

The New York Times

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From a transcript of Senator Hillary Rodham Clinton's interview with Kevin Sack of The New York Times about health care.

Q: Let's talk for a minute about the formulation of your plan. I'm interested in how seriously you considered proposing a single payer system and at what point in that discussion did you decide to propose an individual mandate?

MRS. CLINTON: You know, I have thought about this, as you might guess, for 15 years and I never seriously considered a single payer system. Obviously, I listened to arguments about its advantages and disadvantages, and many people who I have a great deal of respect for certainly think that it is the only way to go. But I said, as you quoted me, that we had to do what would appeal to and actually coincide with what the body politic will and political coalition building was. So I think if you look at most public opinion surveys, even from groups of people who you would think would be pretty positive towards single payer, Americans have a very skeptical attitude. They don't really know that Medicare is a single payer system. They don't really think about that. They think about these foreign countries that they hear all these stories about, whether they're true or not, which they're often not. And so talking about single payer really is a conversation ender for most Americans, because then they become very nervous about socialized medicine and all the rest of this. So I never really seriously considered it.

Q: Last question. You talked earlier in the interview about how your plan maintains the private insurance system. But in October, at the forum of the Kaiser Family Foundation, you were asked whether your plan to make government insurance, a Medicare-type plan, available to all was a backdoor route to a single payer system, and you said, "What are we afraid of? Let's see where the competition leads us." So is it okay with you if the market ultimately dictates that the U.S. system sort of morphs into a single-payer system? And if so, doesn't that arm the Republicans with exactly what you were talking about, this claim that it's socialized medicine?

MRS. CLINTON: No, because I think what we would be offering would be a Medicare-like system, which is something people are familiar with, and you know whether we would call it Medicare 2.0 or whatever we would call it. And we'd see whether people want that or not. And where it morphs to, I think this whole system will morph. I mean, look at where Medicare started and where it is today. In large measure, some of the problems we have are because of the way it evolved. But I think from my perspective, having this Medicare-like alternative really does answer the desires of people. And there's a significant minority who want quote a single-payer system. It at least gives them the feeling it's not for profit, they're not paying somebody a billion dollars for raising their premiums 200 percent and all the rest of the problems that we face with the for-profit system. You get the costs of overhead and administration down as much as possible. I believe in choice. Let Americans choose and what better way to determine that than letting the market have some competition and you know see where it does lead to.

Q: And if the choice is a single-payer system, that's fine by you?

MRS. CLINTON: You know, I think that would be highly unlikely. I think that, you know, there's too many bells and whistles that Americans want that would not be available in kind of a bare-bones Medicare-like system but I think it's important to have that competition.

<http://www.nytimes.com/2008/03/27/us/politics/27text-health.html>

****Comment by Don McCanne, MD, Physicians for a National Health Program:

Competition between a bare-bones Medicare-like plan versus private bells-and-whistles insurance? What kind of framing is that!?

In her proposal, is she really advocating for a public Medicare-like option that provides only bare-bones coverage? That's certainly not the model that single payer advocates propose.

Is she suggesting that the private insurance industry will be able to provide us with an insurance product that includes all of the bells and whistles at a premium that is affordable? If such a plan were to be offered it would have a very small market limited to only the wealthiest of us. Insurers typically shun small markets.

It's not like she doesn't understand the numbers. Let's look at what else she said in this interview:

MRS. CLINTON: The average family policy cost in America today is \$12,000. That is, you know, considerably, you know, that's like 25 percent of the median income in the country, right? So people are paying a lot of money. Now, employers defray a lot of that cost but it comes out of wages so you've got this unfortunate situation where we've had flat wages, declining incomes, rising health care costs, so even though your share of that \$12,000 family policy might be say 50 percent, or whatever it would be, you're doubly paying for it because you're also paying for it in lost wages.

Q: You've also said you would cap premiums. But you haven't said where you would cap them.

MRS. CLINTON: You know, I think we could do it somewhere between five and 10 percent of income.

**** Comment by Don McCanne, MD, Physicians for a National Health Program:

Or maybe she doesn't understand the numbers. If she does, she has implied that most of the premium will have to be paid through the tax system.

If we're going to use the tax system anyway, then why waste resources on our fragmented, multi-payer system that falls far short on most of our goals for reform? That would be a terrible misuse of public funds.

What health care financing system would be a better use of public funds? A single payer national health program is specifically designed to provide comprehensive health care for absolutely everyone at a cost that is affordable for each individual, and with an efficiency that would be much more appropriate for a publicly-funded program. That's where we need to go.
