in different states related to maternal and child health and to make recommendations to the federal government about national leadership and federal responsibilities in this area. And it represented the lead organization representing state maternal and child health leadership to which the Federal Government could consult on policy and programmatic issues related to women and children.

In particular, AMCHP members consulted closely and often with what was then the Federal Children's Bureau on both the legislation and implementation of federal programs such as the following:

1940's :*Emergency Maternity and Infant Care Act (1943):* Because of WWII, large-scale increases in numbers of enlisted men, many wives came to live near posts where husbands stationed. Capacity of station hospitals to provide maternity care was soon found to be insufficient. This emergency program extended care to servicemen's wives wherever they lived and provided care for one and one-fourth million mothers and 230,000 infants by the time its was terminated, after the end of the war. This was, at the time, the largest public medical care program in the country.

1950's: *MCH Grants for Community Services for Children with Mental Retardation (1954):* AMCHP involved in efforts in the early 1950's to pioneer efforts in making grants from MCH funds for community services for children with mental retardation (previously not served with MCH funds). These grants helped to educate the public and professions on the needs of these children. AMCHP worked closely with Martha May Elliot of the Federal Children's Bureau to develop these demonstration grants to provide services for mentally retarded children.

1960s: *Maternity and Infant Care Projects (1963)* : Concerns in early 1960s, infant mortality decreases had leveled off, America was witnessing migration to cities, recognizing need to fund projects in inner cities to provide prenatal and infant care to low-income women. Thus, in 1963, funded Maternity and Infant Care Projects. AMCHP membership provided support, advice to the Children's Bureau on development and implementation of these projects. The great significance of the maternity and infant care and the children and youth projects is that they are founded on the idea of comprehensive provision of care.

The Association of Maternal and Child Health Programs
1220 19TH Street, NW, Suite 801
Washington, DC 20036
Phone: (202) 775-0436
Fax: (202) 775-0061

TO: Christy Macy

FROM: Treeby Brown / Cathy Hess

FAX NUMBER: 456-5709

DATE: March 4, 1998

PAGES TO FOLLOW: 1

COMMENTS: Info on AMCHP involvement in 1940's - 1960's for First Lady's speech to Association of Mat Programs on Monday, March 9. Call if questions.

Jeffrey A. Shesol
03/08/98 10:15:48 PM

Record Type: Record

To: Sarah A. Bianchi/OPD/EOP

cc:
Subject:

Draft 03/08/98 5:30PM

PRESIDENT WILLIAM J. CLINTON
SPEECH TO THE AMERICAN MEDICAL ASSOCIATION
LEADERSHIP CONFERENCE
WASHINGTON, DC
March 9, 1998

Acknowledgments: Dr. Percy Wootton (Woo-ton); Dr. Nancy Dickey; Dr. Tom Reardon; Dr. Randy Smoak (Smoke), Dr. Lynn Jensen, all of the AMA.

It is an honor to be here with you today, and to be working with the AMA on so many important fronts. We've had our honest differences on policy. We haven't been on the same side of every health care fight. But one thing we've always agreed on is our profound obligation to the health of American families. And in our step-by-step approach to health care reform, we're walking together. We're expanding the promise of new medical technology and extending health care opportunities to the most vulnerable Americans. We've helped Americans keep their coverage when they change their jobs. And last year, we helped make sure that millions of uninsured children get the medical coverage they deserve and the help they need.

And we've found the right family doctor for America--Dr. David Satcher, our country' s new Surgeon General. We went too long without one. Just last month, your voices were strong and united in support of his nomination. I thank you, and America's families thank you.

This is a great and glorious moment for America. Our economy is the strongest in a generation. Social problems are on the mend. Our leadership is unrivaled around the world. Still, as I said in my State of the Union Address, this is not a time for America to rest. It is a time for us to build--to expand our prosperity, to strengthen our values, and to widen the circle of opportunity.

