

REMARKS OF SENATOR BOB DOLE

AMERICAN ASSOCIATION OF DIABETES EDUCATORS

ANNUAL MEETING

ST. LOUIS, MISSOURI

AUGUST 6, 1978

I AM PLEASED TO HAVE THE OPPORTUNITY TO SPEAK BEFORE THE
AMERICAN ASSOCIATION OF DIABETES EDUCATORS.

YOUR ASSOCIATION, THOUGH ONLY FOUR YEARS OLD, HAS INDEED
BEGUN TO MAKE AN IMPORTANT IMPACT ON THE AMERICAN DIABETIC
COMMUNITY. I AM PARTICULARLY IMPRESSED WITH YOUR GOAL OF
EDUCATING PATIENTS TOWARDS SELF CARE.

Handwritten signature
August 6, 1978

WHILE I AM NOT A PARTICULAR FAN OF THE DISEASE OF THE MONTH APPROACH TO FUNDING, ESPECIALLY WHEN IT COMES TO MEDICAL RESEARCH, IT IS CLEAR THAT THE FIELD IN WHICH YOU ARE INVOLVED HAS MADE IMPORTANT CONTRIBUTIONS TO HEALTH CARE THAT GO WELL BEYOND DIABETES AS SUCH. WHILE I OBVIOUSLY HAVE TO TAKE A LAY APPROACH TO YOUR AREA OF EXPERTISE, I KNOW ENOUGH ABOUT DIABETES TO REALIZE THAT TO PROPERLY MANAGE DIABETIC PATIENTS ONE HAS TO BE ABLE TO DRAW TOGETHER MANY ASPECTS OF HEALTH CARE. THAT IN ITSELF MAKES DIABETES A FERTILE FIELD FOR RESEARCH, RANGING FROM THE MOST BASIC BIO-MEDICAL LABORATORY APPROACH, TO WHAT WE CALL TODAY APPLIED HEALTH SERVICES RESEARCH.

I KNOW I RUN THE DANGER OF PREACHING TO THE CONVERTED, BUT IT SEEMS TO ME THAT OUR HEALTH CARE SYSTEM IS AT A DIFFICULT JUNCTURE. IT IS IMPORTANT FOR YOU TO UNDERSTAND THAT WE WHO HAVE TO PASS AND OVERSEE THE LAWS OF THE LAND REALLY NEED YOUR HELP IN DOCUMENTING AND ARTICULATING THE MOST EFFECTIVE APPROACHES TO HEALTH CARE. THE COSTS ARE FRIGHTENING, AND THEREFORE THE IMPORTANCE OF BEGINNING TO ASSESS COST EFFECTIVENESS AND COST BENEFIT OF DIFFERENT APPROACHES CANNOT BE OVERSTATED.

THERE ARE THOSE WHO CHARACTERIZE THE AMERICAN HEALTH CARE SYSTEM AS UPROOTED AND DISORGANIZED, IN NEED OF GOVERNMENT ACTION. I DO NOT THINK MORE FEDERAL STATUTES OR REGULATIONS ARE THE ANSWER. WE ARE FINDING THAT THIS DOES NOT SOLVE THE PROBLEMS OF POOR HEALTH CARE AND UNREASONABLE HEALTH CARE COSTS. I AM CONVINCED THAT WE SHOULD CONSIDER WAYS TO BETTER UTILIZE AND IMPROVE, EXISTING HEALTH CARE RESOURCES BEFORE DEVELOPING ENTIRELY NEW HEALTH DELIVERY SYSTEMS.

ESCALATING COSTS

WITHOUT QUESTION, THE PROBLEMS UPPERMOST IN OUR MINDS AT THIS TIME ARE THE RAPIDLY ESCALATING HEALTH CARE COSTS. LAST YEAR THIS COUNTRY SPENT \$163 BILLION FOR HEALTH CARE-- AN AVERAGE OF \$737 PER PERSON. BY 1980 THIS FIGURE IS EXPECTED TO RISE TO OVER \$200 BILLION, OR \$900 FOR EACH CITIZEN IN THESE UNITED STATES.

