

REMARKS OF SENATOR BOB DOLE  
KANSAS MEDICAL SOCIETY  
TOPEKA, KANSAS  
MAY 5, 1974

IT IS A PLEASURE TO BE HERE WITH THE LEADERS OF THE KANSAS MEDICAL PROFESSION AND A GROUP WHICH HAS ONCE AGAIN BEEN PERMITTED--BY THE LONG AWAITED EXPIRATION OF WAGE AND PRICE CONTROLS--TO REJOIN THE FREE ENTERPRISE SYSTEM. AND HOPEFULLY ON A PERMANENT BASIS.

AS A MEMBER OF THE SENATE FINANCE COMMITTEE, I ALWAYS APPRECIATE AN OPPORTUNITY TO TALK WITH INDIVIDUALS OR GROUPS WHO ARE CONCERNED WITH THE COMMITTEE'S WORK. AND THIS GROUP IS NO EXCEPTION, FOR AS PHYSICIANS AND SURGEONS, YOU ARE DEEPLY INVOLVED IN THE MOST IMPORTANT ASPECTS OF PROVIDING HEALTH CARE TO THE PEOPLE OF KANSAS. AND YOU ARE CONCERNED WITH SOME OF THE MOST IMPORTANT LEGISLATION ON THE HORIZON IN WASHINGTON.

### ROLE OF THE AMERICAN DOCTOR

LET ME SAY, AT THE OUTSET, THAT WE IN AMERICA TODAY ARE FORTUNATE IN HAVING THE MOST ADVANCED, SKILLFUL AND COMPETENT HEALTH CARE SYSTEM AND PERSONNEL IN THE WORLD. I DO NOT BELIEVE ANY OTHER COUNTRY EVEN REMOTELY APPROACHES OUR MEDICAL SYSTEM ON THESE POINTS, AND ON THE DEVOTION OR SELFLESS CONCERN OF THE DOCTORS WHO PROVIDE THAT CARE. THE AMERICAN DOCTOR--AND PARTICULARLY THE KANSAS M.D.--IS AN HONORED AND VITAL INSTITUTION IN THE PERSONAL LIVES OF OUR FAMILIES AND IN THE AFFAIRS OF OUR COMMUNITIES. HE IS HEALER, COUNSELOR, EXAMPLE OF INTEGRITY AND LEADER IN EVERY CITY AND TOWN. AND I BELIEVE THAT WHILE THE PRACTICE OF MEDICINE IS CHANGING, WE MUST NOT ABANDON OR ABOLISH THE ROLE OF THE PRIVATE PRACTITIONER IN OUR SOCIETY.

### CONCERN OVER COSTS

UNFORTUNATELY, IT IS ALSO TRUE THAT ALL AMERICANS DO NOT FULLY BENEFIT FROM OUR GREAT NATIONAL HEALTH CARE ASSETS. AND THIS FACT IS NOT HARD TO UNDERSTAND

WHEN AN AVERAGE DAY IN THE HOSPITAL COSTS UPWARD OF \$110; WHEN THE AVERAGE COST OF DELIVERING AND CARING FOR A NEW BABY APPROACHES \$1,000; AND WHEN THE COST OF CARE SURROUNDING A MAJOR TERMINAL ILLNESS, LIKE CANCER, EXCEEDS \$20,000. AND IN THE YEARS BETWEEN 1950 AND 1973 THE AVERAGE PER CAPITA, YEARLY HEALTH BILL IN AMERICA HAS RISEN 2-1/2 TIMES MORE RAPIDLY THAN WAGES. IN 1950 IT WAS \$78, AND LAST YEAR IT WAS \$441.

#### PERFORMANCE UNDER PRICE CONTROLS

I WOULD SAY, HOWEVER, THAT PLACING THESE FIGURES IN PERSPECTIVE, THE HEALTH FIELDS HAVE NOT BEEN THE GREAT INFLATIONARY VILLIANS OF LATE, WHICH SOME WOULD INDICATE. YES, THERE HAVE BEEN SUBSTANTIAL INCREASES IN HEALTH CARE COSTS, BUT UNDER THE RECENTLY EXPIRED ECONOMIC CONTROLS PROGRAM THE COMPARISON WITH OTHER AREAS IS SOMETHING I THINK YOU CAN CITE AS A SOURCE OF JUSTIFIABLE PRIDE.