I am here to talk to you about two of the next, important steps we must take as a nation

as we move forward into the 21st century. This is a moment of great potential, and we must seize it. There are fewer than 70 working days left before Congress adjourns. History is being written by this Congress, and I do not want it to be another story of partisan political bickering in an election year. I want it to be the story of a strong, bipartisan commitment to the health of America's families. First, we have a historic opportunity to protect all Americans with a Patient's Bill of Rights. And second, we can--and must--pass landmark legislation to help end the epidemic of teen smoking.

My mother, as some of you may know, was a nurse. She was an anesthetist at St. Joseph's Hospital--a blond-brick building just off Central Avenue in Hot Springs. So I grew up around doctors. Walking through the wards with my mother, I saw some of the miracles doctors perform every day. And I remember what the profession used to look like--very different than today, I'm sure you'll agree. For one thing, I wasn't familiar with the term " emergency knee surgery" back then.

This is, in fact, a time of great change in American medicine. More than 160 million Americans are now in managed care plans, with profound implications for health services of every kind. Much good has come of these changes. Good plans are promoting preventative medicine. And all of us appreciate it when health care costs don't rise at four or five times the rate of inflation. That means affordable health care for families who need it. And that's most families.

But the new system can make it harder for doctors simply to be doctors. When a doctor spends almost as much time with a bookkeeper as with a patient, something is wrong. When a doctor spends almost as much time filing authorization forms as making rounds, then something is wrong. Insurance company accountants aren't trained to do your job--and you shouldn't have to do theirs.

Traditional care or managed care, every American deserves quality care. And every American deserves medical decisions made by medical doctors, not insurance company accountants. When a patient comes to your office or emergency room, your first question should be: "Where does it hurt?" Not "How will you pay?"

Patients deserve better from their health plans. I was really moved to hear recently about a woman who works in an oncologist's office. Her job is to verify insurance coverage and get authorizations for medical procedures, and she told the story of a 12-year old boy with a cancerous tumor in his leg. The doctor wanted to perform a procedure to save the boy's leg. But the health plan said no--and refused to cover it. For that condition, the approved procedure was amputation. Period. That was the only procedure the plan would pay for.

The boy's parents appealed that decision and were turned down. They appealed again and were turned down again. Only when the father's employer weighed in did the health plan change its mind--but it was too late. After four months of this terrible tug-of-war between patient and plan, the boy's cancer had spread. By now, amputation really was his only choice. A life-or-death choice. One his family shouldn't have had to make.

Christy -
Here's the draft release. They said they sent Barbara Woolley (Public Liaison) additional background info, Fyi. -Julie 62712

190 christy mas

DRAFT

FOR IMMEDIATE RELEASE
March 9, 1998

CONTACT:
Catherine A. Hess, MSW
Executive Director
202/775-0436

FIRST LADY HILLARY RODHAM CLINTON SPEAKS AT 1998 AMCHP ANNUAL MEETING, RECEIVES MATERNAL AND CHILD HEALTH LEADERSHIP AWARD

On Monday, March 9, First Lady Hillary Rodham Clinton addressed nearly 650 members of the maternal and child health community on child care issues at the Annual Meeting of the Association of Maternal and Child Health Programs (AMCHP). The meeting, "New Environments, New Needs: Setting the Agenda for Quality," took place in Washington, D.C. from March 9-11 at the Omni Shoreham Hotel.

AMCHP President Deborah Klein Walker introduced the First Lady and presented her with the AMCHP Inaugural Award for Leadership in Maternal and Child Health. After the award ceremony, Mrs. Clinton spoke to the meeting attendees about national issues related to child care. In her remarks, Mrs. Clinton praised the work of the Association and its members on key bipartisan initiatives for child health, such as the new Children's Health Insurance Program.

In praising Mrs. Clinton's leadership on children's issues, AMCHP Executive Director Catherine Hess said, " In her years in Washington and, earlier, in Arkansas, the First Lady has demonstrated a strong and consistent commitment to supporting communities and families in caring for the health and well-being of our children and youth. We look forward to her continued leadership, particularly in the pressing area of child care, and appreciate her recognition of the need to address health and safety concerns in child care settings."