CONSTITUENTS ARE CLEARLY TELLING US THAT SOMETHING MUST BE DONE ABOUT ESCALATING COSTS. AS AN ELECTED OFFICIAL, I AM COMMITTED TO MAKING SURE THAT TAXPAYER DOLLARS ARE UTILIZED IN THE MOST EFFECTIVE AND APPROPRIATE FASHION. THE HELP OF EACH IN YOUR MEMBERSHIP IS NEEDED.

GOVERNMENT FISCAL AND MONETARY POLICIES MUST STEM THE INFLATIONARY TIDE WHICH TREATENS TO ENGULF US. IF WE HAVE LEARNED ANYTHING FROM THE VOTE IN CALIFORNIA, AND SUBSEQUENT VOTER REACTION AROUND THE COUNTRY, IT IS THAT PEOPLE ARE READY AND WILLING TO ACT, THAT THEY WANT TAX RELIEF, THAT THEY DEMAND AN END TO WHAT THEY PERCEIVE TO BE RUN-AWAY GOVERNMENT SPENDING, UNCONTROLLABLE INFLATION, AND ENDLESS GOVERNMENT GROWTH.

I THINK CONGRESS CAN AND SHOULD RESPOND TO THESE DEMANDS. BECAUSE I THINK SCALED-DOWN GOVERNMENT CAN PROVIDE AN ADEQUATE LEVEL OF GOVERNMENTAL SERVICES WITHOUT EXTRACTING EVER-INCREASING TAXES FROM THE AMERICAN PEOPLE. WE CAN HOLD THE LINE ON TAXES AND SPENDING BY TRIMMING THE FAT, ELIMINATING TOTALLY UNNECESSARY GOVERNMENT PROGRAMS, AND STILL GENEROUSLY FUND IMPORTANT HUMAN SERVICE PROGRAMS.

THE TAXPAYERS' REVOLT, AS IT'S BEEN TERMED, DOESN'T MEAN THE AMERICAN PEOPLE WANT TO IGNORE THE UNQUESTIONED NEEDS OF OUR CITIES, ABANDON SCHOOL FEEDING PROGRAMS, CUT THE DEFENSE BUDGET, OR FORGET AMERICA'S FARMERS. WHAT THE TAXPAYERS CAN AND SHOULD EXPECT FROM GOVERNMENT IS THAT THEIR HARD-EARNED DOLLARS WILL BE SPENT ON PROGRAMS WHICH PROVIDE VITAL SERVICES TO PEOPLE WITH A REAL NEED. WHAT THE GOVERNMENT CAN AND SHOULD EXPECT FROM PROFESSIONALS, LIKE YOURSELVES, IS THAT HIGH QUALITY HEALTH SERVICES CAN AND WILL BE PROVIDED AND AT REASONABLE COSTS.

FOCUS ON HEALTH CARE FOR ALL

IN OUR EFFORT TO IMPROVE THE SYSTEM AND TO USE OUR HEALTH CARE DOLLARS MORE EFFECTIVELY, WE MUST FIRST ADDRESS THE PRESENT FOCUS OF OUR HEALTH CARE PROGRAMS.