OVER MORE THAN 32 MONTHS OF THESE CONTROLS, MEDICAL COSTS WENT UP SOME 11.4 PERCENT. THIS CERTAINLY WAS NOT STANDING STILL. BUT IT WAS BELOW THE OVERALL CONSUMER PRICE INDEX INCREASE OF 17.2 PERCENT, ONLY HALF THAT OF FUEL PRICE INCREASES



-4-

AND ONLY A THIRD AS MUCH AS FOOD COST INCREASES. OF COURSE, THE FACT THAT HEALTH CARE WAS UNDER FULL CONTROLS UNTIL LAST WEDNESDAY CERTAINLY WAS A FACTOR.

BUT NO PROGRAM SUCH AS THIS CAN BE EFFECTIVE WITHOUT COOPERATION OF THOSE INVOLVED, AND I BELIEVE DOCTORS AND THE ENTIRE HEALTH CARE FIELD DESERVE A FULL MEASURE OF CREDIT AND RECOGNITION FOR THEIR EFFORTS AND ENDEAVORS IN FIGHTING THIS INFLATION PROBLEM WE ARE FACING.

AND I BELIEVE IT IS IMPORTANT TO RECOGNIZE THE SACRIFICES AND HARDSHIPS WHICH WERE INVOLVED. THE MEDICAL PROFESSION--WITH ITS REVENUES LOCKED DOWN-- WAS HIT BY INCREASES IN FOOD, FUEL, RENT, AND ALMOST EVERY OTHER AREA OF BUSINESS AND FAMILY EXPENSE. SO I FEEL APPROPRIATE RECOGNITION OF THESE ECONOMIC FACTS SHOULD BE GIVEN.

CAUTION OF FEE ADJUSTMENTS

BUT AT THE SAME TIME, I WOULD ADD A WORD OF CAUTION AND ECHO THE ADVICE OF AMA PRESIDENT RICHARD PALMER. AS YOU KNOW IN HIS APRIL LETTER TO THE PROFESSION HE WARNED DOCTORS THAT IMPULSIVE ACTIONS ON FEE ADJUSTMENTS

AFTER DECONTROL "COULD SERIOUSLY AND IRREVERSIBLY AFFECT THE HEALTH OF THE PUBLIC, THE FUTURE OF THE INDIVIDUAL PHYSICIAN AND THE NATURE OF THE MEDICAL PROFESSION."

I WOULD JUST SAY THAT FROM MY VANTAGE POINT ON CAPITOL HILL THAT SOUNDS LIKE EXCEPTIONALLY PRUDENT ADVICE. I SERIOUSLY DOUBT THAT AMERICAN DOCTORS--INDIVIDUALLY OR AS A GROUP--HAVE ANY DESIRE TO BECOME "EXXON-IZED" IN CONGRESS AND THE NEWS MEDIA OVER THEIR PROFITS AND PRICES. SO DOCTOR PALMER'S ADVICE STRIKES ME AS BEING A HIGHLY APPROPRIATE ADMONITION FOR THE PROFESSION AND SQUARELY IN KEEPING WITH THE NATIONAL INTEREST OF ASSURING QUALITY MEDICAL CARE IN AMERICA.

THE MEDICAL PROFESSION WOULD BE A MOST UNFORTUNATE CHOICE AS WHIPPING BOY FOR THE BURDENS OF INFLATION. EXPOSURE TO SUCH CHARGES AND PUBLICITY

-6-

COULD ONLY HINDER RESPONSIBLE EFFORTS TO IMPROVE HEALTH CARE. AND IT WOULD PROVIDE ADDITIONAL AMMUNITION FOR THOSE WHO WANT TO TIGHTEN THE HEAVY GRIP OF GOVERNMENT REGULATION, CONTROL AND AUTHORITY WITHIN THE HEALTH PROFESSIONS.

BUT THERE ARE THOSE IN WASHINGTON AND ELSEWHERE WHO WOULD LIKE NOTHING BETTER THAN AN EXCUSE TO GO AFTER THE MEDICAL PROFESSION, HAMMER AND TONGS, TO BUILD THEMSELVES A FOLLOWING ON THE EVENING NEWSCASTS AND IN THE HEADLINES.

I DO NOT BELIEVE THE HEALTH CARE INTERESTS OF THE AMERICAN PEOPLE WOULD BE AT ALL WELL SERVED BY AN EMOTIONALIZED WITCH HUNT WITHIN THE MEDICAL AND HEALTH COMMUNITIES. IN FACT SUCH A HAPPENING WOULD BE A SURE FIRE PRESCRIPTION FOR DISASTER.



