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**Presidential Candidate Forum:
Hillary Rodham Clinton
October 18, 2007**

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CHIP KAHN: Welcome to today's Health Care 2008 Presidential Candidate Forum. My name is Chip Kahn. I'm President of the Federation of American Hospitals. We are co-organizers of the forums along with Families USA. And it's my pleasure to welcome the Families' Executive Director, Ron Pollack, who will introduce today's program. Ron?

RON POLLACK: Thank you, Chip. This is the second of our Presidential Candidate Forums on health care, and I think you'll all agree today's is a very special forum. Since health care is the top domestic issue for the public, overall second only to the war in Iraq, we decided that health care deserved more than the thirty-second and sixty-second sound bytes that normally attend the various campaign debates. For that reason we have all of the presidential candidates to join four very distinguished journalists in a thoughtful dialog about the future of health care in America. We hope these forums will be illuminating. One quick set of thank you's I want to give before we start the forum. We have a number of groups that want to quickly thank. McNeil Lehrer [misspelled?] Productions for producing these forums, the Kaiser Family Foundation for hosting us in this wonderful building, and for web casting all of the forums, the funders of these events, the California Endowment, and the Ewing Marion Kauffman Foundation, and finally my good colleague MaryEllen Barecca, who has been

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organizing these forums and coordinating them for Families USA. So let's get started. And please give a very warm welcome to our special guest today, Senator Hillary Rodham Clinton.

[Applause]

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Hi, Ron.

CHIP KAHN: Thank you.

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Thanks, Chip.

Thank you very much.

RON POLLACK: It's a real pleasure to welcome a good personal friend, and for all of us who have been involved in organizing these forums. We're delighted to have Senator Clinton here today. Nobody has worked harder or more thoughtfully for high-quality, affordable health care for all Americans. So welcome, Senator. So without further ado, let me introduce the moderator of this session, Susan Dentzer, who is the Chief Health Correspondent for the NewsHour with Jim Lehrer.

SUSAN DENTZER: Thank you very much, Ron, and welcome to you, Senator Clinton. Thank you so much for joining us to talk about critical issues in health care and health financing. I have the pleasure now of introducing my journalistic colleagues who join me in questioning you today. They are Laura Meckler of *The Wall Street Journal*, Julie Rovner of National Public Radio, and Dr. Tim Johnson of ABC News. Now by pre-arrangement with the campaigns of each of the candidates

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participating in our forums, we've given each of you the same first question in advance so that you could prepare a statement, and we followed that same approach with a closing question, as I'll mention in a few moments. For all the other questions we've allotted you two minutes for a response, and an additional one minute for a follow-up. Senator Clinton, you have our opening question, which is this: Do you believe all Americans should have health insurance coverage? And if so, and if you're elected president, how will you move toward this goal?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, I certainly do believe all Americans should have quality, affordable health care. And I want to thank Drew Altman, the CEO and President of the Kaiser Family Foundation; and Ron Pollack, Executive Director of Families USA; and Chip Kahn, the President of the Federation of American Hospitals for giving us a chance to talk about why we believe we should have quality, affordable health care for everyone, and how we would suggest achieving that.

We have a health care crisis in America, 47 million Americans uninsured, many millions more who have insurance except when their doctors say they need something done, the insurance company says, just kidding. We have to act, and it appears as though there's a growing consensus to do that.

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Ethylia [misspelled?] leaders and WalMart executives can appear together demanding that we cover all Americans. If Democratic and Republican governors and legislatures can work together on health care, if doctors, nurses, pharmacists, hospitals, patients, CEOs, small business owners can all agree that it's time for a change, then why can't Washington?

I believe we can respond to this demand for change, and I have proposed the American Health Choices Plan. Here's how it would work. If you have private insurance, nothing changes. You keep that insurance. If you like your doctor you have, you keep him. If you like the hospital where you receive care, you keep going there. But if you don't have health insurance or if you don't like the insurance you have, you can choose from the same wide variety of private plans that members of congress get to choose from. It's a Health Choices menu.

You'll also have access to a public plan like Medicare that will provide a stable, competitive alternative to private insurance. Whatever you choose, you will have the following guarantees: first, you will never be denied coverage because of pre-existing conditions or risk factors. Second, your coverage will be guaranteed. Third, your coverage will be affordable. Fourth, you will always have an option that is fully portable. Now exactly how will this be possible? Well, it's going to take shared responsibility. Everyone has a stake in this

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system, and everyone will have to step forward and do his or her part.

The government will have to do its part, providing tax credits to insure that every American can afford health insurance, and investing in measures to improve health care quality and cut costs. Employers will have to do their part. Large companies will be required to help pay for their employees' health care. We won't require small businesses to cover employees. Instead we'll provide tax credits to insure that many of them can do so.

Private individuals will have to take responsibility for purchasing health insurance in a system where insurance is affordable. And insurance companies and drug companies will have to do their part as well. We're going to change the way insurance companies do business in America. Right now insurance companies spend \$50 billion a year trying to figure out how not to cover people. Well, I'm going to save them a fortune and a whole lot of time, because here's the new policy, no more discrimination, period. My plan is the result of discussions with as many people as possible: doctors, nurses, hospital administrators, employers, unions, but most importantly, American families who have become so frustrated with the system we have.