THE DISEASE THAT YOU KNOW SO MUCH ABOUT AFFECTS THE GAMUT FROM YOUNG TO OLD. IT COMES AS NO SURPRISE TO ME THAT THE PATIENTS WHO MAY BE THE MOST DIFFICULT TO MANAGE ARE THOSE IN ADOLESCENT AGE GROUPS AND THE ELDERLY. I AM NOT SURPRISED, BECAUSE WE HAVE SPENT MUCH TOO LITTLE TIME THINKING ABOUT THE PROBLEMS OF BOTH GROUPS. WE HAVE CONCENTRATED ON THE VERY YOUNG AND THOSE WHO HAVE GROWN PAST CHILDHOOD BUT HAVE NOT YET REACHED THE TWILIGHT OF THEIR LIVES. THIS GAP IS ONE WHICH MUST BE FILLED, AND AGAIN IN THIS AREA YOU HAVE A FINE OPPORTUNITY TO TAKE THE LEAD AND TEACH US ALL BETTER APPROACHES TO SOME VERY DIFFICULT PROBLEMS.

THERE WILL BE MANY QUESTIONS THAT NEED TO BE ASKED AND ANSWERED. HOW DO YOU GET THE ADOLESCENT TO DEAL WITH THE FRIGHTENING PROSPECT OF CHRONIC ILLNESS? HOW DO YOU TEACH THE ELDERLY THAT DIABETES DOES NOT MEAN INSTANT DESTRUCTION AND SUFFERING, BUT RATHER INSTILL IN THEM A POSITIVE OUTLOOK COUPLED WITH REAL HEALTH SEEKING BEHAVIOR? HOW DO YOU GET THOSE WHO BEGIN TO BE FORGETFUL TO TAKE THE RIGHT MEDICINES AT THE RIGHT TIMES? HOW DO YOU TEACH OUR PHYSICIANS TO AVOID OVERMEDICATION, TO RESIST THE IMPULSE TO DO SOMETHING AND TURN TO A POSTURE OF WATCHFUL WAITING? HOW DO YOU DEVELOP CRITERIA FOR FREQUENCY OF VISITS TO PHYSICIANS, PARTICULARLY FOR THE ELDERLY?

THE QUESTIONS GO ON AND ON, AND AGAIN, YOUR EXPERTISE WILL BE IMPORTANT IN THE DEVELOPMENT OF ANSWERS FROM WHICH WE CAN BEGIN TO TAKE RATIONAL AND CONSTRUCTIVE ACTION.

SPECIFIC HEALTH CARE ISSUES

AS I INDICATED EARLIER, TWO MAJOR ISSUES CONFRONTING US AT THIS TIME ARE: RISING HOSPITAL COSTS AND HEALTH INSURANCE FOR ALL AMERICANS. WE MUST DEVELOP STRATEGIES FOR HOLDING DOWN HEALTH CARE COSTS, AND CONSIDER CAREFULLY THE DESIGN OF AN INSURANCE PLAN WHICH WILL ENSURE ADEQUATE PROTECTION AGAINST THE HIGH COSTS OF CARE.

HOSPITAL COST CONTAINMENT

THE NEED FOR HOSPITAL COST CONTAINMENT IS CRITICAL. THE MEDICARE AND MEDICAID PROGRAM WILL COST AMERICAN TAXPAYERS MORE THAN \$47 BILLION THIS FISCAL YEAR, SOME \$9 BILLION MORE THAN LAST YEAR. AS YOU NO DOUBT KNOW, THE AVERAGE HOSPITAL RECEIVES 40% OF ITS OPERATING REVENUE FROM MEDICARE AND MEDICAID. THUS, THESE PROGRAMS EXERT CONSIDERABLE INFLUENCE IN THE HOSPITAL MARKETPLACE.

MEDICARE AND MEDICAID PROGRAMS HOLD OUT THE PROMISE OF HEALTH CARE TO THOUSANDS UPON THOUSANDS OF POOR AND ELDERLY IN THIS COUNTRY. WHILE IT IS TRUE THAT THE COST OF THE PROGRAM HAS ESCALATED AT AN ALARMING RATE IN THE PAST FEW YEARS, THERE ARE STILL MANY WHOSE HEALTH CARE IS NOT ADEQUATE. ADDITIONALLY, UNNECESSARILY HIGH HEALTH CARE EXPENDITURES MAY SERVE TO "CROWD-OUT" OTHER VITALLY IMPORTANT SOCIAL PROGRAMS.

