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Barack Obama

Address on the Affordable Care Act's Impact in California and Q&A on the U.S. Government's Domestic Surveillance Programs

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AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio

Well, good morning, everybody. It is wonderful to see all of you, and I want to thank everybody who is here. I think there's only one problem, and that is that my remarks are not sitting here.

People! Things...by Friday afternoon, things get a little challenged.

Question: Will you answer a question in the --

President Obama: I'm going to have a -- I'm going to answer a question at the end of the remarks, but I want to make sure that we get the remarks out. People! Oh, goodness. Oh, somebody is tripping. Folks are sweating back there right now.

Well, good morning everybody. This afternoon, I'm going to be in Southern California to meet with President Xi of China. But before I leave Northern California, I wanted to take a minute to address something that's happening with the Affordable Care Act in this state, and I wanted to meet with a group of people who are doing some very important work on behalf of California's middle-class families.

These leaders from California's government, the California Endowment, and major Spanish language media outlets have joined together to help implement the Affordable Care Act here in California and to educate folks about how to sign up and shop for quality, affordable plans.



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And their efforts have already shown some excellent results in the biggest insurance market in the country.

There are two main things that Americans need to know when it comes to the Affordable Care Act and what it means for you.

First of all, if you're one of the nearly 85 percent of Americans who already have insurance, either through Medicare or Medicaid or your employer, you don't have to do a thing. You've just got a wide array of new benefits, better protections and stronger cost controls that you didn't have before, and that will, over time, improve the quality of the insurance that you've got; benefits like free preventive care -- checkups, flu shots, mammograms and contraception.

You are now going to be able to get those things through your insurance where they previously were not -- didn't have to be provided. Protections like allowing people up to the age of 26 to stay on their parent's health care plans, which has already helped 6 million Americans, including [1 million] young Latino Americans.

Cost controls like requiring insurance companies to spend at least 80 percent of the money that you pay in premiums in your actual health care costs, as opposed to administrative costs or CEO pay -- not overhead, but that money has to be spent on you. And if they don't meet that target, they actually have to reimburse you. So in California, we're already getting reports that insurers are giving rebates to consumers and small business owners to the tune of \$45 million this year. So already we're seeing millions of dollars of rebates sent back to consumers by insurance companies as a consequence of this law.

All of that is happening because of the Affordable Care Act. All of this is in place right now, already, for 85 percent of Americans who have health insurance. By the way, all of this is what the Republican Party has now voted 37 times to repeal, at least in the House of Representatives. And my suggestion to them has been, let's stop refighting the old battles and start working with people like the leaders who are on stage here today to make this law work the way it's supposed to.

We're focused on moving forward and making sure that this law works for middle-class families. And that brings me to the second thing that people need to know about the Affordable Care Act.

If you're one of nearly 6 million Californians or tens of millions of Americans who don't currently have health insurance, you'll soon be able to buy quality, affordable care just like everybody else.



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And here's how. States like California are setting up new, online marketplaces where, beginning on October 1st of this year, you can comparison shop an array of private health insurance plans side-by-side, just like you were going online to compare cars or airline tickets. And that means insurance companies will actually have to compete with each other for your business. And that means new choices.

See, right now, most states don't have a lot of competition. In nearly every state, more than half of all consumers are covered by only two insurers. So there's no incentive to provide you a lot of choices or to keep costs down. The Affordable Care Act changes that.

Beginning next year, once these marketplaces are open, most states will offer new private insurance choices that don't exist today. And based on early reports, about 9 in 10 Americans expected to enroll in these marketplaces live in states where they'll be able to choose between five or more different insurers. So for example, here in California, 33 insurers applied to join the marketplace. Covered California then selected 13 based on access, quality, and affordability, four of which are brand new to your individual market.

So what's happening is through the Affordable Care Act, we're creating these marketplaces with more competition, more choice, and so the question is, what happens to cost?

Now, a lot of the opponents of the Affordable Care Act, they had all kinds of sky-is-falling, doom-and-gloom predictions that not only would the law fail, but what we'd also see is costs would skyrocket for everybody. Well, it turns out we're actually seeing that in the states that have committed themselves to implementing this law correctly, we're seeing some good news. Competition and choice are pushing down costs in the individual market just like the law was designed to do.

The 13 insurance companies that were chosen by Covered California have unveiled premiums that were lower than anybody expected. And those who can't afford to buy private insurance will get help reducing their out-of-pocket premiums even further with the largest health care tax cut for working families and small businesses in our history. So about 2.6 million Californians -- nearly half of whom are Latinos -- will qualify for tax credits that will, in some cases, lower their premiums a significant amount.

Now, none of this is a surprise. This is the way that the law was designed to work. But since everybody has been saying how it's not going to happen, I think it's important for us to recognize and acknowledge this is working the way it's supposed to. We've seen similar good news, by the way, not just here in California but in Oregon and Washington. In states that are working hard to implement this law properly, we're seeing it work for people -- for middle-class families, for consumers.



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Now, that's not to say that everything is going to go perfectly right away. When you're implementing a program this large, there will be some glitches. There are going to be some hiccups. But no matter what, every single consumer will be covered by the new benefits and protections under this law permanently.

So the bottom line is you can listen to a bunch of political talk out there -- negative ads and fear mongering geared towards the next election -- or alternatively you can actually look at what's happening in states like California right now. And the fact of the matter is through these exchanges, not only are the 85 percent of people who already have health insurance getting better protections, and receiving rebates, and being able to keep their kids on their health insurance until they're 26, and getting free preventive care, but if you don't have health insurance and you're trying to get it through the individual market and it's too expensive or it's too restricted, you now have these marketplaces where they're going to offer you a better deal because of choice and competition.

And if even at those lower rates and better insurance that you're getting through these marketplaces you still can't afford it, you're going to be getting tax cuts and tax credits through the Affordable Care Act that will help you afford it. And that's how we're going to make sure that millions of people who don't currently have health insurance or are getting a really bad deal on their health insurance are finally going to get it.

But -- and here's my final point -- to take advantage of these marketplaces, folks are going to need to sign up. So you can find out how to sign up at HealthCare.gov, or here in California you can sign up at CoveredCA.com. Because quality care is not something that should be a privilege, it should be a right. In the greatest country on Earth, we've got to make sure that every single person that needs health care can get it. And we've got to make sure that we do it in the most efficient way possible.

One last point I'm going to make on this, because there are a lot of people who currently get health insurance through their employers -- the 85 percent who are already out there -- and they may be saying, well, if this law is so great, why is it that my premium still went up? Well, part of what's happening across the country is in some cases, for example, employers may be shifting more costs through higher premiums or higher deductibles or higher copays, and so there may still be folks who are out there feeling increased costs not because of the Affordable Care Act but because those costs are being passed on to workers or insurance companies, in some cases. Even with these laws in place, they're still jacking up prices unnecessarily.

So this doesn't solve the whole problem, but it moves us in the right direction. It's also the reason why we have to keep on implementing changes in how our health care system works to continually drive better efficiency, higher quality, lower cost. We're starting to do that. Health care cost inflation has gone up at the lowest rate over the last three years that we've seen in many, many years.



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So we're making progress in actually reducing overall health care costs while improving quality, but we're going to have to continue to push on that front as well. That's also part of what we're doing in the Affordable Care Act.

But the main message I want for Californians and people all across the country -- starting on October 1st, if you're in the individual market, you can get a better deal. If you're a small business that's providing health insurance to your employees, you can get a better deal through these exchanges. You've got to sign up: HealthCare.gov, or here in California at CoveredCA.com.

All right? So thank you very much.

Question: Mr. President?

President Obama: I'm going to take one question. And then, remember, people are going to have opportunities to also -- answer questions when I'm with the Chinese President today. So I don't want the whole day to just be a bleeding press conference. But I'm going to take Jackie Calmes' question.

Question: Mr. President, could you please react to the reports of secret government surveillance of phones and Internet? And can you also assure Americans that the government -- your government doesn't have some massive secret database of all their personal online information and activities?

President Obama: Yes. When I came into this office, I made two commitments that are more important than any commitment I made: Number one, to keep the American people safe; and number two, to uphold the Constitution. And that includes what I consider to be a constitutional right to privacy and an observance of civil liberties.

Now, the programs that have been discussed over the last couple days in the press are secret in the sense that they're classified. But they're not secret in the sense that when it comes to telephone calls, every member of Congress has been briefed on this program. With respect to all these programs, the relevant intelligence committees are fully briefed on these programs. These are programs that have been authorized by broad bipartisan majorities repeatedly since 2006.

And so, I think at the outset, it's important to understand that your duly elected representatives have been consistently informed on exactly what we're doing. Now, let me take the two issues separately.

When it comes to telephone calls, nobody is listening to your telephone calls. That's not what this program is about. As was indicated, what the intelligence community is doing is looking at phone numbers and durations of calls.



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They are not looking at people's names, and they're not looking at content. But by sifting through this so-called metadata, they may identify potential leads with respect to folks who might engage in terrorism. If these folks -- if the intelligence community then actually wants to listen to a phone call, they've got to go back to a federal judge, just like they would in a criminal investigation.

So I want to be very clear -- some of the hype that we've been hearing over the last day or so -- nobody is listening to the content of people's phone calls. This program, by the way, is fully overseen not just by Congress, but by the FISA Court -- a court specially put together to evaluate classified programs to make sure that the executive branch, or government generally, is not abusing them, and that it's being carried out consistent with the Constitution and rule of law.

And so, not only does that court authorize the initial gathering of data, but -- I want to repeat -- if anybody in government wanted to go further than just that top-line data and want to, for example, listen to Jackie Calmes' phone call, they would have to go back to a federal judge and indicate why, in fact, they were doing further probing.

Now, with respect to the Internet and emails -- this does not apply to U.S. citizens and it does not apply to people living in the United States. And again, in this instance, not only is Congress fully apprised of it, but what is also true is that the FISA Court has to authorize it.

So in summary, what you've got is two programs that were originally authorized by Congress, have been repeatedly authorized by Congress, bipartisan majorities have approved on them, Congress is continually briefed on how these are conducted. There are a whole range of safeguards involved, and federal judges are overseeing the entire program throughout. We're also setting up -- We've also set up an audit process, when I came into office, to make sure that we're, after the fact, making absolutely certain that all the safeguards are being properly observed.

Now, having said all that, you'll remember when I made that speech a couple of weeks ago about the need for us to shift out of a perpetual war mindset, I specifically said that one of the things that we're going to have to discuss and debate is how are we striking this balance between the need to keep the American people safe and our concerns about privacy? Because there are some tradeoffs involved.

I welcome this debate. And I think it's healthy for our democracy. I think it's a sign of maturity, because probably five years ago, six years ago, we might not have been having this debate. And I think it's interesting that there are some folks on the left but also some folks on the right who are now worried about it who weren't very worried about it when there was a Republican President. I think that's good that we're having this discussion.



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But I think it's important for everybody to understand -- and I think the American people understand -- that there are some tradeoffs involved. I came in with a healthy skepticism about these programs. My team evaluated them. We scrubbed them thoroughly. We actually expanded some of the oversight, increased some of safeguards. But my assessment and my team's assessment was that they help us prevent terrorist attacks. And the modest encroachments on the privacy that are involved in getting phone numbers or duration without a name attached and not looking at content, that on net, it was worth us doing. Some other folks may have a different assessment on that.

But I think it's important to recognize that you can't have 100 percent security and also then have 100 percent privacy and zero inconvenience. We're going to have to make some choices as a society. And what I can say is that in evaluating these programs, they make a difference in our capacity to anticipate and prevent possible terrorist activity. And the fact that they're under very strict supervision by all three branches of government and that they do not involve listening to people's phone calls, do not involve reading the emails of U.S. citizens or U.S. residents absent further action by a federal court that is entirely consistent with what we would do, for example, in a criminal investigation -- I think on balance, we have established a process and a procedure that the American people should feel comfortable about.

But, again, these programs are subject to congressional oversight and congressional reauthorization and congressional debate. And if there are members of Congress who feel differently, then they should speak up. And we're happy to have that debate.

Okay? All right. And we'll have a chance to talk further over the course of the next couple of days.

Question: Do you welcome the leaks, sir? Do you welcome the leaks? Do you welcome the debate?

President Obama: I don't welcome leaks, because there's a reason why these programs are classified. I think that there is a suggestion that somehow any classified program is a "secret" program, which means it's somehow suspicious.