Now having spent eight years on one end of Pennsylvania Avenue and six-and-a-half years on the other, I know that

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fixing health care will require a lot of political will. It will take a movement for change, a solid national consensus for reform. And I will work to build that movement during my campaign and as president. In the end change is just a word, unless you have the strength and experience to make it happen. And when it comes to health care reform, I believe I have exactly the experience we need to get it done in my first term as president. I know how hard it will be, but times have changed. This is a different plan, this is a different time, and to a great extent this is a different country when it comes to looking at what is happening in health care. All of the problems that we tried to address fifteen years ago are still with us. Some are worse, and we have some new problems as well. So I believe that America is ready for this change. I think we can do it in a way that keeps what is best about our system but changes what doesn't work. It is my highest domestic priority. It is something that I believe is not only the morally-right thing to do, but economically imperative. It's good for our health, it's good for our economy, it's good for our society, and it moves us closer to being the country that we want to be in the 21st century.

SUSAN DENTZER: Thank you, Senator. We'll go to the first question now from Julie Rovner of National Public Radio.

JULIE ROVNER: Thank you, Senator, and thank you for being here.

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SEN. HILLARY RODHAM CLINTON (D-N.Y.): Thank you.

JULIE ROVNER: As I'm sure you've heard today, the House of Representatives failed to override President Bush' veto of the State Children's Health Insurance Program, which leaves Congress back at square one. How do you think the standoff over this reauthorization should be settled? And assuming that it doesn't get settled, and no compromise is ensuing, and you are elected, what would you do about the SCHIP program as president?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, since I was one of the people who helped to create the SCHIP program back in 1997, sounds odd to say back in the last century, I am absolutely committed to seeing it continue. I hope to be able to pass comprehensive health care reform along the lines that I just briefly outlined. But in the interim we have to continue this program, which is a partnership between the federal government and the states. We certainly have to reauthorize what we are already providing.

I'm beginning to hear about states that are facing the very difficult challenge of perhaps taking people off of their SCHIP program because they're not going to get the money they need to continue it. I believe that the bipartisan consensus we had reached in Congress to extend the program is something that should be respected. So I would certainly, between now and the time when I become president work through the Congress

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to try to get as much as we possibly could, given this president's apparent rejection of the whole idea of shared responsibility between the federal government and the states to care for our children. I think this will be a major point of contention in the next election, because it is hard to justify tax cuts for the wealthiest of Americans, having a war that for the first time a president leads our country into but refuses to pay for, no-bid contracts for cronies and not being able to find the money to extend health insurance to the children of middle class and working families. That to me does not add up. It doesn't add morally, it doesn't add up economically, and it doesn't add up politically. So we'll work to see what kind of compromise might be available between this White House and the Congress, but I am absolutely committed to comprehensive health care reform and extending SCHIP as far as we can until we get to where we need to go comprehensively.

JULIE ROVNER: If I could just follow up, do you think it's worth compromising and maybe getting something less than what the Congress has passed, or would prefer to wait until the next administration?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, I don't want to see children suffer. And children are dying because they don't have access to health care. I started out my professional life working for the Children's Defense Fund. They have collected stories from around our country of children

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who are not poor enough to be in Medicaid, whose families don't have employer-sponsored health care, who can't afford to go into the private market and afford the average \$12,000-a-year family policy, whose children get sick, get sicker, and even rarely but nevertheless, it does happen in America, actually die for want of health care. So I want to help as many children as I can as soon as I can. It's just deeply regrettable that we have a president whose priorities are so at variance with what is needed by middle class and working families. So we'll get as much as we can with a White House that doesn't mind spending money on tax cuts for husband and me, but doesn't want to take care of the children of people get up every day and go to work and don't have health care.

SUSAN DENTZER: We'll go to a question now from Laura Meckler of the *Wall Street Journal*.

LAURA MECKLER: Senator, as you know, the Republicans accuse you of pushing socialized medicine then and now. How would you characterize the differences between your approach to health reform and the leading presidential candidates on the Republican side? And if you were to win the White House, how would bridge the substantial gap between your approach to this issue and the Republicans?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, I don't quite know what the candidates on the other side are advocating. We don't really get a lot of information from

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them, we get a lot of attacks on what all of us on the Democratic side are advocating, which is quality, affordable health care for every American. The best I can understand it, it is a set of proposals that would not help the vast majority of Americans, that would lead to greater numbers of uninsured, would not deal with our competitiveness challenge that is due to health care costs. So I'm looking forward to debating whomever they nominate on health care.

And these old tired accusations that they have pulled from a playbook of some years ago I don't think are going to be very successful this time. I'm looking forward to asking the Republican nominee does he consider Medicare socialized medicine and therefore does he want to abolish it. What about the Veteran's Administration? Government-run, is he ready to wipe that out of the budget? This scare tactic, this kind of no-nothingism that unfortunately has marred a sensible debate, takes away from the fact that we are moving toward a bipartisan understanding in the Congress, despite the rhetoric on the other side on the campaign trail.