I BELIEVE WE MUST EXAMINE CAREFULLY OUR PRESENT SYSTEM AND WORK TOWARDS ITS IMPROVEMENT. I DO NOT BELIEVE THAT NOW IS THE TIME TO SCRAP IT AND REPLACE IT WITH A WHOLE NEW PROGRAM WHICH MAY FALL PREY TO THE SAME PROBLEMS.

SOME MONTHS AGO, TOGETHER WITH A NUMBER OF MY COLLEAGUES, I JOINED AS A PRINCIPAL SPONSOR OF SENATE BILL 1470, WHICH BEGINS TO ADDRESS A NUMBER OF MEDICARE AND MEDICAID ADMINISTRATIVE AND REIMBURSEMENT PROBLEMS THAT HAVE PLAGUED THE PROGRAM FOR SOME YEARS.

OUR BILL HAS MANY FACTORS, INCLUDING PROVISIONS AIMED AT GAINING SOME CONTROL OVER THE RAPIDLY RISING COSTS. IT PROVIDES A STRIKING CONTRAST TO THE ADMINISTRATION'S APPROACH TO MODERATION OF HOSPITAL COSTS. THEY HAVE PROPOSED TO LIMIT--INITIALLY TO 9%--THE AMOUNT THAT A HOSPITAL'S REVENUE CAN INCREASE FROM YEAR TO YEAR. I HAVE STRONG RESERVATIONS ABOUT THE WISDOM OF SUCH AN OVERALL CAP ON HOSPITAL REVENUES.

FIRST OF ALL, THAT CAP COULD POSSIBLY BECOME A FLOOR;
SECONDLY, WITH ALL THE VARIOUS MECHANISMS FOR EXCEPTIONS
THAT WOULD BE PROVIDED, THE CAP MAY ALSO PROVE INEFFECTIVE
AS A CEILING. THIRDLY, AND PERHAPS MOST IMPORTANTLY,
A CAP BY ITS VERY NATURE HAS TO BE QUITE ARBITRARY, TENDING
TO PENALIZE THOSE WHO HAVE BEEN EFFICIENT IN THE PAST,
AND FREQUENTLY REWARDING THOSE WHO HAVE NOT. IT IS A
BIT LIKE PUTTING ALL HOSPITALS ON A CRASH DIET BECAUSE
A FEW, AS SECRETARY CALIFANO HAS PUT IT, ARE "OBESE".

AN ARBITRARY PAYMENT POLICY THAT FAILS TO TAKE ACCOUNT OF
REAL DIFFERENCES BETWEEN HOSPITALS AND THEIR UNIQUE FISCAL
NEEDS COULD BE DISASTROUS. WHAT IS MUCH MORE IMPORTANT
IS THAT WE BUILD INCENTIVES THAT REWARD SOUND MEDICAL
AND MANAGEMENT PRACTICES. IN MY VIEW, THE THREAT OF
PUNISHMENT SHOULD COME WELL AFTER WE DEVELOP AN INCENTIVE
SYSTEM THAT REWARDS THE DILIGENT AND CREATIVE PRACTICES
THAT OUR FREE ENTERPRISE SYSTEM HAS NURTURED IN THE PAST.

OUR LEGISLATION ASKS THE FEDERAL PAYMENT PROGRAMS TO PUT THEIR OWN HOUSE IN ORDER BY ADOPTING RATIONAL REIMBURSEMENT REFORMS. IT IS IDEALLY SUITED TO WORK HAND-IN-HAND WITH THE VOLUNTARY COST CONTAINMENT PROGRAM THAT HAS BEEN PROPOSED BY THE AMERICAN HOSPITAL ASSOCIATION, THE FEDERATION OF AMERICAN HOSPITALS, AND THE AMERICAN MEDICAL ASSOCIATION. THE VOLUNTARY EFFORT SHOULD, I BELIEVE, BE GIVEN EVERY OPPORTUNITY TO SUCCEED. THE BEST COST CONTAINMENT WILL COME FROM A PROGRAM WHICH ASKS FOR THE LEAST AMOUNT OF GOVERNMENT INTERFERENCE AND ENCOURAGES INDIVIDUAL RESPONSIBILITY AND ACCOUNTABILITY.