AMCHP is a national non-profit organization whose mission is to provide leadership to assure the health and well being of all women of reproductive age, children, youth, including those with special health care needs, and families. The Association serves as a source of new ideas and in-depth knowledge on women's and children's health and the public policies that influence them.

The membership of AMCHP, which numbers nearly 400 individuals, is principally made up of the directors and staff of state public health agency programs for maternal and child health, and children with special health care needs. These programs have a common source of federal funding, the Maternal and Child Health Services Block Grant, frequently referred to as Title V of the Social Security Act. In addition to state public health leaders, AMCHP members also include academic, advocacy, and community-based maternal and child health professionals, as well as families.

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HILLARY RODHAM CLINTON
REMARKS FOR ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS
LUNCHEON MEETING
OMNI SHOREHAM HOTEL, WASHINGTON, D.C.
MARCH 9, 1998

Thank you so much for this award. But the even greater reward, I believe, is to be in the presence of so many committed friends and supporters of America's children and families. I want to acknowledge the strong leadership of the Association of Maternal and Child Health Program: President Deborah Klein Walker (Massachusett's Asistant health Commissioner); the AMCHP Executive Council; executive director Catherine Hess and the rest of AMCHP's staff; Dr. Gil Buchanan, who has been active not only as a national leader in the Association and the Academy of Pediatrics, but also a strong family health advocate in Arkansas; and his colleagues from Arkansas (Dr. Richard Nugent; Donnie Smith; and Nancy Church.)

A special welcome to the parents who are with us today -- especially those with children who have special health care needs -- who are working with state Maternal and Child Health programs. And finally, I want to acknowledge our representatives from federal Health and Human Services agencies, who play such a vital role in working with our partners at the national, state and community levels to assure all of our children grow up healthy, and are able to develop their full, God-given protential.

I want to begin by expressing my deep appreciation to the Association of Maternal and Child Health Programs and its invaluable work on behalf of America's women and families. For more than 50 years, this organization has been a source of innovative ideas and in-depth knowledge on family health issues -- helping to shape the policies and programs that have improved the lives of women and children across the nation.

You were there for America's families in the 1940s, when the dramatic call up of enlisted men during World War II overloaded the capacity of local station hospitals, and the AMCHP worked with the government to extend care to servicemen's wives and babies throughout the war. You were there in the 1950s, doing pioneering work to ensure community services were available for children with mental disabilities. And you were there in the 1960's, when America's urban migration put a spotlight on the need to provide comprehensive prenatal and infant care to low income women in our inner cities.

And today, AMCHP has carried on its historic commitment to promote the health and well being of families and children -- working with the Clinton Administration to place these concerns at the very top of the nation's agenda.You've been our partners in addresssing major threats to our children's health -- such as strengthening immunization efforts; and protecing our youth from the terrible affects of tobacco. You've been our allies in helping to secure health insurance -- including our success with the Kennedy-kassebaum reforms. And you've stood with us in assuring strong national public health leadership -- and I want to thank you for your support for our new Surgeon General, Dr. David Satcher.

Perhaps most importantly, you've worked with us in our efforts to ensure greater quality of care and consumer protections -- a major focus of your meetings here over the next few days. Your concept of quality is broad and comprehensive, encompassing how all family and children services can work together to improve the quality of life in our communities, and better outcomes for our families and children.

And today, I want to focus especially on one of the most vital services we provide to America's families -- child care. I believe, as I know you do, that raising children is the most important job any of us ever has, and we must help provide parents the tools and resources they need to succeed at this extraordinary challenge.

As many of you know, we held the first ever White House Conference on Child Care last year, to jump start efforts to improve child care in America. The urgency to act has been heightened by new scientific information we have gained about the emotional and intellectual development of young children. Science has confirmed what all mothers and grandparents and care givers have always known instinctively: that how we interact with a child -- particularly in those early years -- affects how well he or she learns and develops over a lifetime. And with 45 percent of our children under the age of one in day care on a regular basis, the issue of quality has tremendous bearing not just on individual lives, but on the future of this nation.