-7-

SO I WOULD JUST ADD MY VOICE TO THAT OF DOCTOR PALMER IN URGING PRICE-  
RESTRAINT FOLLOWING THE REMOVAL OF CONTROLS ON THE HEALTH PROFESSIONS. IT  
WILL BE IN EVERYONE'S BEST INTERESTS OVER THE LONG RUN.

CONSISTENT RECORD

[ AND SPEAKING OF INCREASED GOVERNMENT INTERVENTION IN MEDICINE, JUST SO  
THERE MAY BE NO MISTAKE, LET ME TELL YOU THAT YOUR JUNIOR SENATOR IS NOT THE  
MEMBER OF THE KANSAS CONGRESSIONAL DELEGATION WHO WAS DESCRIBED IN FEBRUARY  
MONTH BY NATIONAL JOURNAL REPORTS AS BEING "AMONG THE MOST FORCEFUL ADVOCATES  
IN THE HOUSE FOR STRONGER REGULATION OF THE HEALTH INDUSTRY." AND MY  
LEGISLATION TO SOLVE TODAY'S PROBLEMS OF HEALTH CARE IN AMERICA HAS NOT  
BEEN SINGLED OUT BY THIS SAME PUBLICATION AS MEASURES WHICH WOULD "STIMULATE  
THE TREND TOWARD MORE GOVERNMENT REGULATION" OF THE COUNTRY'S HEALTH SYSTEMS. ]

I BELIEVE THERE IS MUCH TO BE DONE IN THE WAY OF IMPROVING HEALTH CARE  
AND SEEING TO IT THAT EVERY AMERICAN HAS ACCESS TO IT. BUT FROM THE OUTSET OF

-8-

MY CAREER IN CONGRESS--NEARLY 14 YEARS AGO--I HAVE FIRMLY AND CONSISTENTLY HELD THE BELIEF THAT EVERY POSSIBLE EFFORT MUST BE MADE TO MINIMIZE GOVERNMENT CONTROL, RED TAPE AND REGULATION WHILE GIVING THE PRIVATE SECTORS OF MEDICINE AND HEALTH THE FULLEST OPPORTUNITY TO EXERCISE THEIR RESPONSIBILITIES.

AND I HAVE NOT CHANGED THIS VIEW LAST WEEK, LAST MONTH OR LAST YEAR. SO LET THERE BE NO MISTAKE ABOUT IT AS FAR AS THE DOCTORS OF KANSAS ARE CONCERNED. AND YOU CAN BE ASSURED THAT MY VIEWPOINT WILL BE FORCEFULLY AND CONSISTENTLY ASSERTED AS THE SENATE FINANCE COMMITTEE CONSIDERS THE HEALTH-RELATED MATTERS WHICH COME BEFORE IT.

#### MANY PROPOSALS

MILLIONS OF AMERICANS IN AND OUT OF THE HEALTH CARE FIELDS ARE CONCERNED ABOUT THE PROBLEMS OF HEALTH CARE. AND THIS RISING AWARENESS HAS LED TO BROAD EFFORTS BY MANY INDIVIDUALS AND GROUPS TO COME UP WITH ANSWERS AND SOLUTIONS FOR THESE PROBLEMS.

MANY OF THESE EFFORTS HAVE RESULTED IN LEGISLATIVE PROPOSALS WITHIN THE JURISDICTION OF THE SENATE FINANCE COMMITTEE. SO, CONSEQUENTLY, I HAVE BEEN INVOLVED, FROM THE BEGINNING, AS THE COMMITTEE DISCUSSES HEALTH



-9-

CARE AND AS IT APPROACHES THE WORK OF CONSIDERING HEALTH INSURANCE  
LEGISLATION.

MODERATE APPROACH

I HAVE SAID THAT CONGRESS, FACED WITH THE TWO EXTREME COURSES OF  
DOING NOTHING OR NATIONALIZING THE ENTIRE HEALTH BUSINESS, WILL PICK A  
MIDDLE GROUND FOR TAKING POSITIVE ACTION TO BUILD ON THE GOOD POINTS OF  
TODAY'S SYSTEM, WHILE SEEKING TO DEVISE SOLUTIONS FOR SOME OF ITS MOST  
SERIOUS DEFECTS. I BELIEVE THIS PREDICTION MAY COME TRUE.