My colleague Ron Widen and Bob Bennett have come forth with a bipartisan approach. There are a lot of good features in it. We had a huge bipartisan support for the SCHIP expansion. Unfortunately we fell ten votes short in the House, but we had a veto-proof majority in the Senate. So I think that the old playbook that has been brought out every

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presidential election is very much out of date, and I don't believe that substituting rhetorical attacks for understanding the real problems that America faces because we refuse to deal with health care is an answer. And my plan is not government-run, it doesn't create a new bureaucracy, so I welcome the opportunity to debate it.

LAURA MECKLER: Just to follow up on that, going back to part of the original question, as you know a substantial minority in Washington can stop something if they want to. So even if you do take the White House, and even if Democrats do have majorities in Congress, the Republicans are still likely to be a substantial number of people who resist this. So how can you bridge those differences?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, three ways. Number one, we're going to elect more Democrats to the Senate, that's one of my highest priorities. Number two, there are Republicans currently serving in the Senate who are cosponsoring Widen and Bennett, who are very much big advocates of SCHIP. I think that there is a C-change occurring, because the problems are not going away. I mean, we can throw rhetorical attacks at them, they're getting worse. More and more uninsured, and many millions more who are underinsured. The costs keep going up, we're not getting the highest quality return on the money that we invest. The business community is crying for relief. So I think we're going to have a very

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strong coalition that will be able to make the case to the Congress that we have to act.

But thirdly, part of what a president has to do is work with the Congress and do it in a way that gets the Congress engaged from the beginning so that their ideas are listened to. Nobody will come out of this process with a hundred percent of what he or she wants. But I believe we can, through building the coalition and movement that I referenced, electing more democrats to the Senate, come up with a sensible centrist approach to providing quality, affordable health care, and I think that's what my plan does.

SUSAN DENTZER: Dr. Tim Johnson of ABC News has our next question.

TIMOTHY JOHNSON, M.D.: Senators, I've watched both the Republican and Democratic candidate debates. For some reason the 1993 keeps coming up. [Laughter] And as you look back on that experience, what would you say were the two biggest mistakes you made, and how are you trying to correct them in your present proposal? Feel free to talk about more than two if you want.

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Oh, sure. How long do we have, Tim? I think there were a number of problems that we both created for ourselves and that we didn't foresee. Certainly the fact that the White House took on the responsibility of writing the legislation turned out to be a

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mistake. At the time it seemed like something worth doing, but I don't think that it was a smart way of investing the Congress, particularly the Committees of Jurisdiction in this rather daunting task we were taking on together. So that's why I believe presidential leadership on this issue should set a goal and set a framework, but not get into the details. I think that is a mistake, I learned that all those years ago. And I certainly see it now, having served in the Senate. The Congress had a lot of good ideas. They want to be at the table. They want to understand what's going to happen to their particular constituents, or their region of the country, or whatever the particular issue might be.

Secondly, I think that the plan was too complicated. It was unfortunately quite a source of concern for a lot of Americans because they couldn't understand how it would work, and it therefore couldn't withstand the barrage of attacks that came at it. And I take responsibility for that, because it wasn't either designed or presented in as effective a way as it should have been.

We certainly learned a lot about how important choice is to Americans. Now if you talk about what would be the most efficient system, what would save the most money, that may not be what Americans want. And what I'm trying to present with the American Health Choices Plan is a health choices menu. What you may want for your family may not be what I want from

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my family. I've talked to countless CEOs in the last 15 years. Some of them want out of the health care business. They feel a responsibility, ninety-nine percent of large employers do provide some form of health care. They want out. Others want control. They want to make the decisions. And you ask them, well, you make widgets why do you want to make health care decisions? Because they do. So what we want is choices for the payers as well as the customers. And I think that there was a feeling, although I don't believe it was rooted in reality, there was a strong feeling that somehow what we were proposing before would limit those choices, and that is absolutely not the case with what I'm proposing today.

SUSAN DENTZER: And to Julie Rovner of NPR.

JULIE ROVNER: Senator, respecting the idea that you want the Committees of Jurisdiction in Congress to be more vested in this and to spell out the real details, you still haven't given us enough details for an independent analyst to come up with a cost vestment for your plan. Can you give us some more clear idea of how much more in federal outlays you'd be willing to put on the table for this?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, Julie, I actually think I've given more details than anyone else running. I've put forth a list of savings and spendings that add up to about \$110 billion, and about half of that would come from not continuing the high-end tax cuts for the wealthiest of

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Americans, returning to a pre-Bush administration level back in the 1990s, and the other half comes from savings that every expert I have talked to believes we can realize. Obviously I think we can too, or I wouldn't put them on paper and say this is where I'm going to get the money.

Until there is legislative language, which I have no intention of producing, it will be very difficult to get all the I's dotted and the T's crossed. But that's part of the legislative process. I am setting goals for the country. I have four big goals for my presidency. One of them is to rebuild a strong and prosperous middle class, and part of that is a quality, affordable health care system for all Americans. But I know how important it is to work out a lot of these details in consultation with the Congress. There are lots of questions that can be asked about how best to implement my framework for health care affordability and quality. A lot of people in the Congress have experience and strong opinions, a lot of people on the outside do as well. That's why it's been very gratifying to bring in so many of the experts who have been laboring in the vineyards of quality, affordable health care for decades.