OTHER PROVISIONS IN S.1470

THERE WERE A NUMBER OF OTHER PROVISIONS THAT WERE ACCEPTED BY THE COMMITTEE WHICH I BELIEVE WILL ALSO BE OF INTEREST TO YOU.

HOME HEALTH CARE

AS AN ASSOCIATION OF HEALTH PROVIDERS YOU ARE WELL AWARE OF THE POTENTIAL THAT HOME BASED HEALTH CARE HOLDS.

MEDICARE POLICY HAS BEEN RESTRICTIVE IN THE PAST AS IT RELATES TO THE NUMBER OF HOME HEALTH CARE VISITS THAT ARE REIMBURSABLE, PRIOR HOSPITALIZATION REQUIREMENTS, AND THE TYPE OF SERVICES TO BE COVERED.

AS THE RANKING REPUBLICAN MEMBER OF THE HEALTH SUBCOMMITTEE, IT HAS BECOME ABUNDANTLY CLEAR TO ME THAT WE MUST BEGIN TO LOOK TO NON-TRADITIONAL, NON-INSTITUTIONAL SETTINGS FOR HEALTH CARE IF WE ARE EVER TO ADDRESS THE REAL AND INDIVIDUAL NEEDS OF OUR CITIZENS.

WHY MUST HOSPITALIZATIONS BE OUR ONLY ANSWER? LET'S LOOK BEYOND THE ILLNESS CARE MODEL THAT HAS SET THE DIRECTION OF CARE IN THE PAST.

LET'S ENCOURAGE PEOPLE TO BE INDEPENDENT AND SELF-RELIANT.

IT WAS IN THIS SPIRIT THAT THE COMMITTEE ACCEPTED THE TWO FOLLOWING PROVISIONS:

1) DELETE THE 100 VISIT LIMITATION FOR HOME HEALTH CARE BENEFITS

2) DELETE THE THIRD PRIOR HOSPITALIZATION REQUIREMENT.

THE DEBATE OVER WHAT CHARGES NEED TO BE MADE REGARDING THE TYPE OF SERVICES TO BE PROVIDED WILL CONTINUE IN THE COMING MONTHS.

BUT PROGRESS IS BEING MADE.

NATIONAL HEALTH INSURANCE

A FEW YEARS AGO PASSAGE OF A NATIONAL HEALTH INSURANCE APPEARED TO BE A POSSIBILITY. MANY BILLS WERE INTRODUCED AND THE ISSUES WERE HOTLY DEBATED.

THE DEBATE HAS BEEN REVIVED IN RECENT WEEKS DUE IN PART TO AN ADMINISTRATION COMMITTED IN PRINCIPLE TO SOME FORM OF NATIONAL HEALTH INSURANCE. BUT EVEN THEIR APPROACH IS MORE CAUTIOUS AT THIS TIME.

AS I INDICATED EARLIER, MEDICAL CARE COSTS HAVE CONTINUED TO RISE, AND IT IS CLEAR TO US THAT THIS TREND IS NOT SHORT TERM, AND THE ISSUE MUST BE ADDRESSED. THERE ARE THOSE WHO BELIEVE THAT INCREASES IN COST MUST BE ADDRESSED PRIOR TO ENACTMENT OF A NATIONAL HEALTH INSURANCE PROGRAM, AND THERE ARE THOSE WHO BELIEVE WE ONLY SOLVE THE PROBLEM IF AND WHEN NATIONAL HEALTH INSURANCE IS ENACTED.