MOMENTUM BUILDING

BEGINNING LAST YEAR WITH THE INTRODUCTION OF THE CATASTROPHIC HEALTH  
INSURANCE BILL, WHICH I CO-SPONSORED, REAL LEGISLATIVE MOMENTUM WAS  
ESTABLISHED. IT GAINED FURTHER IMPETUS THIS YEAR WHEN THE ADMINISTRATION  
PUT FORWARD ITS OWN REVISED AND EXPANDED COMPREHENSIVE HEALTH INSURANCE PLAN.

THESE TWO BILLS AND THE RESPONSE THEY RECEIVED SUGGESTED THE OUTLINES  
OF A CONSENSUS OF SORTS OF NATIONAL HEALTH INSURANCE. THEY WERE

-10-

GENERALLY COMPATIBLE WITH MOST OF THE OTHER INSURANCE PLANS AND OFFERED PLENTY OF ROOM FOR COMPROMISE WITH EVERY OTHER PLAN--EXCEPT THE MEANY-KENNEDY BILL.

THIS APPEARED TO BE THE MAJOR OBSTACLE TO REAL PROGRESS THIS YEAR AS REPORTS CIRCULATED THAT LABOR WANTED TO BACK OFF ON HEALTH INSURANCE AND WAIT FOR A VETO-PROOF CONGRESS TO PASS ITS CRADLE-TO-GRAVES PROPOSAL WITHOUT MAJOR CHANGE.

BUT LAST MONTH, SENATOR KENNEDY, IN CONJUNCTION WITH CHAIRMAN WILBUR MILLS OF THE HOUSE WAYS AND MEANS COMMITTEE, UNVEILED A NEW HEALTH INSURANCE BILL. ~~ITS~~ EFFECT WAS TO PUT HEALTH INSURANCE ON THE FRONT BURNER IN THE LEGISLATIVE KITCHEN AGAIN.

THE CATASTROPHIC BILL, THE ADMINISTRATION PLAN, THE KENNEDY-MILLS PROPOSAL AND MOST OF THE OTHERS ARE ALL IN THES AME BALLPARK. AND THIS FACT MEANS THAT WE ARE

-11-

MORE AND MORE LIKE TO SEE A NATIONAL HEALTH INSURANCE LAW ENACTED THIS YEAR.

HEARINGS BEGIN

PERHAPS THE BEST INDICATION OF THIS POSSIBILITY WAS THE START, LAST MONTH OF WAYS AND MEANS COMMITTEE HEARINGS, WITH A TENTATIVE CHANCE THAT THE HOUSE COULD ACT ON A BILL BY THE FOURTH OF JULY. AND TO EXPEDITE CONSIDERATION IN THE SENATE, THE FINANCE COMMITTEE WILL TAKE THE UNUSUAL STEP OF HOLDING IT HEARINGS PRIOR TO PASSAGE OF THE HOUSE BILL. THESE HEARINGS WILL BEGIN ON MAY 21. AND PROVIDED THERE ARE NO UNEXPECTED DELAYS THERE SHOULD BE AMPLE TIME TO OBTAIN SENATE APPROVAL AND GAIN CONFERENCE COMMITTEE APPROVAL BEFORE CONGRESS ADJOURNS.

I DO NOT WANT TO BE OVERLY OPTIMISTIC, BUT I BELIEVE THIS OUTLOOK IS REALISTIC. AND WITH THE GOOD WILL OF ALL SIDES AND A GREAT DEAL OF HARD WORK, WE CAN REALIZE MANY OF THE MOST IMPORTANT HEALTH CARE GOALS OF AMERICA.



-12-

BASIC STANDARDS

I BELIEVE WE SHOULD JUDGE ANY NATIONAL HEALTH INSURANCE PLAN ON THESE BASIC CRITERIA:

FIRST, IT MUST BE DIRECTED TOWARD PROVIDING UNIFORM, HIGH QUALITY, EQUAL HEALTH CARE FOR EVERY CITIZEN IN EVERY PART OF THE COUNTRY--REGARDLESS OF ECONOMIC CIRCUMSTANCES. AND SECOND, IT ALSO MUST BE AIMED AT BRINGING THE COST OF THIS CARE INTO MANAGEABLE BOUNDS FOR THE PRIVATE CITIZEN AND GOVERNMENT ALIKE--THROUGH REDUCING THE INCENTIVES FOR EXPENSIVE HOSPITALIZATION, AND BY FOCUSING ON THE LESS COSTLY ALTERNATIVES OF OUTPATIENT CARE AND PREVENTATIVE SERVICES.