The fact of the matter is in our modern history, there are a whole range of programs that have been classified because -- when it comes to, for example, fighting terror, our goal is to stop folks from doing us harm. And if every step that we're taking to try to prevent a terrorist act is on the front page of the newspapers or on television, then presumably the people who are trying to do us harm are going to be able to get around our preventive measures. That's why these things are classified.

But that's also why we set up congressional oversight. These are the folks you all vote for as your representatives in Congress, and they're being fully briefed on these programs. And if, in fact, there was -- there were abuses taking place, presumably those members of Congress could raise those issues very aggressively. They're empowered to do so.



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We also have federal judges that we put in place who are not subject to political pressure. They've got lifetime tenure as federal judges, and they're empowered to look over our shoulder at the executive branch to make sure that these programs aren't being abused.

So we have a system in which some information is classified, and we have a system of checks and balances to make sure that it's not abused. And if, in fact, this information ends up just being dumped out willy-nilly without regard to risks to the program, risks to the people involved -- in some cases, on other leaks, risks to personnel in a very dangerous situation -- then it's very hard for us to be as effective in protecting the American people.

That's not to suggest that you just say, trust me; we're doing the right thing; we know who the bad guys are. And the reason that's not how it works is because we've got congressional oversight and judicial oversight. And if people can't trust not only the executive branch but also don't trust Congress and don't trust federal judges to make sure that we're abiding by the Constitution, due process and rule of law, then we're going to have some problems here.

But my observation is, is that the people who are involved in America's national security, they take this work very seriously. They cherish our Constitution. The last thing they'd be doing is taking programs like this to listen to somebody's phone calls.

And by the way, with respect to my concerns about privacy issues, I will leave this office at some point, sometime in the last -- next three and a half years, and after that, I will be a private citizen. And I suspect that, on a list of people who might be targeted so that somebody could read their emails or listen to their phone calls, I'd probably be pretty high on that list. It's not as if I don't have a personal interest in making sure my privacy is protected.

But I know that the people who are involved in these programs, they operate like professionals. And these things are very narrowly circumscribed. They're very focused. And in the abstract, you can complain about Big Brother and how this is a potential program run amuck, but when you actually look at the details, then I think we've struck the right balance.

Thank you very much, guys. That's it. I -- Thank you.



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Barack Obama

On the Affordable Care Act Benefits and Website Logistical Challenges

Delivered 21 October 2013, Rose Garden, White House, Washington, D.C.



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Thank you. Thank you, everybody. Well, thank you, Janice. And thanks to everybody here for coming on this beautiful day. Welcome to the White House.

About three weeks ago, as the federal government shut down, the Affordable Care Act's health insurance marketplaces opened for business across the country. Well, we've now gotten the government back open for the American people, and today I want to talk about how we're going to get the marketplaces running at full steam, as well. And I'm joined today by folks who have either benefited from the Affordable Care Act already, or who are helping their fellow citizens learn about what this law means for them and how they can get covered.

Of course, you've probably heard that HealthCare.gov -- the new website where people can apply for health insurance, and browse and buy affordable plans in most states -- hasn't worked as smoothly as it was supposed to work. And the number of people who have visited the site has been overwhelming, which has aggravated some of these underlying problems.

Despite all that, thousands of people are signing up and saving money as we speak. Many Americans with a preexisting condition, like Janice, are discovering that they can finally get health insurance like everybody else.

So today, I want to speak to every American who's looking to get affordable health insurance. I want you to know what's available to you and why it may be a good deal for you. And for those who've had some problems with the website, I want to tell you what we're doing to make it work better and how you can sign up to get covered in other ways.



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But before I do that, let me remind everybody that the Affordable Care Act is not just a website. It's much more. For the vast majority of Americans -- for 85 percent of Americans who already have health insurance through your employer or Medicare or Medicaid -- you don't need to sign up for coverage through a website at all. You've already got coverage. What the Affordable Care Act does for you is to provide you with new benefits and protections that have been in place for some time. You may not know it, but you're already benefiting from these provisions in the law.

For example, because of the Affordable Care Act, young people like Jasmine Jennings, and Jessica Ugalde, and Ezra Salop, all of whom are here today, they've been able to stay on their parents' plans until they're 26. Millions of other young people are currently benefiting from that part of the law. Another part of the Affordable Care Act is providing seniors with deeper discounts on their prescription medicine. Billions of dollars have been saved by seniors already. That's part of the law. It's already in place. It's happening right now.

Already, because of the Affordable Care Act, preventive care like mammograms and birth control are free through your employers. That's part of this law. So there are a wide range of consumer protections and benefits that you already have if you've got health insurance. You may not have noticed them, but you've got them, and they're not going anywhere. And they're not dependent on a website.

Here's another thing that the Affordable Care Act does. In states where governors and legislatures have wisely allowed it, the Affordable Care Act provides the opportunity for many Americans to get covered under Medicaid for the first time. So in Oregon, for example, that's helped cut the number of uninsured people by 10 percent just in the last three weeks. Think about that. That's 56,000 more Americans who now have health care. That doesn't depend on a website.

Now, if you're one of the 15 percent of Americans who don't have health insurance -- either because you can't afford it or because your employer doesn't offer it, or because you're a small businessperson and you have to go out on the individual market and buy it on your own and it's just too expensive -- October 1st was an important date. That's when we opened the new marketplaces where people without health insurance, or who can't afford health insurance, or who aren't part of a group plan, can finally start getting affordable coverage.

And the idea is simple. By enrolling in what we're calling these marketplaces, you become part of a big group plan -- as if you were working for a big employer -- a statewide group plan that spreads risk between sick people and healthy people, between young and old, and then bargains on your behalf for the best deal on health care. What we've done is essentially create a competition where there wasn't competition before. We created these big group plans, and now insurers are really interested in getting your business. And so insurers have created new health care plans with more choices to be made available through these marketplaces.



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And as a result of this choice and this competition, prices have come down. When you add the new tax credits that many people are eligible for through the law, then the prices come down even further. So one study shows that through new options created by the Affordable Care Act, nearly 6 in 10 uninsured Americans will find that they can get covered for less than \$100 a month. Think about that.

Through the marketplaces, you can get health insurance for what may be the equivalent of your cell phone bill or your cable bill, and that's a good deal.

So the fact is the product of the Affordable Care Act for people without health insurance is quality health insurance that's affordable. And that product is working. It's really good. And it turns out there's a massive demand for it. So far, the national website, HealthCare.gov, has been visited nearly 20 million times. Twenty million times. And there's great demand at the state level as well, because there are a bunch of states that are running their own marketplaces.

We know that nearly one-third of the people applying in Connecticut and Maryland, for example, are under 35 years old. They understand that they can get a good deal at low costs, have the security of health care, and this is not just for old folks like me -- that everybody needs good quality health insurance. And all told, more than half a million consumers across the country have successfully submitted applications through federal and state marketplaces. And many of those applications aren't just for individuals, it's for their entire families. So even more people are already looking to potentially take advantage of the high quality, affordable insurance that is provided through the Affordable Care Act.

So let me just recap here. The product is good. The health insurance that's being provided is good. It's high quality and it's affordable. People can save money, significant money, by getting insurance that's being provided through these marketplaces. And we know that the demand is there. People are rushing to see what's available. And those who have already had a chance to enroll are thrilled with the result. Every day, people who were stuck with sky-high premiums because of preexisting conditions are getting affordable insurance for the first time, or finding, like Janice did, that they're saving a lot of money. Every day, women are finally buying coverage that doesn't charge them higher premiums than men for the same care. Every day, people are discovering that new health insurance plans have to cover maternity care, mental health care, free preventive care.

So you just heard Janice's story -- she owns her own small business. She recently became the first woman to enroll in coverage through Delaware's exchange. And it's true, it took her a few tries, but it was worth it after being turned down for insurance three times due to minor preexisting conditions. So now she'll be covered, she'll save 150 bucks a month, and she won't have to worry that one illness or accident will cost her her business that she's worked so hard to build.



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And Janice is not alone. I recently received a letter from a woman named Jessica Sanford in Washington State. And here's what she wrote: "I am a single mom, no child support, self-employed, and I haven't had insurance for 15 years because it's too expensive. My son has ADHD and requires regular doctor visits and his meds alone cost \$250 per month. I have had an ongoing tendinitis problem due to my line of work that I haven't had treated. Now, finally, we get to have coverage because of the ACA for \$169 per month. I was crying the other day when I signed up. So much stress lifted."

Now, that is not untypical for a lot of folks like Jessica who have been struggling without health insurance. That's what the Affordable Care Act is all about. The point is, the essence of the law -- the health insurance that's available to people -- is working just fine. In some cases, actually, it's exceeding expectations -- the prices are lower than we expected, the choice is greater than we expected.

But the problem has been that the website that's supposed to make it easy to apply for and purchase the insurance is not working the way it should for everybody. And there's no sugarcoating it. The website has been too slow, people have been getting stuck during the application process. And I think it's fair to say that nobody is more frustrated by that than I am -- precisely because the product is good, I want the cash registers to work. I want the checkout lines to be smooth. So I want people to be able to get this great product. And there's no excuse for the problems, and these problems are getting fixed.

But while we're working out the kinks in the system, I want everybody to understand the nature of the problem. First of all, even with all the problems at HealthCare.gov, the website is still working for a lot of people -- just not as quick or efficient or consistent as we want. And although many of these folks have found that they had to wait longer than they wanted, once they complete the process they're very happy with the deal that's available to them, just like Janice's.

Second, I want everybody to remember that we're only three weeks into a six-month open enrollment period, when you can buy these new plans. Keep in mind the insurance doesn't start until January 1st; that's the earliest that the insurance can kick in. No one who decides to purchase a plan has to pay their first premium until December 15th. And unlike the day after Thanksgiving sales for the latest Playstation or flat-screen TVs, the insurance plans don't run out. They're not going to sell out. They'll be available through the marketplace -- throughout the open enrollment period. The prices that insurers have set will not change. So everybody who wants insurance through the marketplace will get insurance, period. Everybody who wants insurance through the marketplace will get insurance.

Third, we are doing everything we can possibly do to get the websites working better, faster, sooner. We've got people working overtime, 24/7, to boost capacity and address the problems. Experts from some of America's top private-sector tech companies who, by the way, have seen things like this happen before, they want it to work.



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They're reaching out. They're offering to send help. We've had some of the best IT talent in the entire country join the team. And we're well into a "tech surge" to fix the problem. And we are confident that we will get all the problems fixed.

Number four -- while the website will ultimately be the easiest way to buy insurance through the marketplace, it isn't the only way. And I want to emphasize this. Even as we redouble our efforts to get the site working as well as it's supposed to, we're also redoubling our efforts to make sure you can still buy the same quality, affordable insurance plans available on the marketplace the old-fashioned way -- offline, either over the phone or in person.

And, by the way, there are a lot of people who want to take advantage of this who are more comfortable working on the phone anyway or in person. So let me go through the specifics as to how you can do that if you're having problems with the website or you just prefer dealing with a person.

Yesterday, we updated the website's home page to offer more information about the other avenues to enroll in affordable health care until the online option works for everybody. So you'll find information about how to talk to a specialist who can help you apply over the phone or to receive a downloadable application you can fill out yourself and mail in.

We've also added more staff to the call centers where you can apply for insurance over the phone. Those are already -- they've been working. But a lot of people have decided first to go to the website. But keep in mind, these call centers are already up and running. And you can get your questions answered by real people, 24 hours a day, in 150 different languages. The phone number for these call centers is 1-800-318-2596. I want to repeat that -- 1-800-318-2596. Wait times have averaged less than one minute so far on the call centers, although I admit that the wait times probably might go up a little bit now that I've read the number out loud on national television.

But the point is the call centers are available. You can talk to somebody directly and they can walk you through the application process. And I guarantee you, if one thing is worth the wait, it's the safety and security of health care that you can afford, or the amount of money that you can save by buying health insurance through the marketplaces.

Once you get on the phone with a trained representative, it usually takes about 25 minutes for an individual to apply for coverage, about 45 minutes for a family. Once you apply for coverage, you will be contacted by email or postal mail about your coverage status.

But you don't have to just go through the phone. You can also apply in person with the help of local navigators -- these are people specially trained to help you sign up for health care, and they exist all across the country, or you can go to community health centers and hospitals. Just visit LocalHelp.HealthCare.gov to find out where in your area you can get help and apply for insurance in person.