I don't need to tell this gathering that quality child care means. You've been working with us in ensuring healthy and safe environments; developing links between child care and the health care community; making sure the child care providers are well trained; designing programs that serve children with special health care needs. Now, we must make sure that this quality care is affordable and available to every parent and child who needs it.

That's why the President has proposed the single largest child care investment in the history of our nation. He claims he was responding to my ceaseless requests for action over the past 20 years -- but I know he believes as deeply as I do that this is part of America's unfinished business, and that it's time to give parents child are they can afford, trust, and rely on.

The President's proposal to invest over $20 billion over the next five years in child care and after school care would make child care more affordable for working families -- by doubling the number of children receving child care subsidies; increasing tax credits for child care, and providing tax incentives to businesses that offer child care services to their employees.

And it will ensure greater quality. The proposal, for example, will help local communities promote early learning and healthy child development opportunities, which will give our children a better start in life. And it will help ensure higher standards for child care by stepping up enforcement of state health and safety standards, and providing scholarships for child care workers. And here, I know that AMCHP, through its Title V grants, has been involved in at the community and state levels to ensure health care services have strong links to child care providers. The President is also seeking a significant investment in after school care, by expanding the 21st Century Community Learning Center program which enables school community partnerships to start up or expand after school programs.

While the President's initiative calls for an historic commitment to improving child car ein America -- that investment won't be made without strong bipartisan support for it across the country, and on Capitol Hill. So today, I'm calling on all of you -- who have already worked so hard on behalf of children and families -- to redouble your efforts to mobilize government agencies, communities, businesses, pediatricians, and most of all parents --- to ensure quality child care is available and affordable to every working parent in America who needs it. This is a critical opportunity for success that will substantially improve the lives of working parents and their children in this country. We owe it to our children, and our nation, to seize it.

These common efforts to ensure our children have safe, healthy, challenging environments in which to grow and learn is part of a far broader agenda to bring better health care to the nation's young people. And we can take pride in the many advances we've made over the years: from passage of the Kassebaum-Kennedy bill to the President's sucessful efforts to increase immunizations, protect Medicaid, restrict tobacco advertising and sales to minors, extend hospital stays for mothers and their newborns, and expand finaincing for nutrition and education programs for poor women and their children.

Today, we have an opportunity to build on these achievements in a profound way -- by giving millions of children access to the health care they deserve, and have a right to receive. Again, this is a battle that many of you have helped lead and promote over the years, but one that continues to demand our collective commitment, skills, and energy to win.

Last August, with the support of a bipartisan Congress -- as well as many of you -- the President signed into law the largest expansion of health care in 30 years. On that day, our nation made a commitment of $24 billion, aimed at insuring 5 million children who didn't have health insurance. We also created a federal state partnership to fulfill this historic promise to millions of uninsured children and their parents.

We wanted to make it crystal clear to parents around the country: whether your children need check ups or immunizations; whether they need their broken bones healed or their diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

The fact that this money has been appropriated is -- as you know so well -- just the beginning of the battle -- not the end. No victory dances yet. Now comes the even greater challenge of ensuring that money, and those critical resources, get to the children and families who need them most. So we need to redouble our efforts to ensure this law fulfills its historic promise for America's children. There are currently ... million children who today don't have health insurance -- but who are eligible for the Medicaid program. And we know that finding them, scattered across the country, and then insuring them, will not be easy. Some of these children lose coverage when their parents lose their jobs. And the majority have parents who work hard, but are making too much money to qualify for Medicaid, but not enough to afford private insurance.

So we knew that while states would create their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and and enroll their children -- if they're eligible; either through Medicaid or the new Children's Health Insurance Program (CHIP). As the President said recently in urging action on this plan, we must send a clear message to teachers, business leaders, public officials, and above all to parents: "What you do not know CAN hurt your children." And we must all join forces to spread the word, and get people informed.