But ultimately it will come down to the hard work of hammering out what exactly will be done, and where we can expect to have the savings, and get those realized. But I feel very confident and optimistic about this, because I think the

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time has come. In politics like in life, sometimes the timing is everything. And fifteen years ago I think a lot of people thought all that Bill and I were trying to do was to help the uninsured. We talked about that a lot because it was a real moral imperative, we felt, for us and for our country. But we also believed we would help everyone else, but we never quite made that case effectively. And so many people who started off embracing what we had proposed began to say, "Well, wait a minute. I'm hearing all these stories, I'm hearing TV ads, I'm seeing all of this, maybe it will take something away from me rather than adding to my choices and giving me more quality for less money."

And I think that as time has gone by the last fifteen years, a lot of people thought all the things that would have happened had we passed our health care plan actually have happened, and we didn't pass it. We've had a restriction on choice, we've had increasing uninsured, we've had many more uninsured who are getting sicker and sicker, clogging up the emergency rooms which then prevents us from dealing with true emergencies. We've got people with insurance who see the premiums going up eighty-seven percent in the last six years. We've got businesses who tried everything they could imagine to control costs. I've been struck by this. A CEO will say to me, "Well, I think I can do a better job controlling cost." And then three years later come back and say, "We've tried

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everything we can and we're still not on top of it." So there's a lot more real-world experience about why we need to make this change.

SUSAN DENTZER: Laura Meckler of the *Wall Street Journal*.

LAURA MECKLER: Many experts believe that both Social Security and Medicare are headed for a fiscal train wreck as baby boomers retire and as expenditures arise. How are you going to pay for these programs which are projected to be in long-term deficit while you're also spending \$110 billion a year to implement your health reform?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, I have made a cornerstone of my campaign fiscal responsibility. Everything I proposed I have said how I would pay for it, because I do think that it's a real loss for our nation that six-and-a-half years ago we had a balanced budget and a surplus which gave us the resources to tackle a lot of these long-term problems, and that's been squandered. And therefore we're going to have to move toward fiscal responsibility while moving on a lot of other fronts all at the same time.

Now with respect to Social Security, we have a longer-term challenge which we have to address. It is not a crisis, and I keep saying that because we heard all the rhetoric around the president's plan to privatize Social Security, which was, I think, a lot of scare tactics and talk to really push people

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into doing something that was not in their best interest, and thankfully we prevented that from happening. So we do have a long-term challenge. One thing is to get back toward fiscal responsibility so we're not taking money from the Social Security trust fund to fund the war in Iraq, to fund the upper-end tax cuts and a lot of other operating expenses. But more to the point, we're going to have to get back to what worked before, which was a bipartisan commission where people hold hands and jump together, and I would certainly pursue that.

The Medicare Trust Fund is in a much more serious critical position. If Social Security is an out-patient clinic, Medicare is in the ICU. I don't think you can address Medicare's problems without putting it into the context of overall health care reform. I have advocated electronic medical records, and I am among the leaders of that in the Senate. I started working with former Senator Bill Frist to make that happen, and we're still pushing that rock up the hill.

I believe we've got to do better chronic care management. That's especially important for the Medicare population. So I think you've got to take Medicare in context of all of these health care changes. I certainly believe we should give Medicare the power to negotiate for drug prices. We are finally learning about the incredible inefficiencies and exorbitant costs inside Medicare Part D that I believe have to

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be addressed. We've got a lot of experimentation going on in CMS, and I give the Bush administration some credit for looking to see how we could change behaviors within the health care system that would result in better quality and lower cost. But I think that can only successfully be done within the contest of overall health care reform.

SUSAN DENTZER: Senator, your plan envisions purchasing pools modeled after the Federal Employees Health Care System, which would allow people to pick either a private health plan or a public plan which you've said would be modeled after Medicare. But a lot of your critics say including a public plan in that approach is really single pair through the back door, that it would create a new federal bureaucracy, it would saddle tax payers with huge new costs, and probably produce overwhelming pressure to clamp down on health care prices. How do you respond to that?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, that's a either misunderstanding or misrepresentation of what I've proposed. The Federal Employee Health Benefit Plan currently has more than 250 private options. And the cost on average is about twenty-five to thirty percent less than what you can get through your employer or through the private marketplace. So I think that approach of having this broad array of private plans really does offer the competition, once we change the way

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insurance do business, that they have to begin competing on cost and quality.

I've included the public plan option because of Americans want it. I believe in choice and competition. Let's see what happens. It will not create a new bureaucracy, it will not create the kind of government-run system unless you think Medicare is government-run. In Medicare you choose your doctor, you choose your hospital, you have tremendous choices. We're going to offer for non-Medicare eligible Americans a comparable plan.

Now a lot of people will still choose, in fact probably the majority, a private plan, because if the private plans are competitive and smart they'll offer a lot of new features. Because once they don't have to spend \$50 billion a year trying to figure out how to avoid covering people, maybe they will employ more nurses to call and check on whether you have taken your blood sugar today, whether you've gone for your walk if you're a cardiac patient. They'll actually be looking to create medical homes and coordinators for chronic care patients.

And the public plan will do the same thing, but it will be more of a pass-through, because there won't be the overhead, and the administrative costs, and the profit. But what are we afraid of? Let's see where the competition leads us. And for all those people who believe that the private system is by far

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the best, they're going to have more than 250 options to choose from. And for those people who like the fact that Medicare, which insures private choice, only has a three-percent administrative cost, they'll get to make that choice. And I think we should be willing to learn.