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And finally, if you've already tried to apply through the website and you've been stuck somewhere along the way, do not worry. In the coming weeks, we will contact you directly, personally, with a concrete recommendation for how you can complete your application, shop for coverage, pick a plan that meets your needs, and get covered once and for all.

So here's the bottom line. The product, the health insurance is good. The prices are good. It is a good deal. People don't just want it; they're showing up to buy it. Nobody is madder than me about the fact that the website isn't working as well as it should, which means it's going to get fixed.

And in the meantime, you can bypass the website and apply by phone or in person. So don't let problems with the website deter you from signing up, or signing your family up, or showing your friends how to sign up, because it is worth it. It will save you money. If you don't have health insurance, if you've got a preexisting condition, it will save you money and it will give you the security that your family needs.

In fact, even with the website issues, we've actually made the overall process of buying insurance through the marketplace a lot smoother and easier than the old way of buying insurance on your own. Part of the challenge here is that a lot of people may not remember what it's like to buy insurance the traditional way.

The way we've set it up, there are no more absurdly long application forms. There's no medical history questionnaire that goes on for pages and pages. There's no more getting denied because you've had a preexisting condition. Instead of contacting a bunch of different insurers one at a time, which is what Janice and a lot of people who are shopping on the individual market for health insurance had to do, there's one single place you can go shop and compare plans that have to compete for your business. There's one single phone number you can call for help. And once the kinks in the website have been ironed out, it will be an even smoother and even easier. But in the meantime, we will help you sign up -- because consumers want to buy this product and insurance companies want to sell it to you.

Now, let me close by addressing some of the politics that have swirled around the Affordable Care Act. I recognize that the Republican Party has made blocking the Affordable Care Act its signature policy idea. Sometimes it seems to be the one thing that unifies the party these days. In fact, they were willing to shut down the government and potentially harm the global economy to try to get it repealed. And I'm sure that given the problems with the website so far, they're going to be looking to go after it even harder. And let's admit it -- with the website not working as well as it needs to work, that makes a lot of supporters nervous because they know how it's been subject to so much attack, the Affordable Care Act generally.

But I just want to remind everybody, we did not wage this long and contentious battle just around a website. That's not what this was about.



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We waged this battle to make sure that millions of Americans in the wealthiest nation on Earth finally have the same chance to get the same security of affordable quality health care as anybody else. That's what this is about. And the Affordable Care Act has done that.

People can now get good insurance. People with preexisting conditions can now afford insurance. And if the launch of this website proves anything, it's that people across the country don't just need that security, they want that security. They want it. And in the meantime -- I've said many times -- I'm willing to work with anyone on any idea to make this law perform even better. But it's time for folks to stop rooting for its failure, because hardworking, middle-class families are rooting for its success. And if the product is good, they're willing to be patient.

I got a letter last week from a self-employed man named John Mier in Leetsdale, Pennsylvania. He used the new marketplace to get himself and his wife covered and save a lot of money. And here's what he said, because it pretty much sums up my message today: "Yes, the website really stank for the first week." "But instead of paying \$1,600 per month for a group insurance plan, we have a plan that will only cost us \$692 a month -- a savings of \$900 per month." John said that while he saw -- when he saw what they'd be paying, he turned to his wife and told her, "We might just pull through. We can afford this." And John eventually predicted that "the website will work like a champ."

So John, he was frustrated by the website, but he's feeling a little less frustrated once he found out that he was saving 900 bucks a month on his health insurance. And John is right, the website is going to get fixed and the law works. That's why we fought so hard to pass this law -- to save folks like John money; to give people who don't have health insurance the chance to get it for the first time; to lift from the American people the crushing burden of unaffordable health care; to free families from the pervasive fear that one illness -- [on-stage female audience member appears to losing consciousness] -- there you go, you are ok. I'm right here. I got you. No, no -- you're okay. This happens when I talk too long. You'll be okay. Here, why don't you go.

Good catch, by the way, whoever was here.

But that's always our goal, to free families from the pervasive fear that one illness or one injury might cost you everything that you dedicated a lifetime to build. Our goal has always been to declare that in this country the security of health care is not a privilege for a fortunate few. It's a right for all to enjoy. That's what the Affordable Care Act is all about. That's its promise. And I intend to deliver on that promise.

Thank you very much, everybody. God bless you.



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Barack Obama

Press Conference on Modifications to the Affordable Act

Delivered 14 November 2013



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Good morning, everybody. (Good afternoon.)

Today I want to update the American people on our efforts to implement and improve the Affordable Care Act, and I'll take a couple of your questions. But before I do, I just want to say a few words about the tragedy that's unfolded in the Philippines.

Over the past few days, I think all of us have been shaken by the images of the devastation wrought by Typhoon Haiyan. It's a heartbreaking reminder of how fragile life is, and among the dead are several Americans. So our prayers are with the Filipino people, and with Filipino Americans across our country who are anxious about their family and friends back home.

One of our core principles is, when friends are in trouble, America helps. As I told President Aquino earlier this week, the United States will continue to offer whatever assistance we can. Our military personnel and USAID team do this better than anybody in the world, and they've been already on the ground working tirelessly to deliver food, water, medicine, shelter, and to help with airlift. Today, the aircraft carrier USS George Washington and other ships arrived to help with search-and-rescue, as well as supplies, medical care and logistical support. And more help is on the way.



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America's strength, of course, has always been more than just about what our government can do -- it's also about what our citizens can do. It's about the big-heartedness of the American people when they see other folks in trouble. So today, I would encourage everybody who wants to help, to visit WhiteHouse.gov/typhoon -- that's WhiteHouse.gov/typhoon -- and that will offer you links to organizations that are working on the ground and ways that you can support their efforts. Our friends in the Philippines will face a long, hard road ahead, but they'll continue to have a friend and partner in the United States of America.

Now, switching gears, it has now been six weeks since the Affordable Care Act's new marketplace has opened for business. I think it's fair to say that the rollout has been rough so far. And I think everybody understands that I'm not happy about the fact that the rollout has been wrought with a whole range of problems that I've been deeply concerned about. But today I want to talk about what we know after these first few weeks and what we're doing to implement and improve the law.

Yesterday, the White House announced that in the first month, more than 100,000 Americans successfully enrolled in new insurance plans. Is that as high a number as we'd like? Absolutely not. But it does mean that people want affordable health care. The problems of the website have prevented too many Americans from completing the enrollment process. And that's on us, not on them. But there is no question that there's real demand for quality, affordable health insurance.

In the first month, nearly a million people successfully completed an application for themselves or their families. Those applications represent more than 1.5 million people. Of those 1.5 million people, 106,000 of them have successfully signed up to get covered.

Another 396,000 have the ability to gain access to Medicaid under the Affordable Care Act. That's been less reported on, but it shouldn't be. Americans who are having a difficult time, who are poor, many of them working, may have a disability; they're Americans like everybody else, and the fact that they are now able to get insurance is going to be critically important.

Later today, I'll be in Ohio, where Governor Kasich, a Republican, has expanded Medicaid under the Affordable Care Act. And as many as 275,000 Ohioans will ultimately be better off because of it. And if every governor followed suit, another 5.4 million Americans could gain access to health care next year.

So bottom line is, in just one month, despite all the problems that we've seen with the website, more than 500,000 Americans could know the security of health care by January 1st -- many of them for the first time in their lives. And that's life-changing and it's significant.



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That still leaves about 1 million Americans who successfully made it through the website, and now qualify to buy insurance, but haven't picked a plan yet. And there's no question that if the website were working as it's supposed to, that number would be much higher of people who have actually enrolled. So that's problem number one -- making sure that the website works the way it's supposed to. It's gotten a lot better over the last few weeks than it was on the first day, but we're working 24/7 to get it working for the vast majority of Americans in a smooth, consistent way.

The other problem that has received a lot of attention concerns Americans who have received letters from their insurers that they may be losing the plans they bought in the old individual market, often because they no longer meet the law's requirements to cover basic benefits like prescription drugs or doctors' visits.

Now, as I indicated earlier, I completely get how upsetting this can be for a lot of Americans, particularly after assurances they heard from me that if they had a plan that they liked, they could keep it. And to those Americans, I hear you loud and clear. I said that I would do everything we can to fix this problem. And today I'm offering an idea that will help do it.

Already, people who have plans that predate the Affordable Care Act can keep those plans if they haven't changed. That was already in the law. That's what's called a grandfather clause. It was included in the law. Today, we're going to extend that principle both to people whose plans have changed since the law took effect, and to people who bought plans since the law took effect.

So state insurance commissioners still have the power to decide what plans can and can't be sold in their states. But the bottom line is, insurers can extend current plans that would otherwise be canceled into 2014, and Americans whose plans have been canceled can choose to re-enroll in the same kind of plan.

We're also requiring insurers to extend current plans to inform their customers about two things. One, that protections -- what protections these renewed plans don't include. And number two, that the marketplace offers new options with better coverage and tax credits that might help you bring down the cost.

So if you've received one of these letters, I'd encourage you to take a look at the marketplace. Even if the website isn't working as smoothly as it should be for everybody yet, the plan comparison tool that lets you browse costs for new plans near you is working just fine.

Now, this fix won't solve every problem for every person. But it's going to help a lot of people. Doing more will require work with Congress. And I've said from the beginning, I'm willing to work with Democrats and Republicans to fix problems as they arise. This is an example of what I was talking about. We can always make this law work better.



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It is important to understand, though, that the old individual market was not working well. And it's important that we don't pretend that somehow that's a place worth going back to. Too often, it works fine as long as you stay healthy; it doesn't work well when you're sick. So year after year, Americans were routinely exposed to financial ruin, or denied coverage due to minor preexisting conditions, or dropped from coverage altogether -- even if they paid their premiums on time.

That's one of the reasons we pursued this reform in the first place. And that's why I will not accept proposals that are just another brazen attempt to undermine or repeal the overall law and drag us back into a broken system. We will continue to make the case, even to folks who choose to keep their own plans, that they should shop around in the new marketplace because there's a good chance that they'll be able to buy better insurance at lower cost.

So we're going to do everything we can to help the Americans who have received these cancellation notices. But I also want everybody to remember there are still 40 million Americans who don't have health insurance at all. I'm not going to walk away from 40 million people who have the chance to get health insurance for the first time. And I'm not going to walk away from something that has helped the cost of health care grow at its slowest rate in 50 years.

So we're at the opening weeks of the project to build a better health care system for everybody -- a system that will offer real financial security and peace of mind to millions of Americans. It is a complex process. There are all kinds of challenges. I'm sure there will be additional challenges that come up. And it's important that we're honest and straightforward in terms of when we come up with a problem with these reforms and these laws, that we address them. But we've got to move forward on this.

It took 100 years for us to even get to the point where we could start talking about and implementing a law to make sure everybody has got health insurance. And my pledge to the American people is, is that we're going to solve the problems that are there, we're going to get it right, and the Affordable Care Act is going to work for the American people.

So with that, I'm going to take your questions, and I'm going to start with Julie Pace of AP.

Question: Thank you, Mr. President. The combination of the website problems and the concerns over the policy cancellations has sparked a lot of worry within your own party, and polls also show that you're taking some hits with the public on both your overall job approval rating and also on factors like trust and honesty. Do you feel as though the flawed health care rollout has led to a breach in the public trust and confidence in government? And if so, how do you plan to resolve that?



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President Obama: There is no doubt that people are frustrated. We just came out of a shutdown and the possibility that for the first time in over 200 years, we wouldn't pay our bills. And people breathed a sigh of relief when that finally got done, and the next thing they know is, is that the President's health care reform can't get the website to work and that there are these other problems with respect to cancellation notices.

And I understand why folks are frustrated. I would be, too. Because sometimes people look at what's taking place in Washington and they say, not enough is getting done that helps me with my life. And regardless of what Congress does, ultimately I'm the President of the United States and they expect me to do something about it.

So in terms of how I intend to approach it, I'm just going to keep on working as hard as I can around the priorities that the American people care about. And I think it's legitimate for them to expect me to have to win back some credibility on this health care law in particular, and on a whole range of these issues in general.

And that's on me. I mean, we fumbled the rollout on this health care law. There are a whole bunch of things about it that are working really well which people didn't notice because they weren't controversial -- so making sure kids could stay on their parents' plans until they were -- through the age of 25, and making sure that seniors got more discounts on their prescription drugs. There were a whole bunch of stuff that we did well over the first three years.