There's no question we are beginning to make headway in developing working partnerships and collaborations at all levels of government and community -- thanks in part to the hard work of many of you here today. The President has directed the eight federal agencies who run our children's programs to cooperate in a comprehensive effort to make sure that every family gets the information they need to enroll their children. States -- including Colorado, South Carolina, and Alabama -- are in the process of devising their own plans to expand insurance coverage to more uninsured children. And I know that the National Governor's Association is issuing a best practices report on state efforts to insure children that highlights what's working effectively around the country. Businesses and foundations are also finding innovative approaches to get information to parents to get kids insured -- and helping to fund those programs.

So all of us here here have a critical role to play in this outreach. Whether you're working on maternal and child health at the federal or state level, as child and family advocates, or are families with special health care needs, this Administration is counting on AMCHP and its members to help in this national campaign to get eligible children enrolled in health insurance. 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 so now.

It's fitting that this month we celebrate Women's History month -- giving us an opportunity to look back on the historic strides that this country has made on behalf of women and children -- but also to guird ourselves for the new challenges and opportunities for greater progress in the 21st century. As this gathering knows so well, and as I've seen so vividly on my travels around the globe -- whenever we see an investment in women, whether it's in women's rights, women's businesses, or women's health -- we see progress for families, and progress for our communiites, and progress for the nation. But Women's History Month reminds us of another reality as well: nothing comes easily; no victory is inevitable.

Whether it has been gaining the women's right to vote; passing the civil right's laws; or securing greater health care coverage for America's families, the struggle is never over. Even when the laws on the books, we must work to make them a reality -- in our homes, in our communities, and in our lives. It's up to all of us to keep widening the circle of opportunity -- for women, for children, and for all of our citizens.

I've been missing my daughter Chelsea, who as many of you know has gone off to college. And I was remembering one mother's day, when Chelsea was about 4 years old, we were at a church in Little Rock. During the children's sermon, the minister brought all the kids up to the front of the church, and ased each of them: "if you could give your mommy anything in the world today, what would it be?" When it was Chelsea's turn, she answered without hesitation: "Life Insurance." That broke up the congregation. It turned out she had heard someone talking about life insurance, and thought it meant that you could live forever.

Even this group -- as effective as you are -- can't make any of us live forever. But working together, we can make a very real and positive difference in the quality of life of our families and children. Thank you for your invaluable contributions to that mission.

HILLARY RODHAM CLINTON
REMARKS FOR ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAM
LUNCHEON MEETING
OMNI SHOREHAM HOTEL, WASHINGTON, D.C.
MARCH 9, 1998

Thank you so much for this award. But the even greater reward, I believe, is to be in the presence of so many committed friends and supporters of America's children and families. I want to acknowledge the strong leadership of the Association of Maternal and Child Health Program: President Deborah Klein Walker (Massachusett's Asistant health Commissioner); the AMCHP Executive Council; executive director Catherine Hess and the rest of AMCHP's staff; Dr. Gil Buchanan, who has been active not only as a national leader in the Association and the Academy of Pediatrics, but also a strong family health advocate in Arkansas; and his colleagues from Arkansas (Dr. Richard Nugent; Donnie Smith; and Nancy Church.)

A special welcome to the parents who are with us today -- especially those with children who have special health care needs -- who are working with state Maternal and Child Health programs. And finally, I want to acknowledge our representatives from federal Health and Human Services agencies, who play such a vital role in working with our partners at the national, state and community levels to assure all of our children grow up healthy, and are able to develop their full, God-given protential.

I want to begin by expressing my deep appreciation to the Association of Maternal and Child Health Programs and its invaluable work on behalf of America's women and families. For more than (over) 50 years, this organization has been an unending source of innovative ideas and in-depth knowledge on critical family health issues -- helping to shape the policies and programs that have improved the lives of women and children in communities across the nation.