YOU ARE PROBABLY AS TIRED AS WE ARE OF HEARING THE RHETORIC AND DEBATE ABOUT NATIONAL HEALTH INSURANCE THAT HAS FLOATED AROUND THIS CITY FOR MANY MORE YEARS THAN I CARE TO REMEMBER. NO ONE CAN DISAGREE WITH A UTOPIAN FANTASY THAT BRINGS ALL THINGS TO ALL PEOPLE. BUT WHEN I ANALYSE TODAY'S DELIVERY SYSTEM AND THE COSTS WE ALREADY FACE, I JUST CANNOT BELIEVE THAT AT THE PRESENT TIME WE CAN DEVISE A NATIONAL HEALTH INSURANCE PLAN THAT CAN FULLY COVER THE NEEDS OF ALL OUR CITIZENS WITHOUT COMMITTING MORE DOLLARS THAN OUR COUNTRY CAN AFFORD, AND WITHOUT BRINGING THE HEALTH CARE DELIVERY SYSTEM AS SUCH TO A GRINDING HALT.

WITH THIS IN MIND, I JOINED WITH MY COLLEAGUES, SENATORS LONG, RIBICOFF, AND TALMADGE IN INTRODUCING SENATE BILL 3105, THE CATASTROPHIC HEALTH INSURANCE AND MEDICAL ASSISTANCE REFORM ACT OF 1978. WE ARE AGAIN URGING THAT THE CONGRESS DEVELOP A HEALTH INSURANCE PROGRAM THAT PROTECTS ALL OF OUR CITIZENS FROM THE FINANCIAL DISASTER THAT CAN STRIKE THE INDIVIDUAL AND THE FAMILY BESET BY CATASTROPHIC ILLNESS. IN ADDITION TO THE CATASTROPHIC PROVISION, OUR BILL ALSO REPLACES MEDICAID WITH A UNIFORM NATIONAL PROGRAM OF MEDICAL BENEFITS FOR LOW INCOME PERSONS, AND PROVIDES FOR A VOLUNTARY FEDERAL CERTIFICATION PROGRAM FOR BASIC PRIVATE HEALTH INSURANCE TO ENCOURAGE THEM TO MAKE BASIC COVERAGE AVAILABLE IN ALL AREAS OF THE COUNTRY.

MOST OF THE DEBATE CENTERS ON THE COSTS OF ANY PROGRAM,
BUT WE TEND TO FORGET ALSO THAT OUR PRESENT DELIVERY
SYSTEM IS IN NO WAY EQUIPPED TO HANDLE THE IMPACT OF A
COMPREHENSIVE NATIONAL HEALTH PLAN FREE AND OPEN TO ALL.
WE REMAIN UNPREPARED FOR THE ENORMOUS INCREASE IN
UTILIZATION OF OUR HEALTH RESOURCES THAT WOULD FOLLOW--
PARTICULARLY WHEN WE ANTICIPATE THE DEMANDS OF THE AMBULATORY
PATIENTS. WHILE WE SHOULD ALL STRIVE TOGETHER TO IMPROVE
ACCESS TO OUR CITIZENS AND MAKE MORE RATIONAL OUR SYSTEM
OF CARE, PROGRAMS THAT ADVOCATE REVOLUTION RATHER THAN
EVOLUTION STRIKE ME AS BEING UNNECESSARILY NAIVE,
AND PERHAPS EVEN DANGEROUS TO THE HEALTH OF OUR PEOPLE.

EVENTS IN RECENT DAYS HAVE AGAIN BROUGHT TO LIGHT THE CRITICAL DECISIONS THAT MUST BE MADE BEFORE ANY PLAN IS ENACTED. EVEN PRESIDENT CARTER, WHO GENERALLY FAVORS A MORE COMPREHENSIVE APPROACH, HAS REALIZED THAT THIS IS NO LONGER POSSIBLE AT THE OUTSET.