There's been way too much emphasis in ideology in the last six-and-a-half years. I want to get back to evidence-based decision making. What is the evidence, what are the results, what kind of decisions then flow from that. And so I believe including a public plan option gives Americans the choice, and then we'll learn more as we go forward.

SUSAN DENTZER: And to Tim Johnson.

TIMOTHY JOHNSON, M.D.: A few weeks ago the *New York Times* in a major Sunday editorial accused all the candidates of avoiding the tough issue of cost control, spiraling cost of health care. And most experts would say that no industrialized country is going to be able to do everything for everyone at every age that modern medical science can dream up, that we're going to have to make some hard decisions, maybe even use the word "rational." How would you go about making those hard decisions and getting the American public to accept them?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Tim, I just respectfully disagree with the point that was made. We spend fifty percent more than our next highest spending country, Switzerland. We don't cover everybody. According to

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international surveys, we don't always get the best results. I just find it impossible to believe that for two plus trillion dollars we can't do a better job, get everybody into the system and begin to get costs down to the changes that I am recommending, modernizing the system for example.

Let's take product care management and prevention. Insurance companies will tell you that they don't invest in prevention because somebody who's their customer this year may not be their customer next year. So if you have a diabetic, why should you pay for nutritional counseling or for a visit to the podiatrist or to have the eyes checked if that person's not going to be their next year on your list and therefore, you don't get the benefit of what you've invested. But if that person is your insured at the time he or she has to have their foot amputated, you're stuck with the cost.

Nobody wants to jump in the water alone because that's a competitive disadvantage. By changing the way insurance does business and in effect offering a different business model, prevention will be part of that. And I think that over the medium term, we can realize savings the way other countries do.

When you have everybody into the system and if you look at patient and customer surveys in a lot of these countries, there's a very high level of satisfaction despite some of the rhetoric on the other side. And what is it that they are doing? Well, they are getting people into the system, they are

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giving access at earlier stages, they are trying to provide for prevention and I think we should try to do the same thing.

On chronic care management, I think the statistic is somewhere around 10-plus or minus percent of Americans consume 75-percent of our healthcare costs. And a lot of that is disorganized, disjointed care. If you have multiple, chronic conditions, you'll go to multiple doctors. There isn't going to be a coordinator of that. We're going to be putting incentives in so that those coordinators will actually be part of the delivery of healthcare.

I also am not persuaded by the idea that we should start talking about severe cost controls when right now we don't even have access to primary care for every American. What does that mean in a system where we're not covering everybody? So there are many steps that people believe would make a difference. And some of the experiments that are being done by employers who are self insured, for example, illustrates that you can change behaviors, which is a big part of our cost problem. If we had the same obesity levels today that we had in the 1980's, Medicare would be projected to spend \$1 trillion less over the next ten years.

So we've got behavioral issues that are dramatically driving up healthcare costs. And I think we've got to try different approaches as to how we're going to deal with that and I don't think telling people in the front end, you're not

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going to get this treatment instead of saying here's the incentive for you doing more to take care of yourself because that will lower your costs and everybody else's cost, I think that's a better way to start.

SUSAN DENTZER: And to Julie Rovner.

JULIE ROVNER: Senator, you're the first candidate on the democratic side to propose a limit on the federal tax exclusion of health insurance premiums, this would clearly, as you know, be a very controversial step even though you've structured your policy very differently from the other proposals, including the one offered by President Bush earlier this year.

Other than the need to raise a relatively small amount of revenue to finance your plan, why do you think it's important to limit this tax exclusion?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, I think as a matter of fundamental fairness it's important to say to people making over \$250,000 a year that they are perfectly free to buy anything they want in the healthcare market, but they cannot expect the rest of us to pay for it. And therefore, we're going to limit what they get a tax deduction for with respect to the benefits that they have purchased.

It is a great concern to me that we seem to be moving to greater and greater inequity in our society. I am all for people doing well and I was thrilled that in the 1990's we had

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not only 22 million new jobs and more people lifted out of poverty, but millions of people who became millionaires, multi-millionaires and billionaires.

But we are now at a point where we have the most economically unequal society that we've had since 1929. And I think we've got to begin to get back into balance. As I travel around the country, I cannot tell you strongly enough how many Americans feel like they are invisible to their government. They don't have health insurance, doesn't seem like anybody cares. They don't have affordable child care, they can't afford to put gas in their tank to drive to work, doesn't seem like anybody is even noticing. They feel invisible.

I don't think that's good for our country. And yes there is some money associated with it, a billion here, a billion there pretty soon you got real money and we'll make some money off of limiting that tax benefit. And that money can go into helping us move more toward chronic care management and prevention and all the rest of it.

But I think it's important that our government stand up for people who are feeling increasingly like they are left out of their own country. And I've said that the Bush Economy is like standing on a trap door for a lot of people, they're one medical diagnosis or pink slip or missed mortgage payment away from dropping through. And I do think there's a lot to be gained to begin to say, wait a minute, we hear you, we see you,

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we're going to try to move back into a better balance because that's the way our country works best.

SUSAN DENTZER: And Laura Meckler.