But we always knew that these marketplaces, creating a place where people can shop and through competition get a better deal for the health insurance that their families need, we always knew that that was going to be complicated and everybody was going to be paying a lot of attention to it. And we should have done a better job getting that right on day one -- not on day 28 or on day 40.

I am confident that by the time we look back on this next year, that people are going to say this is working well, and it's helping a lot of people. But my intention in terms of winning back the confidence of the American people is just to work as hard as I can; identify the problems that we've got, make sure that we're fixing them. Whether it's a website, whether it is making sure that folks who got these cancellation notices get help, we're just going to keep on chipping away at this until the job is done.

Major Garrett.

Question: Thank you, Mr. President. You said while the law was being debated, "if you like your plan, you can keep it." You said after the law was implemented or signed, "if you like your plan, you can keep it." Americans believed you, sir, when you said that to them over and over.



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Do you not believe, sir, the American people deserve a deeper, more transparent accountability from you as to why you said that over and over when your own statistic published in the Federal Register alerted your policy staff -- and I presume you -- to the fact that millions of Americans would, in fact, probably fall into the very gap you're trying to administratively fix now?

That's one question. Second question. (Laughter.) You were informed, or several people in this building were informed two weeks before the launch of the website that it was failing the most basic tests internally, and yet a decision was made to launch the website on October 1st. Did you, sir, make that test? And if so, did you regret that?

President Obama: Okay, on the website, I was not informed directly that the website would not be working the way it was supposed to. Had I been informed, I wouldn't be going out saying, boy, this is going to be great.

I'm accused of a lot of things, but I don't think I'm stupid enough to go around saying, this is going to be like shopping on Amazon or Travelocity a week before the website opens if I thought that it wasn't going to work. So clearly, we and I did not have enough awareness about the problems in the website. Even a week into it, the thinking was that these were some glitches that would be fixed with patches, as opposed to some broader systemic problems that took much longer to fix and we're still working on them.

So that doesn't excuse the fact that they just don't work. But I think it's fair to say that, no, Garrett -- Major, we would not have rolled out something knowing very well that it wasn't going to work the way it was supposed, given all the scrutiny that we knew was going to be on the website.

With respect to the pledge I made that if you like your plan, you can keep it, I think -- and I've said in interviews -- that there is no doubt that the way I put that forward unequivocally ended up not being accurate. It was not because of my intention not to deliver on that commitment and that promise. We put a grandfather clause into the law, but it was insufficient.

Keep in mind that the individual market accounts for 5 percent of the population. So when I said you can keep your health care, I'm looking at folks who've got employer-based health care; I'm looking at folks who've got Medicare and Medicaid -- and that accounts for the vast majority of Americans. And then for people who don't have any health insurance at all, obviously that didn't apply. My commitment to them was, you're going to be able to get affordable health care for the first time.

You have an individual market that accounts for about 5 percent of the population. And our working assumption was -- my working assumption was that the majority of those folks would find better policies at lower costs or the same costs in the marketplaces, and that the universe of folks who potentially would not find a better deal in the marketplaces, the grandfather



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clause would work sufficiently for them. And it didn't. And again, that's on us. Which is why we're -- that's on me. And that's why I'm trying to fix it.

And as I said earlier, I guess last week, and I will repeat, that's something I deeply regret because it's scary getting a cancellation notice.

Now, it is important to understand that out of that population, typically there is constant churn in that market. This market is not very stable and reliable for people. So people have a lot of complaints when they're in that marketplace. As long as you're healthy, things seem to be going pretty good. And so a lot of people think, I've got pretty good insurance -- until they get sick -- and then suddenly they look at the fine print, and they've got a \$50,000 out-of-pocket expense that they can't pay.

We know that on average over the last decade, each year, premiums in that individual market would go up an average of 15 percent a year. I know that because when we were talking about health care reform, one of the complaints was: I bought health care in the individual market and I just got a notice from the insurer, they dropped me after I had an illness; or my premium skyrocketed by 20 or 30 percent, why aren't we doing something about this?

So part of what our goal has been is to make sure that that individual market is stable and fair, and has the kind of consumer protections that make sure that people don't get a rude surprise when they really need health insurance. But if you just got a cancellation notice, and so far you're thinking, my prices are pretty good, you haven't been sick, and it fits your budget, and now you get this notice -- you're going to be worried about it. And if the insurer is saying the reason you're getting this notice is because of the Affordable Care Act, then you're going to be understandably aggravated about it.

Now, for a big portion of those people, the truth is they might have gotten a notice saying, we're jacking up your rates by 30 percent. They might have said, from here on out, we're not going to cover X, Y and Z illnesses, we're changing the -- because these were all 12-month policies. The insurance companies were under no obligation to renew the exact same policies that you had before.

But, look, one of the things I understood when we decided to reform that health insurance market, part of the reason why it hasn't been done before and it's very difficult to do, is that anything that's going on that's tough in the health care market, if you initiated a reform, can be attributed to your law. And so what we want to do is to be able to say to these folks, you know what, the Affordable Care Act is not going to be the reason why insurers have to cancel your plan.

Now, what folks may find is the insurance companies may still come back and say, we want to charge you 20 percent more than we did last year; or we're not going to cover prescription drugs now. But that's in the nature of the market that existed earlier.



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Question: Did you decide, sir, that the simple declaration was something the American people could handle, but this nuanced answer you just gave now was something that you couldn't handle and you didn't trust the American people with a fuller truth?

President Obama: No. I think, as I said earlier, Major, my expectation was that for 98 percent of the American people, either it genuinely wouldn't change at all, or they'd be pleasantly surprised with the options in the marketplace, and that the grandfather clause would cover the rest.

That proved not to be the case. And that's on me. And the American people -- those who got cancellation notices do deserve and have received an apology from me. But they don't want just words. What they want is whether we can make sure that they are in a better place, and that we meet that commitment.

And, by the way, I think it's very important for me to note that there are a whole bunch of folks up in Congress and others who made this statement, and they were entirely sincere about it. And the fact that you've got this percentage of people who have had this impact -- I want them to know that their senator or congressman, they were making representations based on what I told them and what this White House and our administrative staff told them. And so it's not on them. It's on us. But it is something that we intend to fix.

Steve Collinson.

Question: Do you have reason to believe that Iran would walk away from nuclear talks if Congress draws up new sanctions? And would a diplomatic breakdown at this stage leave you no option but military action? And how do you respond to your critics on the Hill who say that it was only tough sanctions that got Iran to the table, but only tougher sanctions will make it capitulate?

President Obama: Well, let me make a couple of points. Number one, I've said before and I will repeat: We do not want Iran having nuclear weapons. And it would be not only dangerous to us and our allies, but it would be destabilizing to the entire region, and could trigger a nuclear arms race that would make life much more dangerous for all of us. So our policy is Iran cannot have nuclear weapons. And I'm leaving all options on the table to make sure that we meet that goal.

Point number two: The reason we've got such vigorous sanctions is because I and my administration put in place, when I came into office, the international structure to have the most effective sanctions ever. And so I think it's fair to say that I know a little bit about sanctions, since we've set them up, and made sure that we mobilize the entire international community so that there weren't a lot of loopholes and they really had bite.



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And the intention in setting up those sanctions always was to bring the Iranians to the table so that we could resolve this issue peacefully, because that is my preference. That's my preference because any armed conflict has cost to it, but it's also my preference because the best way to assure that a country does not have nuclear weapons is that they are making a decision not to have nuclear weapons, and we're in a position to verify that they don't have nuclear weapons.

So as a consequence of the sanctions that we put in place -- and I appreciate all the help, bipartisan help, that we received from Congress in making that happen -- Iran's economy has been crippled. They had a -5 percent growth rate last year. Their currency plummeted. They're having significant problems in just the day-to-day economy on the ground in Iran. And President Rouhani made a decision that he was prepared to come and have a conversation with the international community about what they could do to solve this problem with us.

We've now had a series of conversations, and it has never been realistic that we would resolve the entire problem all at once. What we have done is seen the possibility of an agreement in which Iran would halt advances on its program; that it would dilute some of the highly enriched uranium that makes it easier for them to potentially produce a weapon; that they are subjecting themselves to much more vigorous inspections so that we know exactly what they're doing at all their various facilities; and that that would then provide time and space for us to test, over a certain period of months, whether or not they are prepared to actually resolve this issue to the satisfaction of the international community -- making us confident that, in fact, they're not pursuing a nuclear weapons program.

In return, the basic structure of what's been talked about, although not completed, is that we would provide very modest relief at the margins of the sanctions that we've set up. But importantly, we would leave in place the core sanctions that are most effective and have most impact on the Iranian economy, specifically oil sanctions and sanctions with respect to banks and financing. And what that gives us is the opportunity to test how serious are they, but it also gives us an assurance that if it turns out six months from now that they're not serious, we can crank -- we can dial those sanctions right back up.

So my message to Congress has been that, let's see if this short-term, phase-one deal can be completed to our satisfaction where we're absolutely certain that while we're talking with the Iranians, they're not busy advancing their program. We can buy some additional months in terms of their breakout capacity. Let's test how willing they are to actually resolve this diplomatically and peacefully.

We will have lost nothing if, at the end of the day, it turns out that they are not prepared to provide the international community the hard proof and assurances necessary for us to know that they're not pursuing a nuclear weapon.



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And if that turns out to be the case, then not only is our entire sanctions infrastructure still in place, not only are they still losing money from the fact that they can't sell their oil and get revenue from their oil as easily, even throughout these talks, but other options remain.

But what I've said to members of Congress is that if, in fact, we're serious about trying to resolve this diplomatically -- because no matter how good our military is, military options are always messy, they're always difficult, always have unintended consequences, and in this situation are never complete in terms of making us certain that they don't then go out and pursue even more vigorously nuclear weapons in the future -- if we're serious about pursuing diplomacy, then there's no need for us to add new sanctions on top of the sanctions that are already very effective and that brought them to the table in the first place.

Now, if it turns out they can't deliver, they can't come to the table in a serious way and get this issue resolved, the sanctions can be ramped back up. And we've got that option.

All right. Roger Runningen. Roger, it's his birthday, by the way. So that's not the reason you got a question, but I thought it was important to note that.

Question: Thank you, Mr. President.

President Obama: Happy birthday.

Question: Back to health care. Can you guarantee for the American people that the health care website is going to be fully operational for all people, not just the vast majority, by November 30? And second, more broadly, this is your signature domestic piece of legislation. You hear criticism on the Hill that you and your White House team are too insular. Is that how this mess came to be?

President Obama: Well, I think there is going to be a lot of evaluation of how we got to this point. And I assure you that I've been asking a lot of questions about that. The truth is that this is, number one, very complicated. The website itself is doing a lot of stuff. There aren't a lot of websites out there that have to help people compare their possible insurance options, verify income to find out what kind of tax credits they might get, communicate with those insurance companies so they can purchase, make sure that all of it's verified. So there's just a bunch of pieces to it that made it challenging.

And you combine that with the fact that the federal government does a lot of things really well. One of the things it does not do well is information technology procurement. This is kind of a systematic problem that we have across the board. And it is not surprising then that there were going to be some problems.

Now, I think we have to ask ourselves some hard questions inside the White House as opposed to why we didn't see more of these problems coming earlier on -- A, so we could set expectations; B, so that we could look for different ways for people to end up applying.



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So ultimately, you're right. This is something that's really important to me, and it's really important to millions of Americans who have been waiting for a really long time to try to get health care because they don't have it. And I am very frustrated, but I'm also somebody who, if I fumbled the ball, I'm going to wait until I get the next play, and then I'm going to try to run as hard as I can and do right by the team. So ultimately, I'm the head of this team. We did fumble the ball on it, and what I'm going to do is make sure that we get it fixed.

In terms of what happens on November 30th or December 1st, I think it's fair to say that the improvement will be marked and noticeable. The website will work much better on November 30th, December 1st than it worked certainly on October 1st. That's a pretty low bar. It will be working a lot better than it is -- it was last week, and it will be working better than it was this week, which means that the majority of people who go to the website will see a website that is working the way it's supposed to.