You were there for America's families in the 1940s, when the dramatic call up of enlisted men during World War II overloaded the capacity of local station hospitals, and the AMCHP worked with the government to extend care to servicemen's wives and babies throughout the war. You were there in the 1950s, doing pioneering work to ensure community services were available for children with mental disabilities. And you were there in the 1960's, when America's urban migration put a spotlight on the need to provide comprehensive prenatal and infant care to low income women in our inner cities.

And today, AMCHP has carried on its historic commitment to promote the health and well being of families and children -- working with the Clinton Administration to place these concerns at the very top of the nation's agenda.You've been our partners in addresssing major threats to our children's health -- such as strengthening immunization efforts; and protecing our youth from the terrible affects of tobacco. You've been our allies in helping to secure health insurance -- including our success with the Kennedy-kassebaum reforms. And you've stood with us in assuring strong national public health leadership -- and I want to thank you for your support for our new Surgeon General, Dr. David Satcher.

Perhaps most most importantly, you've worked with us in our efforts to ensure greater quality of care and consumer protections -- and I want to applaud you for focussing on quality in your meetings here over the next few days. Your concept of quality is broad and comprehensive, encompassing how all family and children services can work together to improve the quality of life in our communities, and better outcomes for our families and children.

And today, I want to focus especially on one of the most vital services we provide to America's families -- child care. I believe, as I know you do, that raising children is the most important job any of us ever has. Quality, affordable, safe child care gives parents the tools to succeed in carrying out that job.

As many of you know, we held the first ever White House Conference on Child Care last year, to jump start efforts to improve child care in America. The urgency to act has been heightened by new scientific information we have gained about the emotional and intellectual development of young children. Science has confirmed what all mothers and grandparents and care givers have always known instinctively: that how we interact with a child -- particularly in those early years -- affects how well he or she learns and develops over a lifetime. And with 45 percent of our children under the age of one in day care on a regular basis, the issue of quality has tremendous bearing not just on individual lives, but on the future of this nation.

I don't need to tell this gathering that quality child care means providing a healthy and safe environment; ensuring child care is linked to health care in the community; making sure the child care providers are well trained; and perhaps most important, making quality care affordable and available to every parent and child who needs it.

To ensure we make progress toward this goal -- the President has proposed the single largest child care investment in the history of our nation. He claims he was responding to my ceaseless requests for action over the past 20 years -- but I know he believes as deeply as I do that this is part of America's unfinished business, and that it's time to give parents the tools and the resources they need to succeed at home, and at work.

His proposal to invest over $20 billion over the next five years in child care and after school care embraces many of the priorities that the AMCHP and all of you have been pushing for so long. His proposal would make child care more affordable for working families -- by doubling the number of children receving child care subsidies; increasing tax credits for child care, and providing tax incentives to businesses that offer child care services to their employees. It will help local communities promote early learning and health child development opportunities, which will give our children a better start in life. And it will help ensure higher standards for child care by stepping up enforcement of state health and safety standards, and providing scholarships for child care workers.

And as we all know, the need for high quality child care doesn't disappear once our children begin school. It's estimated that every week, up to 5 million school age children spend time as latch-key kids, without adult supervision. The President is seeking a significant investment in this critical area as well, by expanding the 21st Century Community Learning

Center program which enables chool community partnerships to start up or expand after school programs.

As a nation, we must help parents make the right decisions for their families, whether they decide to stay at home to raise their children, or join the workforce. The President's initiative seeks to respond to the struggles our nation's working parents face in finding child care they can afford, trusts, and rely on. But that proposal won't move on the Hill unless we build strong bipartisan support for its passage. So today, I'm issuing a call to arms -- to those who have fought so long and so hard on behalf of children and families -- to mobilize for action on this important initiative.

We know what works. We know what children need to thrive and grow and learn. We know what parents need to succeed. And we know the terrible consequences when we fail to meet those needs. Let's

Today, I want to zero in for a moment on another area of common concern: ensuring more of America's children get the quality health care they need -- and have a right to receive. It's a battle that many of you have helped lead and promote over the years, but one that continues to demand our collective commitment, skills, and energy to win.