LAURA MECKLER: There's a lot of talk about the US healthcare system, but there really isn't one national system, but a bunch of independent providers providing varying quality of care, varying cost of care. So how would you as president move us more towards a real system of healthcare?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, that's one of the reasons why I've been such an advocate of electronic medical records. I think it's very hard to think about having a system when you don't have any way for people to move from place to place, job to job. We saw tremendous gains in the veteran's administration healthcare system when they implemented during the 1990's the electronic medical records. And I followed this very closely. The beginning of my husband's administration, the VA did not have good reports about the quality of healthcare and veterans were leaving it because they felt like they weren't getting taken care of.

The so-called VISTA system, which created electronic medical records so if you are a veteran who lives in New York, but you go down to Florida to see your children a couple of months in the winter, your records are there. It enabled the VA to begin to do much more in tracking and treating chronic conditions.

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And now there are reports coming out of independent evaluations that say that for example, the VA treatment of diabetes is better than you'll find in a lot of the fragmented private systems. So electronic medical records: private, confidentiality assured, interoperable so you don't have one hospital with one system and another hospital with another that can't talk to each other, I think is key to doing what we need to do to begin to knit together a system.

Secondly, a lot of the changes that we have to do, some of which as I said have been at least put on the table by the Bush Administration. I applauded them when they said we're not going to pay for events that never should have happened. Somebody in a hospital who gets sick because they have infected bedsores because they haven't been turned, we're not going to pay for that. Somebody who has an operation and they make a mistake and they have to go back in, we're not going to pay for that either.

I think that kind of connection between pay and performance quality and results makes sense. It's hard to do, there's a lot of controversy about the best way to carry it out, but we have to experiment. You need to run some demonstration projects. This latest story about the super bug and the spread of hospital born diseases should be a wakeup call for everybody.

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A couple of hospitals that I'm aware of have changed their infection control policies. They have run trainings for their staff, they have cut the rate of hospital born infections, everybody should be expected to do that. So, when you look at some of the disparities and the disorganization it's because we don't have a good system to disseminate evidence based clinically proven treatments.

It takes 17 years for something that is proven in the lab to be broadly disseminated. It should take 17 hours, 17 seconds with the internet. Why are we so far behind? There are so many inefficiencies in our system that I believe can be addressed while we move toward quality affordable healthcare that will give us the resources to produce better results and that's what I want to do.

SUSAN DENTZER: Tim Johnson.

TIMOTHY JOHNSON: I believe you have said that the 12 million undocumented immigrants in this country would not be included in your plans for universal coverage, assuming we can't kick them all out, assuming they will get sick, assuming we're not going to let them die in the street; what are we going to do with them?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well, I believe that we have to continue to provide emergency care, infection control care, some acute medical services. A lot of states do that now and I think that will continue. But as a general

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rule, people who are here illegally will not be eligible for the American Health Choices Plan.

Legal immigrants, if they are children or pregnant women will be, because again, I think that people who are here legally deserve some better treatment and acceptance in the law than people who are not here legally.

TIMOTHY JOHNSON: But don't we all lose morally and health wise if we don't take care of these people effectively?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well I think we do take care of emergencies -

TIMOTHY JOHNSON: Emergency rooms?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): We do take care of emergencies, we do take care of a health safety net that is often there for people without the means to pay.

TIMOTHY JOHNSON: But prevention, early intervention?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well Tim, these are hard choices. Right now, we have to focus on trying to expand our healthcare system to cover Americans who are here as citizens or legally in our country. And again, I think we have to - I believe in comprehensive immigration reform. So, I believe we have to have a solution to the 12 million undocumented people. And that would be for me, to include a path to earned legalization over time. And that would obviously trigger a different status. But I don't think you

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can deal with the immigration problem we face through our healthcare system.

SUSAN DENTZER: Senator, we have literally dozens of questions that came in for you over the Kaiser Family Foundation Web site, we're not going to ask anywhere near all of them today, but we do have a couple and Laura Meckler has the first of these.

LAURA MECKLER: These questions are about personal responsibility for ones own health. So the first one comes from Michelle Sandberg [misspelled?] of Post Falls, Idaho and she writes, please describe what you feel is the average American's responsibility to manage, financially contribute to and to be accountable for their own health and healthcare?

And along similar lines, Justin Skinner [misspelled?], how much personal responsibility do you think citizens should have when it comes to personal health? Would you support higher premiums for smokers, obesity, et cetera?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well I believe in shared responsibility, which is what my plan is premised on that everybody has to take responsibility. And I don't think you can go where we need to in having a comprehensive healthcare plan without people taking individual responsibility and I believe strongly in that. That's how I was raised, that's how I think America works best.

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The system has to help incentivize that because it's not only healthcare and the access or lack of it that has contributed to a lot of the changes in the health status of Americans. And we've got to look at this across our society. So I believe strongly that individuals have to contribute, if they have the means they have to be insured, if they have a declining income they have to make a contribution, but we're going to provide healthcare tax credits to make sure that they can afford to be insured.