I think it is not possible for me to guarantee that 100 percent of the people 100 percent of the time going on this website will have a perfectly seamless, smooth experience. We're going to have to continue to improve it even after November 30th, December 1st. But the majority of people who use it will be able to see it operate the way it was supposed to.

One thing that we've discovered, though, that I think is worth noting: A lot of focus has been on the website and the technology, and that's partly because that's how we initially identified it -- these are glitches. What we're discovering is that part of the problem has been technology -- hardware and software -- and that's being upgraded. But even if we get the hardware and software working exactly the way it's supposed to with relatively minor glitches, what we're also discovering is that insurance is complicated to buy.

And another mistake that we made I think was underestimating the difficulties of people purchasing insurance online and shopping for a lot of options with a lot of costs and a lot of different benefits and plans, and somehow expecting that that would be very smooth. And then they've also got to try apply for tax credits on the website.

So what we're doing even as we're trying to solve the technical problems is also what can we do to make the application a little bit simpler; what can we do to make it in English as opposed to bureaucratese; are there steps that we can skip while still getting the core information that people need

And part of what we're realizing is that they are going to be a certain portion of people who are just going to need more help and more handholding in the application process. And so I guess part of the continuous improvement that I'm looking at is not just a technical issue. It's also, can we streamline the application process; what are we doing to give people more assistance in the application process; how do the call centers and the people who are helping folks in-person; how are they trained so that things can go more smoothly.



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Because the bottom line ultimately is, I just want people to know what their options are in a clear way. And buying health insurance is never going to be like buying a song on iTunes. It's just a much more complicated transaction. But I think we can continue to make it better - all of which is to say that on December 1st, November 30th, it will be a lot better, but there will still be some problems. Some of those will not be because of technological problems -- although I'm sure that there will still be some glitches that have to be smoothed out. Some of it's going to be how are we making this application process more user-friendly for folks.

And one good example of this, by the way, just to use an analogy -- when we came into office, we heard a lot of complaints about the financial aid forms that families have to fill out to get federal financial aid. And I actually remember applying for some of that stuff and remember how difficult and confusing it was. And Arne Duncan over at Education worked with a team to see what we could do to simplify it, and it made a big difference.

And that's part of the process that we've got to go through. And in fact, if we can get some focus groups and we sit down with actual users and see how well is this working, what would improve it, what part of it didn't you understand -- that all I think is part of what we're going to be working on in the weeks ahead.

Question: What about the insularity criticism that you hear on the Hill?

President Obama: I've got to say I meet with an awful lot of folks, and I talk to an awful lot of folks every day. And I have lunches with CEOs and IT venture capitalists and labor leaders and pretty much folks from all walks of life on a whole bunch of topics. And if you looked at my schedule on any given day, we're interacting with a whole lot of people.

And I think it's fair to say that we have a pretty good track record of working with folks on technology and IT from our campaign where, both in 2008 and 2012, we did a pretty darn good job on that. So it's not -- the idea that somehow we didn't have access or were interested in people's ideas, I think isn't accurate. What is true is that, as I said before, our IT systems, how we purchase technology in the federal government is cumbersome, complicated, and outdated.

And so this isn't a situation where on my campaign I could simply say, who are the best folks out there; let's get them around a table, let's figure out what we're doing, and we're just going to continue to improve it and refine it and work on our goals. If you're doing it at the federal government level, you're going through 40 pages of specs and this and that and the other, and there are all kinds of laws involved, and it makes it more difficult. It's part of the reason why, chronically, federal IT programs are over budget, behind schedule.

And one of the -- when I do some Monday morning quarterbacking on myself, one of the things that I do recognize is -- since I know that the federal government has not been good at this stuff in the past -- two years ago, as we were thinking about this, we might have done



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more to make sure that we were breaking the mold on how we were going to be setting this up. But that doesn't help us now. We've got to move forward.

Jeff Mason.

Question: Thank you, Mr. President. Today's fix that you just announced leaves it up to state insurance commissioners and insurance companies to ultimately decide whether to allow old policies to be renewed for a year. How confident are you that they will do that? And secondly, how concerned are you that this flawed rollout may hurt Democrats' chances in next year's midterm elections, and your ability to advance other priorities such as immigration reform?

President Obama: On the first question, traditionally, state insurance commissioners make decisions about what plans can be or cannot be sold, how they interact with insurers. What we're essentially saying is the Affordable Care Act is not going to be the factor in what happens with folks in the individual market. And my guess is right away you're going to see a number of state insurance commissioners exercise it.

Part of the challenge is the individual markets are different in different states. There are some states that have individual insurance markets that already have almost all the consumer protections that the Affordable Care Act does. They match up pretty good. It's not some big jump for folks to move into the marketplace. In others, they're pretty low standards, so you can sell pretty substandard plans in those markets. And that's where people might see a bigger jump in their premiums.

So I think there's going to be some state-by-state evaluation on how this is handled. But the key point is, is that it allows us to be able to say to the folks who received these notices: Look, I, the President of the United States and the insurance -- that the insurance model, the Affordable Care Act, is not going to be getting in the way of you shopping in the individual market that you used to have. As I said, there are still going to be some folks who over time, I think, are going to find that the marketplaces are better.

One way I described this to -- I met with a group of senators when this issue first came up -- and it's not a perfect analogy -- but we made a decision as a society that every car has to have a seatbelt or airbags. And so you pass a regulation. And there are some additional costs, particularly at the start of increasing the safety and protections, but we make a decision as a society that the costs are outweighed by the benefits of all the lives that are saved. So what we're saying now is if you're buying a new car, you got to have a seatbelt.

Well, the problem with the grandfather clause that we put in place is it's almost like we said to folks, you got to buy a new car, even if you can't afford it right now. And sooner or later, folks are going to start trading in their old cars. But we don't need -- if their life circumstance is such where, for now at least, they want to keep the old car, even if the new car is better, we should be able to give them that option. And that's what we want to do.



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And, by the way, that's what we should have been able to do in drafting the rules in the first place. So, again, these are two fumbles on something that -- on a big game, which -- but the game is not over.

With respect to the politics of it, I'll let you guys do a lot of the work on projecting what this means for various political scenarios. There is no doubt that our failure to roll out the ACA smoothly has put a burden on Democrats, whether they're running or not, because they stood up and supported this effort through thick and thin. And I feel deeply responsible for making it harder for them rather than easier for them to continue to promote the core values that I think led them to support this thing in the first place -- which is, in this country, as wealthy as we are, everybody should be able to have the security of affordable health care. And that's why I feel so strongly about fixing it.

My first and foremost obligation is the American people, to make sure that they can get what's there -- if we can just get the darn website working and smooth this thing out -- which is plans that are affordable, and allow them to take advantage of tax credits and give them a better deal.

But I also do feel an obligation to everybody out there who supported this effort. When we don't do a good job on the rollout, we're letting them down. And I don't like doing that. So my commitment to them is, we're going to just keep on doing better every day until we get it done.

And in terms of the impact on me -- I think to some extent I addressed it when I talked to Julie -- there are going to be ups and downs during the course of my presidency. And I think I said early on when I was running -- I am not a perfect man, and I will not be a perfect President, but I'll wake up every single day working as hard as I can on behalf of Americans out there from every walk of life who are working hard, meeting their responsibilities, but sometimes are struggling because the way the system works isn't giving them a fair shot.

And that pledge I haven't broke. That commitment, that promise, continues to be -- continues to hold -- the promise that I wouldn't be perfect, number one, but also the promise that as long as I've got the honor of having this office, I'm just going to work as hard as I can to make things better for folks. And what that means specifically in this health care arena is we can't go back to the status quo.

I mean, right now everybody is properly focused on us not doing a good job on the rollout, and that's legitimate and I get it. There have been times where I thought we were kind of slapped around a little bit unjustly. This one is deserved. Right? It's on us.

But we can't lose sight of the fact that the status quo before the Affordable Care Act was not working at all. If the health care system had been working fine, and everybody had high-quality health insurance at affordable prices, I wouldn't have made it a priority; we wouldn't have been fighting this hard to get it done -- which is why, when I see sometimes folks up on



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Capitol Hill, and Republicans in particular, who have been suggesting repeal, repeal, let's get rid of this thing, I keep on asking what is it that you want to do? Are you suggesting that the status quo was working? Because it wasn't, and everybody knows it. It wasn't working in the individual market and it certainly wasn't working for the 41 million people who didn't have health insurance.

And so what we did was we chose a path that was the least disruptive, to try to finally make sure that health care is treated in this country like it is in every other advanced country -- that it's not some privilege that just a certain portion of people can have, but it's something that everybody has some confidence about. And we didn't go far left and choose an approach that would have been much more disruptive. We didn't adopt some more conservative proposals that would have been much more disruptive. We tried to choose a way that built off the existing system. But it is complicated, it is hard, but I make no apologies for us taking this on -- because somebody sooner or later had to do it. I do make apologies for not having executed better over the last several months.

Question: And do you think that execution and the flaws in the rollout will affect your ability to do other things, like immigration reform and other policy priorities?

President Obama: Well, look, if it comes to immigration reform, there is no reason for us not to do immigration reform. And we've already got strong bipartisan support for immigration reform out of the Senate. You've got -- I met with a number of traditionally very conservative clergy who are deeply committed to immigration reform. We've got the business community entirely behind immigration reform. So you've got a bunch of constituencies that are traditionally much more -- have leaned much more heavily towards the Republicans who are behind this.

So if people are looking for an excuse not to do the right thing on immigration reform, they can always find an excuse -- we've run out of time, or this is hard, or the list goes on and on. But my working assumption is people should want to do the right thing. And when you've got an issue that would strengthen borders, make sure that the legal immigration system works the way it's supposed to, that would go after employers who have been doing the wrong thing when it comes to hiring undocumented workers, and would allow folks who are here illegally to get right with the law and pay a fine, and learn English and get to the back of the line, but ultimately join fully our American community -- when you've got a law that makes sense, you shouldn't be looking for an excuse not to do it. And I'm going to keep on pushing to make sure it gets done.

Am I going to have to do some work to rebuild confidence around some of our initiatives? Yes. But part of this job is the things that go right, you guys aren't going to write about; the things that go wrong get prominent attention. That's how it has always been. That's not unique to me as President. And I'm up to the challenge. We're going to get this done.

All right? Thank you, everybody.



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Barack Obama

Speech to the American Medical Association



Delivered 15 June 2009, Hyatt Regency, Chicago, Illinois

Thank you so much. Please, everybody, be seated. Thank you very much. You're very kind. Thank you.

Let me begin by thanking Nancy for the wonderful introduction. I want to thank Dr. Joseph Heyman, the chair of the Board of Trustees, as well as Dr. Jeremy Lazarus, speaker of House of Delegates. Thanks to all of you for bringing me home, even if it's just for a day.

From the moment I took office as President, the central challenge we've confronted as a nation has been the need to lift ourselves out of the worst recession since World War II. In recent months, we've taken a series of extraordinary steps, not just to repair the immediate damage to our economy, but to build a new foundation for lasting and sustained growth. We're here to create new jobs, to unfreeze our credit markets. We're stemming the loss of homes and the decline of home values.

All this is important. But even as we've made progress, we know that the road to prosperity remains long and it remains difficult. And we also know that one essential step on our journey is to control the spiraling cost of health care in America. And in order to do that, we're going to need the help of the AMA.

Today, we are spending over \$2 trillion a year on health care -- almost 50 percent more per person than the next most costly nation. And yet, as I think many of you are aware, for all of this spending, more of our citizens are uninsured, the quality of our care is often lower, and we aren't any healthier. In fact, citizens in some countries that spend substantially less than we do are actually living longer than we do.



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Make no mistake: The cost of our health care is a threat to our economy. It's an escalating burden on our families and businesses. It's a ticking time bomb for the federal budget. And it is unsustainable for the United States of America.

It's unsustainable for Americans like Laura Klitzka, a young mother that I met in Wisconsin just last week, who's learned that the breast cancer she thought she'd beaten had spread to her bones, but who's now being forced to spend time worrying about how to cover the \$50,000 in medical debts she's already accumulated, worried about future debts that she's going to accumulate, when all she wants to do is spend time with her two children and focus on getting well. These are not the worries that a woman like Laura should have to face in a nation as wealthy as ours.

Stories like Laura's are being told by women and men all across this country -- by families who've seen out-of-pocket costs soar, and premiums double over the last decade at a rate three times faster than wages. This is forcing Americans of all ages to go without the checkups or the prescriptions they need -- that you know they need. It's creating a situation where a single illness can wipe out a lifetime of savings.