SENATOR KENNEDY AND THOSE WHO AGREE WITH HIS APPROACH CONTINUE TO TRY TO CONVINCING US THAT THE PUBLIC NEEDS AND WANTS FEDERALIZATION OF THE HEALTH CARE INDUSTRY. THAT ONLY THROUGH THIS METHOD CAN WE CONTROL COSTS AND ASSURE BENEFITS. THAT A MASSIVE SHIFTING OF PRIVATE INSURANCE EXPENDITURES TO THE FEDERAL BUDGET RESULTING IN FEDERAL EXPENDITURES THAT MAY WELL EXCEED 130 BILLION DOLLARS ANNUALLY WILL SOLVE OUR PROBLEMS.

I DO NOT BELIEVE THIS TO BE THE CASE. WITHOUT QUESTION THERE IS PUBLIC CONCERN OVER COST CONTROL AND ECONOMIC STABILITY FOR THE EXISTING HEALTH CARE SYSTEM. BUT THERE IS ALSO A GROWING SENTIMENT AGAINST INCREASING GOVERNMENT INVOLVEMENT IN ALL SECTORS OF INDUSTRY.

WE SHOULD FOCUS OUR ATTENTION ON PROTECTING BOTH THE PUBLIC AND SERVICE PROVIDERS FROM COLLAPSE OF THE SYSTEM DUE TO RUNAWAY COSTS. WE NEED TO LOOK CAREFULLY AT WHAT THE REAL NEEDS ARE FOR OUR CITIZENS.

I AGREE THAT WE SHOULD NOT STAND STILL. I AGREE THAT PEOPLE NEED A GUARANTEE THAT HEALTH CARE WILL BE A REALITY FOR THEM. BUT WE MUST STOP PROMISING THOSE THINGS WHICH WE CANNOT DELIVER. WE SHOULD MOVE CAREFULLY AND RATIONALLY TO GOALS ON WHICH WE CAN AGREE. SUPPORTING A MASSIVE, NEW COMPREHENSIVE PROGRAM IS UNREALISTIC AND UNFAIR TO THOSE WHO LOOK TO US FOR REAL SOLUTIONS.

THE DEBATE ON NATIONAL HEALTH INSURANCE WILL NOT END THIS YEAR, NEXT YEAR OR PERHAPS FOR A NUMBER OF YEARS IN THE FUTURE. BUT YOU CAN BE SURE THAT THE SENATE FINANCE COMMITTEE, OF WHICH I AM A MEMBER, WILL PLAY A VERY CRITICAL ROLE WHEN THE TIME COMES. AS THE SENATE COMMITTEE WITH COMPLETE JURISDICTION OVER MEDICARE, MEDICAID, MATERNAL CHILD HEALTH, AND TAXES, OUR INTEREST IS WELL-FOUNDED AND CONSIDERABLE.

WE HAVE SCHEDULED NO HEARINGS TO DATE AND IT IS NOT ANTICIPATED THAT WE WILL DO SO PRIOR TO THE END OF THIS YEAR.

23

THE APPROACH THAT I JOINED WITH SENATORS LONG, RIBICOFF, TALMADGE, AND OTHERS IN INTRODUCING, CAN LET US ALL PLAN MORE RATIONALLY, SECURE IN THE KNOWLEDGE THAT WE HAVE CHOSEN TO PROTECT ONE ANOTHER FROM THE FINANCIAL RUIN ACCOMPANYING MANY ILLNESSES, SOME OF WHICH WE HAVE AS YET BEEN UNABLE TO CONQUER. SUCH AN APPROACH GIVES US TIME TO IMPROVE OUR HEALTH CARE DELIVERY SYSTEM, TO REIN IN OUR RUNAWAY COSTS AND MOVE TOWARD A PROGRAM THAT WILL EQUALIZE ACCESS FOR ALL AND IMPROVE THE HEALTH OF OUR NATION.