WITH THESE POINTS IN MIND, THIS GROUP MIGHT BE INTERESTED IN A BRIEF LOOK AT SOME OF THE MAJOR SIMILARITIES AND DIFFERENCES BETWEEN THE COMPREHENSIVE HEALTH INSURANCE PLAN, THE KENNEDY-MILLS BILL, AND THE CATASTROPHIC HEALTH INSURANCE BILL.

SUBSTANTIAL SIMILARITIES

I WOULD SAY THAT THE THREE PLANS HAVE A NUMBER OF SUBSTANTIAL SIMILARITIES. THE COSTS AND BASIC BENEFITS STANDARDS UNDER THE THREE PROPOSALS ARE MUCH ALIKE, THEIR LEVELS OF CATASTROPHIC COSTS PROTECTION LIE WITHIN A REASONABLE RANGE OF ALTERNATIVES, AND THE TIE-IN TO MEDICARE AND OTHER FEDERAL PROGRAMS WOULD BE APPROXIMATELY THE SAME UNDER EACH. THESE ARE HIGHLY IMPORTANT AREAS OF AGREEMENT AND THEY ARE A BASIC REASON FOR MY GROWING OPTIMISM ABOUT THE PASSAGE OF A HEALTH INSURANCE BILL THIS YEAR.

BUT THE DIFFERENCES SHOULD NOT BE GLOSSED OVER OR IGNORED. THERE ARE SOME MAJOR CONFLICTS TO BE SETTLED. AND THE WAYS IN WHICH THEY ARE RESOLVED WILL SPELL THE DIFFERENCE BETWEEN MAJOR PROGRESS TOWARD MEETING OUR PROBLEMS AND POSSIBLE DISASTER FOR THE MEDICAL PROFESSION AND THE QUALITY OF HEALTH CARE IN AMERICA.

#### FOUR MAJOR DIFFERENCES

I SEE FOUR MAJOR POINTS CONCERNING THE BASIC INSURANCE PLANS OF THE THREE PROPOSALS WHICH DESERVE SPECIAL MENTION. FIRST, IS THE QUESTION OF ADMINISTRATION. IS NATIONAL HEALTH INSURANCE TO BE A FORM OF PRIVATE INSURANCE OR A GOVERNMENT PROGRAM? UNDER CHIP AND THE CATASTROPHIC BILL, PRIVATE INSURANCE COMPANIES WOULD CONTINUE TO PROVIDE THE PROTECTION, PAY OUT THE BENEFITS AND OPERATE MUCH AS THEY ARE DOING NOW. THE KENNEDY-MILLS BILL, HOWEVER, WOULD PLACE NATIONAL HEALTH INSURANCE WITHIN AN INDEPENDENT NEW SOCIAL SECURITY ADMINISTRATION AND PAY BENEFITS OUT OF A NATIONAL TRUST FUND ACCOUNT.

SECOND, THERE IS THE QUESTION OF WHETHER THE BASIC COVERAGE SHOULD BE MANDATORY OR VOLUNTARY. KENNEDY-MILLS WOULD REQUIRE EVERY EMPLOYEE TO PARTICIPATE IN THE PROGRAM, WHILE THE ADMINISTRATION AND CATASTROPHIC PLANS WOULD PROVIDE THE OPPORTUNITY FOR EACH INDIVIDUAL TO ELECT COVERAGE OR NOT.



-15-

THIRD, AS FAR AS THE AVAILABILITY OF THE TWO VOLUNTARY PLANS IS CONCERNED THE ADMINISTRATION BILL REQUIRES THAT EVERY EMPLOYER OFFER THE PLAN AND PAY AT LEAST THREE-FOURTHS OF THE PREMIUMS, WHEREAS THE CATASTROPHIC BILL LEAVES THE ENTIRE QUESTION UP TO AGREEMENT BETWEEN EMPLOYERS AND THEIR EMPLOYEES.

AND FOURTH, THERE IS THE QUESTION OF THE FINANCING MECHANISM TO BE USED. AS A GOVERNMENT PROGRAM, KENNEDY-MILLS WOULD USE THE PAYROLL TAX, COLLECTING ONE PERCENT ON THE FIRST \$20,000 OF EACH EMPLOYEE'S WAGES AND THREE PERCENT FROM EMPLOYERS. ON THE OTHER HAND THE CATASTROPHIC PLAN AND THE ADMINISTRATION'S PROGRAM WOULD RELY ON THE PAYMENT OF PREMIUMS.