Our costly health care system is unsustainable for doctors like Michael Kahn in New Hampshire, who, as he puts it, spends 20 percent of each day supervising a staff explaining insurance problems to patients, completing authorization forms, writing appeal letters -- a routine that he calls disruptive and distracting, giving him less time to do what he became a doctor to do and actually care for his patients.

Small business owners like Chris and Becky Link in Nashville are also struggling. They've always wanted to do right by the workers at their family-run marketing firm, but they've recently had to do the unthinkable and lay off a number of employees -- layoffs that could have been deferred, they say, if health care costs weren't so high. Across the country, over one-third of small businesses have reduced benefits in recent years and one-third have dropped their workers' coverage altogether since the early '90s.

Our largest companies are suffering, as well. A big part of what led General Motors and Chrysler into trouble in recent decades were the huge costs they racked up providing health care for their workers -- costs that made them less profitable and less competitive with automakers around the world. If we do not fix our health care system, America may go the way of GM -- paying more, getting less, and going broke.

When it comes to the cost of our health care, then, the status quo is unsustainable. So reform is not a luxury; it is a necessity. When I hear people say, well, why are you taking this on right now, you've got all these other problems, I keep on reminding people I'd love to be able to defer these issues, but we can't. I know there's been much discussion about what reform would cost, and rightly so. This is a test of whether we -- Democrats and Republicans alike -- are serious about holding the line on new spending and restoring fiscal discipline.



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But let there be no doubt -- the cost of inaction is greater. If we fail to act -- if we fail to act -- and you know this because you see it in your own individual practices -- if we fail to act, premiums will climb higher, benefits will erode further, the rolls of the uninsured will swell to include millions more Americans -- all of which will affect your practice.

If we fail to act, one out of every five dollars we earn will be spent on health care within a decade. And in 30 years, it will be about one out of every three -- a trend that will mean lost jobs, lower take-home pay, shuttered businesses, and a lower standard of living for all Americans.

And if we fail to act, federal spending on Medicaid and Medicare will grow over the coming decades by an amount almost equal to the amount our government currently spends on our nation's defense. It will, in fact, eventually grow larger than what our government spends on anything else today. It's a scenario that will swamp our federal and state budgets, and impose a vicious choice of either unprecedented tax hikes, or overwhelming deficits, or drastic cuts in our federal and state budgets.

So to say it as plainly as I can, health care is the single most important thing we can do for America's long-term fiscal health. That is a fact. That's a fact.

It's a fact, and the truth is most people know that it's a fact. And yet, as clear as it is that our system badly needs reform, reform is not inevitable. There's a sense out there among some, and perhaps some members who are gathered here today of the AMA, that as bad as our current system may be -- and it's pretty bad -- the devil we know is better than the devil we don't. There's a fear of change -- a worry that we may lose what works about our health care system while trying to fix what doesn't.

I'm here to tell you I understand that fear. And I understand the cynicism. They're scars left over from past efforts at reform. After all, Presidents have called for health care reform for nearly a century. Teddy Roosevelt called for it. Harry Truman called for it. Richard Nixon called for it. Jimmy Carter called for it. Bill Clinton called for it. But while significant individual reforms have been made -- such as Medicare, Medicaid, and the Children's Health Insurance Program -- efforts at comprehensive reform that covers everyone and brings down costs have largely failed.

Part of the reason is because the different groups involved -- doctors, insurance companies, businesses, workers, and others -- simply couldn't agree on the need for reform or what shape it would take. And if we're honest, another part of the reason has been the fierce opposition fueled by some interest groups and lobbyists -- opposition that has used fear tactics to paint any effort to achieve reform as an attempt to, yes, socialize medicine.

And despite this long history of failure, I'm standing here because I think we're in a different time.



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One sign that things are different is that just this past week, the Senate passed a bill that will protect children from the dangers of smoking, a reform the AMA has long championed -- this organization long championed; it went nowhere when it was proposed a decade ago -- I'm going to sign this into law.

Now, what makes this moment different is that this time -- for the first time -- key stakeholders are aligning not against, but in favor of reform. They're coming out -- they're coming together out of a recognition that while reform will take everyone in our health care community to do their part -- everybody is going to have to pitch in -- ultimately, everybody will benefit.

And I want to commend the AMA, in particular, for offering to do your part to curb costs and achieve reform. Just a week ago, you joined together with hospitals, labor unions, insurers, medical device manufacturers and drug companies to do something that would have been unthinkable just a few years ago -- you promised to work together to cut national health care spending by \$2 trillion over the next decade, relative to what it would have otherwise been. And that will bring down costs; that will bring down premiums. That's exactly the kind of cooperation we need, and we appreciate that very much. Thank you.

Now, the question is how do we finish the job? How do we permanently bring down costs and make quality, affordable health care available to every single American? That's what I've come to talk about today. We know the moment is right for health care reform. We know this is a historic opportunity we've never seen before and may not see again. But we also know that there are those who will try and scuttle this opportunity no matter what -- who will use the same scare tactics and fear-mongering that's worked in the past; who will give warnings about socialized medicine and government takeovers, long lines and rationed care, decisions made by bureaucrats and not doctors. We have heard this all before. And because these fear tactics have worked, things have kept getting worse.

So let me begin by saying this to you and to the American people: I know that there are millions of Americans who are content with their health care coverage -- they like their plan and, most importantly, they value their relationship with their doctor. They trust you. And that means that no matter how we reform health care, we will keep this promise to the American people: If you like your doctor, you will be able to keep your doctor, period. If you like your health care plan, you'll be able to keep your health care plan, period. No one will take it away, no matter what. My view is that health care reform should be guided by a simple principle: Fix what's broken and build on what works. And that's what we intend to do.

If we do that, we can build a health care system that allows you to be physicians instead of administrators and accountants; a system that gives Americans -- a system that gives Americans the best care at the lowest cost; a system that eases up the pressure on businesses and unleashes the promise of our economy, creating hundreds of thousands of jobs, making take-home wages thousands of dollars higher, and growing our economy by tens of billions of dollars more every year.



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That's how we'll stop spending tax dollars to prop up an unsustainable system, and start investing those dollars in innovations and advances that will make our health care system and our economy stronger. That's what we can do with this opportunity. And that's what we must do with this moment.

Now, the good news is that in some instances, there's already widespread agreement on the steps necessary to make our health care system work better. First, we need to upgrade our medical records by switching from a paper to an electronic system of record keeping. And we've already begun to do this with an investment we made as part of our Recovery Act.

It simply doesn't make sense that patients in the 21st century are still filling out forms with pens on papers that have to be stored away somewhere. As Newt Gingrich has rightly pointed out -- and I don't quote Newt Gingrich that often -- we do a better job tracking a FedEx package in this country than we do tracking patients' health records.

You shouldn't have to tell every new doctor you see about your medical history or what prescriptions you're taking. You shouldn't have to repeat costly tests. All that information should be stored securely in a private medical record so that your information can be tracked from one doctor to another -- even if you change jobs, even if you move, even if you have to see a number of different specialists. That's just common sense.

And that will not only mean less paper-pushing and lower administrative costs, saving taxpayers billions of dollars; it will also mean all of you physicians will have an easier time doing your jobs. It will tell you, the doctors, what drugs a patient is taking so you can avoid prescribing a medication that could cause a harmful interaction. It will prevent the wrong dosages from going to a patient. It will reduce medical errors, it's estimated, that lead to 100,000 lives lost unnecessarily in our hospitals every year.

So there shouldn't be an argument there. And we want to make sure that we're helping providers computerize so that we can get this system up and running.

The second step that we can all agree on is to invest more in preventive care so we can avoid illness and disease in the first place. That starts with each of us taking more responsibility for our health and for the health of our children. It means quitting smoking. It means going in for that mammogram or colon cancer screening. It means going for a run or hitting the gym, and raising our children to step away from the video games and spend more time playing outside.

It also means cutting down on all the junk food that's fueling an epidemic of obesity -- which puts far too many Americans, young and old, at greater risk of costly, chronic conditions. That's a lesson Michelle and I have tried to instill in our daughters. As some of you know, we started a White House vegetable garden. I say "we" generously, because Michelle has done most of the work. That's a lesson that we should work with local school districts to incorporate into their school lunch programs.



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Building a health care system that promotes prevention rather than just managing diseases will require all of us to do our parts. It will take doctors telling us what risk factors we should avoid and what preventive measures we should pursue. It will take employers following the example of places like Safeway that is rewarding workers for taking better care of their health while reducing health care costs in the process.

If you're one of three-quarters of Safeway workers enrolled in their "Healthy Measures" program, you can get screened for problems like high cholesterol or high blood pressure. And if you score well, you can pay lower premiums; you get more money in your paycheck. It's a program that has helped Safeway cut health care spending by 13 percent, and workers save over 20 percent on their premiums. And we're open to doing more to help employers adopt and expand programs like this one.

Our federal government also has to step up its efforts to advance the cause of healthy living. Five of the costliest illnesses and conditions -- cancer, cardiovascular disease, diabetes, lung disease, and strokes -- can be prevented. And yet only a fraction of every health care dollar goes to prevention or public health. And that's starting to change with an investment we're making in prevention and wellness programs that can help us avoid disease that harm our health and the health of our economy.

But as important as they are, investments in electronic records and preventive care, all the things that I've just mentioned, they're just preliminary steps. They will only make a dent in the epidemic of rising costs in this country.

Despite what some have suggested, the reason we have these spiraling costs is not simply because we've got an aging population; demographics do account for part of rising costs because older, sicker societies pay more on health care than younger, healthier ones, and there's nothing intrinsically wrong in us taking better care of ourselves. But what accounts for the bulk of our costs is the nature of our health care delivery system itself -- a system where we spend vast amounts of money on things that aren't necessarily making our people any healthier; a system that automatically equates more expensive care with better care.

Now, a recent article in the New Yorker, for example, showed how McAllen, Texas, is spending twice as much as El Paso County -- twice as much -- not because people in McAllen, Texas, are sicker than they are in El Paso; not because they're getting better care or getting better outcomes.

It's simply because they're using more treatments -- treatments that, in some cases, they don't really need; treatments that, in some cases, can actually do people harm by raising the risk of infection or medical error.

And the problem is this pattern is repeating itself across America. One Dartmouth study shows that you're less likely -- you're no less likely to die from a heart attack and other ailments in a higher-spending area than in a lower-spending one.



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There are two main reasons for this. The first is a system of incentives where the more tests and services are provided, the more money we pay. And a lot of people in this room know what I'm talking about. It's a model that rewards the quantity of care rather than the quality of care; that pushes you, the doctor, to see more and more patients even if you can't spend much time with each, and gives you every incentive to order that extra MRI or EKG, even if it's not necessary. It's a model that has taken the pursuit of medicine from a profession -- a calling -- to a business.

That's not why you became doctors. That's not why you put in all those hours in the Anatomy Suite or the O.R. That's not what brings you back to a patient's bedside to check in, or makes you call a loved one of a patient to say it will be fine. You didn't enter this profession to be bean-counters and paper-pushers. You entered this profession to be healers. And that's what our health care system should let you be. That's what this health care system should let you be.

Now, that starts with reforming the way we compensate our providers -- doctors and hospitals. We need to bundle payments so you aren't paid for every single treatment you offer a patient with a chronic condition like diabetes, but instead paid well for how you treat the overall disease. We need to create incentives for physicians to team up, because we know that when that happens, it results in a healthier patient. We need to give doctors bonuses for good health outcomes, so we're not promoting just more treatment, but better care.

And we need to rethink the cost of a medical education, and do more to reward medical students who choose a career as a primary care physician -- who choose to work in underserved areas instead of the more lucrative paths. That's why we're making a substantial investment in the National Health Service Corps that will make medical training more affordable for primary care doctors and nurse practitioners so they aren't drowning in debt when they enter the workforce. Somebody back there is drowning in debt.

The second structural reform we need to make is to improve the quality of medical information making its way to doctors and patients. We have the best medical schools, the most sophisticated labs, the most advanced training of any nation on the globe. Yet we're not doing a very good job harnessing our collective knowledge and experience on behalf of better medicine.

Less than 1 percent of our health care spending goes to examining what treatments are most effective -- less than 1 percent. And even when that information finds its way into journals, it can take up to 17 years to find its way to an exam room or operating table. As a result, too many doctors and patients are making decisions without the benefit of the latest research.