I AM HOPEFUL THAT YOUR ORGANIZATION WILL WORK WITH US IN THE MANY MONTHS AHEAD AS THE DISCUSSIONS CONTINUE.

OTHER HEALTH CARE ISSUES

I HAVE SEVERAL FURTHER CONCERNS IN THE PROVISION OF HEALTH CARE AND AM IN THE PROCESS OF DEVELOPING SEVERAL LEGISLATIVE INITIATIVES TO SUPPLEMENT THOSE PRESENTED IN THE BILL. I BELIEVE FIRMLY THAT WE CAN DO MORE IN THE FIELD OF PREVENTIVE HEALTH CARE.

THERE ARE A GREAT MANY THINGS THAT THE PEOPLE OF THIS COUNTRY COULD DO AND SHOULD BE ENCOURAGED AND TAUGHT TO DO TO ENHANCE THEIR OWN GOOD HEALTH AND FORESTALL THE NEED FOR MORE EXPENSIVE UTILIZATION OF THE HEALTH CARE SYSTEM. WE NEED TO PROVIDE INCENTIVES TO INDIVIDUALS AND INDUSTRIES TO PROMOTE THESE PREVENTIVE HEALTH ACTIVITIES IN ADDITION TO PROVIDING FUNDS FOR STATE PROJECTS AND PROGRAMS.

ADDITIONALLY, I HAVE BECOME CONCERNED ABOUT THE CARE OF THE TERMINALLY ILL. I HAVE BEEN IMPRESSED WITH WHAT I HAVE BEEN READING AND HEARING ABOUT THE SUCCESS OF THE DEVELOPMENT OF ALTERNATIVE FORMS OF CARE IN THIS AND OTHER COUNTRIES TO DEAL WITH THE SPECIAL PROBLEMS AND NEEDS OF THOSE WHO ARE DYING AND THE PROBLEMS OF THEIR FAMILIES. I AM ENCOURAGED WITH THE POSSIBILITIES OF AN EXPANSION OF THE HOSPICE MOVEMENT.

CONCLUSION

WE CANNOT EXPECT AN UNLIMITED OUTPOURING OF FEDERAL, STATE OR LOCAL DOLLARS TO FINANCE THE NATION'S HEALTH PROGRAMS INDEFINITELY. FAR FROM IT. HEALTH PROGRAMS -- LIKE ALL FEDERAL EXPENDITURES -- MUST BE PLANNED, BUDGETED, AND IMPLEMENTED WITHIN STRICTLY DEFINED POLITICAL AND BUDGETARY LIMITS. AS INDICATED EARLIER, ADOPTION OF PROPOSITION 13 IN CALIFORNIA -- AN UNMISTAKEABLE EXPRESSION OF THE TAXPAYERS' ANGER OVER HIGH TAXES, INCREASING INFLATION, AND BIG GOVERNMENT -- IS A FACT OF LIFE WITH WHICH WE MUST RECKON.

THE CONGRESS NEEDS THAT SUPPORT AND FULL COMMITMENT OF HEALTH PROVIDERS LIKE YOU.

WE LOOK TO YOU TO ASSIST IN OUR STRUGGLE TO CONTROL COSTS
YET PROVIDE VITALLY IMPORTANT SERVICES.

WE LOOK TO YOU TO HELP US DEVELOP A HEALTH CARE SYSTEM
THAT TREATS THE INDIVIDUAL AS A PERSON AND ENCOURAGES
SELF-RELIANCE AND HEALTHY LIFESTYLES.

I URGE YOU TO JOIN US AND AGAIN WANT TO THANK YOU FOR
THIS OPPORTUNITY TO TAKE PART IN THIS -- YOUR ANNUAL
MEETING. I LOOK FORWARD TO A CLOSER ASSOCIATION WITH
THIS DISTINGUISHED BODY.