#### BASES FOR CHOICE

ON BALANCE, I BELIEVE THE CATASTROPHIC AND ADMINISTRATION BILL ARE SUPERIOR TO THE KENNEDY-MILLS ALTERNATIVES ON THE FIRST THREE OF THESE POINTS. GIVEN OUR EXPERIENCE WITH THE FEDERAL ADMINISTRATION OF MEDICARE,

-16-

SSI, AND THE HEALTH PROVISIONS OF H.R. 1, I BELIEVE THERE ARE STRONG GROUNDS FOR QUESTIONING THE WISDOM OF PLACING AN ADDITIONAL MULTI-BILLION ADMINISTRATIVE RESPONSIBILITY ON THE FEDERAL HEALTH BUREAUCRACY, AND HANGING A GREATER LOAD ON THE PAYROLL TAX BURDEN OF THE AVERAGE WAGE EARNER. I ALSO WONDER, IS SOME MEASURE OF LATITUDE FOR INDIVIDUAL CHOICE IN SEEKING THIS COVERAGE WOULD NOT BE APPROPRIATE--JUST IN CASE SOMEONE MIGHT DECIDE THAT HE DID NOT WANT OR NEED IT.

AND BETWEEN THE ADMINISTRATION AND CATASTROPHIC PLANS, I WONDER IF IT WOULD NOT BE MORE APPROPRIATE TO LEAVE THE QUESTION OF AVAILABILITY AND PREMIUM SHARING TO BE SETTLED IN THE BARGAINING PROCESS. IT SEEMS TO HAVE PROVEN ITSELF AS AN EFFECTIVE MECHANISM FOR DECIDING THESE MATTERS IN THE PAST, AND IT MIGHT BE WELL TO CONTINUE IT AS WE MOVE INTO THIS NATIONAL HEALTH INSURANCE PLAN AS WELL.

-17-

CONSTRUCTIVE PROPOSALS

THIS, THEN, IS A THUMBNAIL COMPARISON OF THREE OF THE MAJOR NATIONAL HEALTH INSURANCE PROPOSALS. PERHAPS THIS DISCUSSION WILL GIVE YOU SOME IDEA OF THEIR BASIC OUTLINES AND SOME OF THE LINES OF DISCUSSION AND DEBATE WHICH WILL EMERGE AS WE MOVE FORWARD.

EACH IS CONSTRUCTIVE AND WORTHY OF SERIOUS CONSIDERATION. THERE ARE OTHER MAJOR PROPOSALS ALSO BEFORE OUR COMMITTEE, AND, I BELIEVE THE MEDICREDIT PLAN (S.444 AND H.R. 2222), WITH SOMETHING APPROACHING 180 CO-SPONSORS, CERTAINLY HAS TO BE PLACED IN THIS CATEGORY.

THEY ALL RAISE A NUMBER OF QUESTIONS ABOUT EXPANDING THE ROLE OF PSRO'S, COINSURANCE PROVISIONS, THE ESTABLISHMENT OF STATE FEE SCHEDULES AND THE BEST MEANS OF FINANCING THE SYSTEM. BUT THESE ARE APPROPRIATE QUESTIONS WHICH SHOULD BE ASKED IN ANY EVENT, AND THEY SHOULD BE CONFRONTED IF WE ARE TO EXPLORE EVERY REASONABLE AVENUE IN THE COURSE OF SHAPING THIS VITALLY IMPORTANT LEGISLATION.



-18-

OPEN MIND ON PROPOSALS

AS DOCTORS WHO WOULD BE DIRECTLY AFFECTED BY ANY LEGISLATIVE DECISIONS WE REACH, I WOULD BE MOST INTERESTED TO HEAR YOUR REACTION AND COMMENTS ON THESE PROPOSALS, OR ANY OTHER ASPECT OF HEALTH CARE.

AT THIS POINT IN THE LEGISLATIVE PROCESS--AND THROUGHOUT IT, I HOPE-- I HAVE AN OPEN MIND ABOUT ALL PROPOSALS AND WILL APPRECIATE ANY COMMENTS OR SUGGESTIONS THAT ARE OFFERED.

WE HAVE A MOST IMPORTANT JOB TO DO IN THE COMING MONTHS, AND THROUGH EXCHANGE OF IDEAS WITH INDIVIDUALS LIKE YOU, AND GROUPS LIKE THIS, I HOPE WE CAN APPROACH IT IN A RESPONSIBLE, CONSTRUCTIVE MANNER WHICH WILL ENABLE US TO DO THE BEST POSSIBLE JOB FOR THE AMERICAN PEOPLE.