A recent study, for example, found that only half of all cardiac guidelines are based on scientific evidence -- half.



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That means doctors may be doing a bypass operation when placing a stent is equally effective; or placing a stent when adjusting a patient's drug and medical management is equally effective -- all of which drives up costs without improving a patient's health.

So one thing we need to do is to figure out what works, and encourage rapid implementation of what works into your practices. That's why we're making a major investment in research to identify the best treatments for a variety of ailments and conditions.

Now, let me be clear -- I just want to clear something up here -- identifying what works is not about dictating what kind of care should be provided. It's about providing patients and doctors with the information they need to make the best medical decisions. See, I have the assumption that if you have good information about what makes your patients well, that's what you're going to do. I have confidence in that. We're not going to need to force you to do it. We just need to make sure you've got the best information available.

Still, even when we do know what works, we are often not making the most of it. And that's why we need to build on the examples of outstanding medicine at places like the Cincinnati Children's Hospital, where the quality of care for cystic fibrosis patients shot up after the hospital began incorporating suggestions from parents. And places like Tallahassee Memorial Health Care, where deaths were dramatically reduced with rapid response teams that monitored patients' conditions, and "multidisciplinary rounds" with everyone from physicians to pharmacists. And places like Geisinger Health System in rural Pennsylvania, and Intermountain Health in Salt Lake City, where high-quality care is being provided at a cost well below the national average. These are all islands of excellence that we need to make the standard in our health care system.

So replicating best practices, incentivizing excellence, closing cost disparities -- any legislation sent to my desk that does not these -- does not achieve these goals in my mind does not earn the title of reform.

But my signature on a bill is not enough. I need your help, doctors, because to most Americans you are the health care system. The fact is Americans -- and I include myself and Michelle and our kids in this -- we just do what you tell us to do. That's what we do. We listen to you, we trust you. And that's why I will listen to you and work with you to pursue reform that works for you.

Together, if we take all these steps, I am convinced we can bring spending down, bring quality up; we can save hundreds of billions of dollars on health care costs while making our health care system work better for patients and doctors alike. And when we align the interests of patients and doctors, then we're going to be in a good place.

Now, I recognize that it will be hard to make some of these changes if doctors feel like they're constantly looking over their shoulders for fear of lawsuits. I recognize that. Don't get too excited yet.



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Now, I understand some doctors may feel the need to order more tests and treatments to avoid being legally vulnerable. That's a real issue. Now, just hold on to your horses here, guys. I want to be honest with you. I'm not advocating caps on malpractice awards -- which I personally believe can be unfair to people who've been wrongfully harmed.

But I do think we need to explore a range of ideas about how to put patient safety first; how to let doctors focus on practicing medicine; how to encourage broader use of evidence-based guidelines. I want to work with the AMA so we can scale back the excessive defensive medicine that reinforces our current system, and shift to a system where we are providing better care, simply -- rather than simply more treatment.

So this is going to be a priority for me. And I know, based on your responses, it's a priority for you. And I look forward to working with you. And it's going to be difficult. But all this stuff is going to be difficult. All of it's going to be important.

Now, I know this has been a long speech, but we got more to do. The changes that I have already spoken about, all that is going to need to go hand-in-hand with other reforms. Because our health care system is so complex and medicine is always evolving, we need a way to continually evaluate how we can eliminate waste, reduce costs, and improve quality.

That's why I'm open to expanding the role of a commission created by a Republican Congress called the Medicare Payment Advisory Commission, which happens to include a number of physicians on the commission. In recent years, this commission proposed roughly \$200 billion in savings that never made it into law. These recommendations have now been incorporated into our broader reform agenda, but we need to fast-track their proposals, the commission's proposals, in the future so that we don't miss another opportunity to save billions of dollars, as we gain more information about what works and what doesn't work in our health care system.

And as we seek to contain the cost of health care, we also have to ensure that every American can get coverage they can afford. We must do so in part because it's in all of our economic interests. Each time an uninsured American steps foot into an emergency room with no way to reimburse the hospital for care, the cost is handed over to every American family as a bill of about \$1,000 that's reflected in higher taxes, higher premiums, and higher health care costs. It's a hidden tax, a hidden bill that will be cut as we insure all Americans. And as we insure every young and healthy American, it will spread out risk for insurance companies, further reducing costs for everyone.

But alongside these economic arguments, there's another, more powerful one. And it is simply this: We are not a nation that accepts nearly 46 million uninsured men, women and children. We are not a nation that lets hardworking families go without coverage, or turns its back on those in need. We're a nation that cares for its citizens. We look out for one another. That's what makes us the United States of America. We need to get this done.



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So we need to do a few things to provide affordable health insurance to every single American. The first thing we need to do is to protect what's working in our health care system. So just in case you didn't catch it the first time, let me repeat: If you like your health care system and your doctor, the only thing reform will mean to you is your health care will cost less. If anyone says otherwise, they are either trying to mislead you or don't have their facts straight.

Now, if you don't like your health care coverage or you don't have any insurance at all, you'll have a chance, under what we've proposed, to take part in what we're calling a Health Insurance Exchange. This exchange will allow you to one-stop shop for a health care plan, compare benefits and prices, and choose a plan that's best for you and your family -- the same way, by the way, that federal employees can do, from a postal worker to a member of Congress. You will have your choice of a number of plans that offer a few different packages, but every plan would offer an affordable, basic package.

Again, this is for people who aren't happy with their current plan. If you like what you're getting, keep it. Nobody is forcing you to shift. But if you're not, this gives you some new options. And I believe one of these options needs to be a public option that will give people a broader range of choices -- and inject competition into the health care market so that force -- so that we can force waste out of the system and keep the insurance companies honest.

Now, I know that there's some concern about a public option. Even within this organization there's healthy debate about it. In particular, I understand that you're concerned that today's Medicare rates, which many of you already feel are too low, will be applied broadly in a way that means our cost savings are coming off your backs.

And these are legitimate concerns, but they're ones, I believe, that can be overcome. As I stated earlier, the reforms we propose to reimbursement are to reward best practices, focus on patient care, not on the current piecemeal reimbursements. What we seek is more stability and a health care system that's on a sounder financial footing.

And the fact is these reforms need to take place regardless of whether there's a public option or not. With reform, we will ensure that you are being reimbursed in a thoughtful way that's tied to patient outcomes, instead of relying on yearly negotiations about the Sustainable Growth Rate formula that's based on politics and the immediate state of the federal budget in any given year.

And I just want to point out the alternative to such reform is a world where health care costs grow at an unsustainable rate. And if you don't think that's going to threaten your reimbursements and the stability of our health care system, you haven't been paying attention.

So the public option is not your enemy; it is your friend, I believe.



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Let me also say that -- let me also address a illegitimate concern that's being put forward by those who are claiming that a public option is somehow a Trojan horse for a single-payer system. I'll be honest; there are countries where a single-payer system works pretty well. But I believe -- and I've taken some flak from members of my own party for this belief -- that it's important for our reform efforts to build on our traditions here in the United States. So when you hear the naysayers claim that I'm trying to bring about government-run health care, know this: They're not telling the truth.

What I am trying to do -- and what a public option will help do -- is put affordable health care within reach for millions of Americans. And to help ensure that everyone can afford the cost of a health care option in our exchange, we need to provide assistance to families who need it. That way, there will be no reason at all for anyone to remain uninsured.

Indeed, it's because I'm confident in our ability to give people the ability to get insurance at an affordable rate that I'm open to a system where every American bears responsibility for owning health insurance -- so long as we provide a hardship waiver for those who still can't afford it as we move towards this system.

The same is true for employers. While I believe every business has a responsibility to provide health insurance for its workers, small businesses that can't afford it should receive an exemption. And small business workers and their families will be able to seek coverage in the exchange if their employer is not able to provide it.

Now, here's some good news. Insurance companies have expressed support for the idea of covering the uninsured and they certainly are in favor of a mandate. I welcome their willingness to engage constructively in the reform debate. I'm glad they're at the table. But what I refuse to do is simply create a system where insurance companies suddenly have a whole bunch of more customers on Uncle Sam's dime, but still fail to meet their responsibilities. We're not going to do that.

Let me give you an example of what I'm talking about. We need to end the practice of denying coverage on the basis of preexisting conditions. The days of cherry-picking who to cover and who to deny, those days are over. I know you see it in your practices, and how incredibly painful and frustrating it is -- you want to give somebody care and you find out that the insurance companies are wiggling out of paying.

This is personal for me also. I've told this story before. I'll never forget watching my own mother, as she fought cancer in her final days, spending time worrying about whether her insurer would claim her illness was a preexisting condition so it could get out of providing coverage. Changing the current approach to preexisting conditions is the least we can do -- for my mother and for every other mother, father, son, and daughter, who has suffered under this practice, who've been paying premiums and don't get care. We need to put health care within the reach for millions of Americans.



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Now, even if we accept all of the economic and moral reasons for providing affordable coverage to all Americans, there is no denying that expanding coverage will come at a cost, at least in the short run. But it is a cost that will not -- I repeat -- will not add to our deficits. I've set down a rule for my staff, for my team -- and I've said this to Congress -- health care reform must be, and will be, deficit-neutral in the next decade.

Now, there are already voices saying the numbers don't add up. They're wrong. Here's why. Making health care affordable for all Americans will cost somewhere on the order of \$1 trillion over the next 10 years. That's real money, even in Washington. But remember, that's less than we are projected to have spent on the war in Iraq. And also remember, failing to reform our health care system in a way that genuinely reduces cost growth will cost us trillions of dollars more in lost economic growth and lower wages.

That said, let me explain how we will cover the price tag. First, as part of the budget that was passed a few months ago, we put aside \$635 billion over 10 years in what we're calling a Health Reserve Fund. Over half of that amount -- more than \$300 billion -- will come from raising revenue by doing things like modestly limiting the tax deductions the wealthiest Americans can take to the same level that it was at the end of the Reagan years -- same level that it was under Ronald Reagan. Some are concerned that this will dramatically reduce charitable giving, for example, but statistics show that's not true. And the best thing for our charities is the stronger economy that we will build with health care reform.

But we can't just raise revenues. We're also going to have to make spending cuts, in part by examining inefficiencies in our current Medicare program. There are going to be robust debates about where these cuts should be made, and I welcome that debate. But here's where I think these cuts should be made.

First, we should end overpayments to Medicare Advantage. Today, we're paying Medicare Advantage plans much more than we pay for traditional Medicare services. Now, this is a good deal for insurance companies. It's a subsidy to insurance companies. It's not a good deal for you. It's not a good deal for the American people. And by the way, it doesn't follow free market principles, for those who are always talking about free market principles. That's why we need to introduce competitive bidding into the Medicare Advantage program, a program under which private insurance companies are offering Medicare coverage. That alone will save \$177 billion over the next decade, just that one step.

Second, we need to use Medicare reimbursements to reduce preventable hospital readmissions. Right now, almost 20 percent of Medicare patients discharged from hospitals are readmitted within a month, often because they're not getting the comprehensive care that they need. This puts people at risk; it drives up cost. By changing how Medicare reimburses hospitals, we can discourage them from acting in a way that boosts profits but drives up costs for everyone else. That will save us \$25 billion over the next decade.



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Third, we need to introduce generic biologic drugs into the marketplace. These are drugs used to treat illnesses like anemia. But right now, there is no pathway at the FDA for approving generic versions of these drugs. Creating such a pathway will save us billions of dollars. We can save another roughly \$30 billion by getting a better deal for our poorer seniors while asking our well-off seniors to pay a little more for their drugs.

So that's the bulk of what's in the Health Reserve Fund. I've also proposed saving another \$313 billion in Medicare and Medicaid spending in several other ways. One way is by adjusting Medicare payments to reflect new advances and productivity gains in our economy. Right now, Medicare payments are rising each year by more than they should. These adjustments will create incentives for providers to deliver care more efficiently, and save us roughly \$109 billion in the process.

Another way we can achieve savings is by reducing payments to hospitals for treating uninsured people. I know hospitals rely on these payments now, legitimately, because of the large number of uninsured patients that they treat. But if we put in a system where people have coverage and the number of uninsured people goes down with our reforms, the amount we pay hospitals to treat uninsured people should go down, as well. Reducing these payments gradually, as more and more people have coverage, will save us over \$106 billion. And we'll make sure the difference goes to the hospitals that need it most.