Last August, with the support of a bipartisan Congress -- as well as many of you -- the President signed into law the largest expansion of health care in 30 years. On that day, our nation made a commitment of $24 billion, aimed at insuring 5 million children who didn't have health insurance. We also created a federal state partnership to fulfill this historic promise to millions of uninsured children and their parents.

We wanted to make it crystal clear to parents around the country: whether your children need check ups or immunizations; whether they need their broken bones healed or their diseases treated, you shouldn't have to choose between paying for your children's doctors' bills and your family's grocery bills.

As this seasoned audience knows so well, our work is never done. First, we had to build broad-based support to get this legislation passed. And now that we've succeeded, we need to redouble our efforts to ensure this law fulfills its historic promise for America's children.

And our work is cut out for us. There are currently 3 million children who today don't have health insurance -- but who are eligible for the Medicaid program. And we know that finding them, scattered across the country, and then insuring them, will not be easy. Some of these children lose coverage when their parents lose their jobs. And the majority have parents who work hard, but are making too much money to qualify for Medicaid, but not enough to afford private insurance.

So we knew that while states would create their own plans, we'd also need a national outreach effort to help all parents learn what's at stake and and enroll their children -- if they're eligible; either through Medicaid or the new Children's Health Insurance Program (CHIP). And again, I want to thank the Association for its partnership in this key area. As the President said recently in urging action on this plan, we must send a clear message to teachers, business leaders, public officials, and above all to parents: "What you do not know CAN hurt your children." And we must all join forces to spread the word, and get people informed.

There's no question we are beginning to make headway in developing a working partnership -- thanks in part to the hard work of many of you here today. The President has directed the eight federal agencies who run our children's programs to cooperate in a comprehensive effort to make sure that every family gets the information they need to enroll their children. States -- including Colorado, South Carolina, and Alabama -- are in the process of devising their own plans to expand insurance coverage to more uninsured children. And I know that the National Governor's Association is issuing a best practices report on state efforts to insure children that highlights what's working effectively around the country.

Businesses and foundations are finding innovative approaches to get information to parents to get kids insured. Safeway, for example, has agreed to put the 800 number on their shopping bags, and the Robert Wood Johnson Foundation and the Kaiser Family Foundation have already committed more than $23 million to finding better ways to expand coverage and outreach efforts. Doctors and teachers are learning how to be front line soldiers in this battle to enroll our children.

So all of us here here have a critical role to play in this outreach. Whether you're working on maternal and child health at the federal or state level, as child and family advocates, or are families with special health care needs, this Administration is counting on AMCHP and its members to help in this national campaign to get eligible children enrolled in health insurance. 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 so now.

And now, I want to talk about another historic investment in our children and families: what I call the still unfinished business of providing quality, affordable child care to America's working parents. And again, I know this is an issue in which AMCHP has undertaken a leadership role.

5. Invite them to join in supporting it; whether it's ... or .... You can contribute to the success of this initiative. Push for legislation? Call you congressman; mobilize your ocmmunities; etc.

6. Taken together, these initiatives have an impact far greater than the sum of their parts; at no time in history has an administraiton made such a strong commitment to strengthening familis and building stronger communities; we have much to be proud of; and much to do; strategy for action;

6. Fitting that in this month when we celebration women's h;istory month; look back at our strides; but look forward to new challenges; and whenever we see an investment in women -- women's rights; women's health; we see progress for families, progress for communities; But women's history month reminds us of another reality as well: nothing comes easily; no victory is inevitable. Whether it was the women's sufferage movement; the civil lrights laws; the right of women or today; with health care coverage; passage of these laws was difficult -- but they were the biginning -- not the end. It's s up to all of to keep widening the circle of opportunity .... for women, for children -- by working on the hill; working in our communities; strengtheing our voices; .