I would be open to ideas about how to incentivize positive behaviors because it's not only what I worry about in terms of the costs and healthcare, within a generation we have dramatically changed the way we are raising children. We've taken physical education out of a lot of our schools. Children spend a lot more time in front of a screen, whether it's an internet or TV than they did 30 or 40 years ago. They don't move as much. Parents are afraid to let them walk to school or ride a bike to school. Fast food is everywhere. Even, I'm old enough to remember that the first McDonald's was near where I was growing up and it was like going out to dinner. People now eat all day long, we had three meals a day. People walk down the street, they eat in the cars, they eat everywhere.

So, at some point it's not only about healthcare, it's about the whole concept of how we get back to responsible decision making and that's a two-way street. When I was in

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school, we used to have these President's Physical Fitness Awards. We were all rounded up and taken to the gym where we had to jump and run and I was horrible at it. [Laughter] They kept telling me to run, I said I am running. [Laughter] But it was a very strong message to children that the president cares about your healthcare.

I mean I personally believed that President Eisenhower, President Kennedy were sitting in the White House signing my certificate. [Laughter] That sent a strong message. It is not only about money for healthcare and individual responsibility, it is our whole country again accepting the fact we are getting less and less healthy.

LAURA MECKLER: So given what you've just said, how do you, in our society, is a McDonald's society and a lethargic society so how - I don't really - haven't heard any specific proposals from you of how you're going to change that. I mean, what is it that you're going to do to get people moving and -

SEN. HILLARY RODHAM CLINTON (D-N.Y.): We're going to try all different kinds of things Laura. I've been very interested in the proposals that have come out of Safeway's experiments. Safeway has taken about 30,000 of their employees and they said we're going to pay for prevention, you're going to get financial rewards for getting that mammogram and that PSA and that colonoscopy and they're seeing some promising returns. It's too early to tell, but let's look at what

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different employers, insurance companies, schools, other places are doing and get the best ideas.

I don't have any special wisdom about how to change behavior, I mean, I work on that myself all the time. I mean, it's hard and I just know that we've got to do it. There's three ways you can end up getting sick; if you're genetically predisposed, there are environmental factors, which I think we've not spent nearly enough time talking about. There are many environmental correlations and I would argue causations that contribute to health problems and then behavior and lifestyle.

I think if the president starts talking about it again, if there are awards in school, I stopped in New Hampshire the other day at a little program that runs kind of a kids gym program and there were these four through eight year olds and they were jumping and they were running, well they're taking to a special place that gives them this experience. We used to go out in the backyard, we'd get on our bikes and be told be home in time for dinner. We've got to rethink how we organize our lives.

In the town Bill and I live in, there are no sidewalks, so there's now a movement by young mothers to try to build some sidewalks so that kids can safely get to school. This is not just about one or two things in a healthcare plan, this has to be a subject of conversation at dinner tables, around offices

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and everywhere else. So I am open to all kinds of ideas and I think we can use some carrots and maybe a few sticks to begin to help people understand what they are doing to themselves and how important it is at least for their children.

The other thing that I've been focused on in New York, it is very hard for low income people to buy healthy food. Go in to the places where food is bought, the produce, the fruits are often not very attractive looking and very expensive. If you have kids, you want to fill them up they're hungry. So you buy all that processed stuff and they eat it. And we've got to do a better job of really having a conversation in the country about these choices and then looking for specific actions we can take that will begin to change institutional behavior and individual behavior.

SUSAN DENTZER: And to Julie Rovner.

JULIE ROVNER: I want to ask you a question about health disparities, but not the usual question. There's a growing body of research, I'm sure you've probably seen some of it that even people on Medicare who have health insurance coverage get very different types of care based on their racial or ethnic background. What would you do to narrow these disparities which simply providing health coverage to more people wouldn't necessarily address?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Absolutely right Julie. I gave three speeches about healthcare. I started off

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with a speech about how we could lower costs and looking at a lot of the evidence we have about how to do that. Then I gave a speech about how to improve quality focusing in on a lot of the data we have, some of it that's been implemented, a lot of which is being ignored and then finally how I would cover everybody.

So, your question is really important to me and I specifically addressed it because there are so many disparities. There are racial, ethnic, linguistic, gender based disparities and geographic based disparities. Again, I will get back to having a better base of information that can be used to help decision makers make those decisions that will enhance quality and narrow those disparities.

A couple of quick examples, we know that if you hold constant for income and you have high income African Americans with good insurance, they still don't get the same care at an earlier stage that their white counterparts will get. For years, we've known that women haven't gotten the same care when it came to cardiac problems because doctors were taught that women didn't exhibit cardiac problems any differently than men. We now know that's totally wrong.

So it is both an increase in awareness, sensitivity and I'm on bills in the senate to try to address this, but it's also again, looking at the data, trying to figure out why is it that certain groups of people are not given the care they need.

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The biggest disparity of course is between the poor and everybody else, but it is not exclusively that. And I think a lot of people don't realize that, that we can have these disparities even though people are affluent, but within a group that still doesn't get the care they should.

I'm also concerned about the geographic disparities. You can present with some symptoms in one part of the country, you'll get one treatment, you present in another you'll get a different treatment. There's a lot of data that's been collected that should drive a lot of these decisions and we're slowly beginning to implement it. If you don't give the aspirin when you get to the emergency room, if you don't make sure that somebody's got the vaccine against pneumonia, those should be moments when a hospital or a physician is held accountable. How best do we implement that so that we raise the awareness and the standards of care?

I believe in evidence based medicine. We are a long way from being able to do it. I have proposed the creation of a public private best practices institute that would be tasked with disseminating a lot of this information. The work that's been done for years up at Dartmouth Hitchcock is really informative, but it's not broadly disseminated and there's no real push to get it implemented.

So we just have to keep moving on both tracks. Let's get more and more information, let's implement what we have,

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but let's pay particular attention to these disparities because they really are inexcusable at the point that we find ourselves today.

SUSAN DENTZER: And to Tim Johnson.

TIMOTHY JOHNSON: You mentioned primary care earlier; I think there's a current crisis in primary care. Do you know that in the City of Boston, the Mass. General Hospital Primary Care Practice has been closed for six months? Can't get in. So what are you going to do to incentivize more people going in to primary care; pay them better, give them better working conditions?

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well Tim, I was up in Boston last week and I have a young friend who's just started her internship there and she was telling me that nobody wants to go into primary care, the hours are long, the pay is low, the status is lower, people don't hold primary care within the profession and on the outside in the same esteem that they hold the specialists.

So I think we've got to do several things. I would be very much in favor of loan forgiveness programs for people who go into areas of shortage and primary care is certainly at the top of that list. I think if we move toward more management of care, primary care physicians will play a greater role in coordinating among specialists, not in a gatekeeper way, but frankly in a preventive and mitigating way. Somebody's got to

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know what all the different medicines are that different specialists are prescribing that could be contraindicated.

I think that when it comes to primary care, again, we can use the bully pulpit to some extent because if we said, your country needs primary care doctors and we're going to give you some special help in getting through medical school so that it's not such a financial sacrifice, I think that would be a good recruitment tool.

We have to look at how we define practice roles though, not only for different kinds of physicians, but also for nurses and others. I am intrigued by the fact that a lot of states are permitting pharmacists to give vaccines, the flu vaccine but also the shingles vaccine and other vaccines because it's not any longer economically sufficient for most doctors to afford to store all the vaccines, to have the appointment, to give the shot so pharmacists are being trained to do that.

Well, what other functions can we in a sense delegate out given appropriate oversight and training. I think nurses have a great opportunity to do much more than they're doing because if we're not going to be able to quickly increase the number of primary care physicians, we need more advanced practice nurses and they've got to be given the authority to make some of these decisions because otherwise people will go without care. You close a primary care department of one of

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the great hospitals in the world, where are people supposed to go?

So we have to look at this from many different perspectives and I believe we need a real conversation among the specialties, between doctors, nurses and others to try to figure out how we sort this out better.

SUSAN DENTZER: Senator, as I said earlier we gave each candidate our final question and as you know it is this; if you're elected president, where will healthcare stand on your list of priorities? Please be as specific as possible in telling us how and when you'd perceive with health reforms once taking office, including what you'd do in a transition period and what you'd do in the first six months of your term.

SEN. HILLARY RODHAM CLINTON (D-N.Y.): Well it is my highest domestic priority and I intend to do everything I can during the campaign to build support for the kind of reform that I'm advocating. And of course that includes assuming I'm fortunate enough to be the nominee, conversations with many of the decision makers, both inside the government and outside. We've included many people in the discussion that lead up to the presentation of the plan that I've made and I think we have to begin to try to build support for doing what needs to be done.

I intend to try to have some kind of a consensus by the time I take office that we have to address this, to task people

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within the administration to begin working with congress to start hammering out the details and to put together the political support that we need to withstand the naysayers, people driven by ideology or partisan ship or even commercial interests.

We cannot let the financing of healthcare be the dog's tail that wags the dog in a way that results in all kinds of damage. And the insurance industry has to change the way it does business. And one of the points that I want to make is that as we learn more and more about the human genome and what we are all genetically susceptible to, it's going to become abundantly clear we are all uninsurable for something. So how long do we wait until fewer and fewer people get insurance or the cost is so much higher in order to cover the preexisting condition that they have.

So there's a lot that I think is moving into alignment with this. I have no illusions about how hard it is, but I think the country is ready for this. I believe that we can get the consensus and I look forward both during the campaign, the transition and then into the administration in building that political will because ultimately this is for me a moral question and an economic one.

Do we want to continue to be so unequal and unfair that if you are uninsured and you go into the hospital with someone who is insured you are more likely to die? Do we want to have

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people who have paid for their insurance, paid for their premiums and then when they really need it, told by their insurance companies they're not going to pay for it or spend countless days fighting the insurance company joined by their doctors, joined by the hospitals totally unproductive cost for the American economy.

And ultimately we have to make a decision. We can continue with the dysfunctional, expensive, unequal system that lacks quality or we can begin to say, look, we are a smart country and we can figure this out. And I'm betting that's what we'll do.

SUSAN DENTZER: Thank you very much Senator Clinton and thanks also to my colleagues, Laura Meckler of the *Wall Street Journal*, Julie Rovner of *National Public Radio*, and Dr. Tim Johnson of *ABC News*.

This concludes our Presidential Forum on Healthcare with Senator Hillary Clinton, Democratic Candidate for President. We'll be back here again with the next Kaiser Family Foundation Forum in Washington, D.C. our next Presidential Health Forum. And for that schedule, please consult www.health08.org. I'm Susan Dentzer, thank you and good day.

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