We can also save about \$75 billion through more efficient purchasing of prescription drugs. And we can save about \$1 billion more by rooting out waste, abuse, fraud throughout our health care system so that no one is charging more for a service than it's worth or charging a dime for a service that they don't provide.

Let me be clear: I'm committed to making these cuts in a way that protects our senior citizens. In fact, these proposals will actually extend the life of the Medicare Trust Fund by seven years, and reduce premiums for Medicare beneficiaries by roughly \$43 billion over the next 10 years. And I'm working with AARP to uphold that commitment.

Now, for those of you who took out your pencil and paper -- altogether, these savings mean that we've put about \$950 billion on the table -- and that doesn't count some of the long-term savings that we think will come about from reform -- from medical IT, for example, or increased investment in prevention. So that stuff in congressional jargon is not scorable; the Congressional Budget Office won't count that as savings, so we're setting that aside. We think that's going to come, but even separate and far from that, we've put \$950 billion on the table, taking us almost all the way to covering the full cost of health care reform.

In the weeks and months ahead, I look forward to working with Congress to make up the difference so that health care reform is fully paid for -- in a real, accountable way. And let me add that this does not count longer-term savings. I just want to repeat that.



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By insisting that the reforms that we're introducing are deficit-neutral over the next decade, and by making the reforms that will help slow the growth rate of health care costs over the coming decades -- bending the curve -- we can look forward to faster economic growth, higher living standards, and falling, instead of rising, budget deficits.

Now, let me just wrap up by saying this. I know people are cynical whether we can do this or not. I know there will be disagreements about how to proceed in the days ahead. There's probably healthy debate within the AMA. That's good. I also know this: We can't let this moment pass us by.

You know, the other day, a friend of mine, Congressman Earl Blumenauer, handed me a magazine with a special issue titled, "The Crisis in American Medicine." One article notes "soaring charges." Another warns about the "volume of utilization of services." Another asks if we can find a "better way than fee-for-service for paying for medical care." It speaks to many of the challenges we face today. The thing is, this special issue was published by Harper's Magazine in October of 1960 -- before I was born.

Members of the American Medical Association, and my fellow Americans, I'm here today because I don't want our children and their children to still be speaking of a crisis in American medicine 50 years from now. I don't want them to still be suffering from spiraling costs that we did not stem, or sicknesses that we did not cure. I don't want them to be burdened with massive deficits we did not curb or a worsening economy that we did not rebuild.

I want them to benefit from a health care system that works for all of us; where families can open a doctor's bill without dreading what's inside; where parents are talking to their kids and getting them to get regular checkups, and testing themselves for preventable ailments; where parents are feeding their kids healthier food and kids are exercising more; where patients are spending more time with their doctors, and doctors can pull up on a computer all the medical information and latest research they'll ever want to know to meet patients' needs; where orthopedists and nephrologists and oncologists are all working together to treat a single human being; where what's best about America's health care system has become the hallmark of America's health care system.

That's the health care system we can build. That's the future I'm convinced is within our reach.

And if we're willing to come together and bring about that future, then we will not only make Americans healthier, we will not only unleash America's economic potential, but we will reaffirm the ideals that led you into this noble profession and we'll build a health care system that lets all Americans heal.

Thank you very much, AMA. Appreciate it, thank you.



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Barack Obama

To House Democratic Caucus on Health Care Reform Bill

delivered 20 March 2010



AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio

Thank you! Everybody, please have a set.

To Leader Reid, to Steny Hoyer, John Larson, Xavier Becerra, Jim Clyburn, Chris Van Hollen, to an extraordinary leader and extraordinary Speaker of the House, Nancy Pelosi, and to all the members here today, thank you very much for having me. Thanks for having me and thanks for your tireless efforts waged on behalf of health insurance reform in this country.

I have the great pleasure of having a really nice library at the White House. And I was tooling through some of the writings of some previous Presidents and I came upon this quote by Abraham Lincoln: "I am not bound to win, but I'm bound to be true. I'm not bound to succeed, but I'm bound to live up to what light I have."

This debate has been a difficult debate. This process has been a difficult process. And this year has been a difficult year for the American people. When I was sworn in, we were in the midst of the worst recession since the Great Depression. Eight hundred thousand people per month were losing their jobs. Millions of people were losing their health insurance. And the financial system was on the verge of collapse.

And this body has taken on some of the toughest votes and some of the toughest decisions in the history of Congress. Not because you were bound to win, but because you were bound to be true. Because each and every one of you made a decision that at a moment of such urgency, it was less important to measure what the polls said than to measure what was right.



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A year later, we're in different circumstances. Because of the actions that you've taken, the financial system has stabilized. The stock market has stabilized. Businesses are starting to invest again. The economy, instead of contracting, is now growing again. There are signs that people are going to start hiring again. There's still tremendous hardship all across the country, but there is a sense that we are making progress -- because of you.

But even before this crisis, each and every one of us knew that there were millions of people across America who were living their own quiet crises. Maybe because they had a child who had a preexisting condition and no matter how desperate they were, no matter what insurance company they called, they couldn't get coverage for that child. Maybe it was somebody who had been forced into early retirement, in their 50s not yet eligible for Medicare, and they couldn't find a job and they couldn't find health insurance, despite the fact that they had some sort of chronic condition that had to be tended to.

Every single one of you at some point before you arrived in Congress and after you arrived in Congress have met constituents with heart-breaking stories. And you've looked them in the eye and you've said, we're going to do something about it -- that's why I want to go to Congress.

And now, we're on the threshold of doing something about it. We're a day away. After a year of debate, after every argument has been made, by just about everybody, we're 24 hours away.

As some of you know, I'm not somebody who spends a lot of time surfing the cable channels, but I'm not completely in the bubble. I have a sense of what the coverage has been, and mostly it's an obsession with "What will this mean for the Democratic Party? What will this mean for the President's polls? How will this play out in November? Is this good or is this bad for the Democratic majority? What does it mean for those swing districts?"

And I noticed that there's been a lot of friendly advice offered all across town. Mitch McConnell, John Boehner, Karl Rove -- they're all warning you of the horrendous impact if you support this legislation. Now, it could be that they are suddenly having a change of heart and they are deeply concerned about their Democratic friends. They are giving you the best possible advice in order to assure that Nancy Pelosi remains Speaker and Harry Reid remains Leader and that all of you keep your seats. That's a possibility.

But it may also be possible that they realize after health reform passes and I sign that legislation into law, that it's going to be a little harder to mischaracterize what this effort has been all about.

Because this year, small businesses will start getting tax credits so that they can offer health insurance to employees who currently don't have it. Because this year, those same parents who are worried about getting coverage for their children with preexisting conditions now are assured that insurance companies have to give them coverage -- this year.



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Because this year, insurance companies won't suddenly be able to drop your coverage when you get sick -- or impose lifetime limits or restrictive limits on the coverage that you have. Maybe they know that this year, for the first time, young people will be able to stay on their parents' health insurance until they're 26 years old and they're thinking that just might be popular all across the country.

And what they also know is what won't happen. They know that after this legislation passes and after I sign this bill, lo and behold nobody is pulling the plug on Granny. It turns out that in fact people who like their health insurance are going to be able to keep their health insurance; that there's no government takeover. People will discover that if they like their doctor, they'll be keeping their doctor. In fact, they're more likely to keep their doctor because of a stronger system.

It'll turn out that this piece of historic legislation is built on the private insurance system that we have now and runs straight down the center of American political thought. It turns out this is a bill that tracks the recommendations not just of Democrat Tom Daschle, but also Republicans Bob Dole and Howard Baker; that this is a middle-of-the-road bill that is designed to help the American people in an area of their lives where they urgently need help.

Now, there are some who wanted a single-payer government-run system. That's not this bill. The Republicans wanted what I called the "foxes guard the henhouse approach" in which we further deregulate the insurance companies and let them run wild, the notion being somehow that that was going to lower costs for the American people. I don't know a serious health care economist who buys that idea, but that was their concept. And we rejected that, because what we said was we want to create a system in which health care is working not for insurance companies but it's working for the American people, it's working for middle class families.

So what did we do? What is the essence of this legislation? Number one, this is the toughest insurance reforms in history. We are making sure that the system of private insurance works for ordinary families. A prescription -- this is a patient's bill of rights on steroids. So many of you individually have worked on these insurance reforms -- they are in this package -- to make sure that families are getting a fair deal; that if they're paying a premium, that they're getting a good service in return; making sure that employers, if they are paying premiums for their employees, that their employees are getting the coverage that they expect; that insurance companies are not going to game the system with fine print and rescissions and dropping people when they need it most, but instead are going to have to abide by some basic rules of the road that exemplify a sense of fairness and good value. That's number one.

The second thing this does is it creates a pool, a marketplace, where individuals and small businesses, who right now are having a terrible time out there getting health insurance, are going to be able to purchase health insurance as part of a big group -- just like federal employees, just like members of Congress. They are now going to be part of a pool that can negotiate for better rates, better quality, more competition.



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And that's why the Congressional Budget Office says this will lower people's rates for comparable plans by 14 to 20 percent. That's not my numbers -- that's the Congressional Budget Office's numbers. So that people will have choice and competition just like members of Congress have choice and competition.

Number three, if people still can't afford it we're going to provide them some tax credits -- the biggest tax cut for small businesses and working families when it comes to health care in history.

And number four, this is the biggest reduction in our deficit since the Budget Balance Act -- one of the biggest deficit reduction measures in history -- over \$1.3 trillion that will help put us on the path of fiscal responsibility.

And that's before we count all the game-changing measures that are going to assure, for example, that instead of having five tests when you go to the doctor you just get one; that the delivery system is working for patients, not just working for billings. And everybody who's looked at it says that every single good idea to bend the cost curve and start actually reducing health care costs are in this bill.

So that's what this effort is all about. Toughest insurance reforms in history. A marketplace so people have choice and competition who right now don't have it and are seeing their premiums go up 20, 30, 40, 50 percent. Reductions in the cost of health care for millions of American families, including those who have health insurance. The Business Roundtable did their own study and said that this would potentially save employers \$3,000 per employee on their health care because of the measures in this legislation.

And by the way, not only does it reduce the deficit -- we pay for it responsibly in ways that the other side of the aisle that talks a lot about fiscal responsibility but doesn't seem to be able to walk the walk can't claim when it comes to their prescription drug bill. We are actually doing it. This is paid for and will not add a dime to the deficit -- it will reduce the deficit.

Now, is this bill perfect? Of course not. Will this solve every single problem in our health care system right away? No. There are all kinds of ideas that many of you have that aren't included in this legislation. I know that there has been discussion, for example, of how we're going to deal with regional disparities and I know that there was a meeting with Secretary Sebelius to assure that we can continue to try to make sure that we've got a system that gives people the best bang for their buck.

So this is not -- there are all kinds of things that many of you would like to see that isn't in this legislation. There are some things I'd like to see that's not in this legislation. But is this the single most important step that we have taken on health care since Medicare? Absolutely. Is this the most important piece of domestic legislation in terms of giving a break to hardworking middle class families out there since Medicare? Absolutely. Is this a vast improvement over the status quo? Absolutely.



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Now, I still know this is a tough vote, though. I know this is a tough vote. I've talked to many of you individually. And I have to say that if you honestly believe in your heart of hearts, in your conscience, that this is not an improvement over the status quo; if despite all the information that's out there that says that without serious reform efforts like this one people's premiums are going to double over the next five or 10 years, that folks are going to keep on getting letters from their insurance companies saying that their premium just went up 40 or 50 percent; if you think that somehow it's okay that we have millions of hardworking Americans who can't get health care and that it's all right, it's acceptable, in the wealthiest nation on Earth that there are children with chronic illnesses that can't get the care that they need -- if you think that the system is working for ordinary Americans rather than the insurance companies, then you should vote no on this bill. If you can honestly say that, then you shouldn't support it. You're here to represent your constituencies and if you think your constituencies honestly wouldn't be helped, you shouldn't vote for this.

But if you agree that the system is not working for ordinary families, if you've heard the same stories that I've heard everywhere, all across the country, then help us fix this system. Don't do it for me. Don't do it for Nancy Pelosi or Harry Reid. Do it for all those people out there who are struggling.

Some of you know I get 10 letters a day that I read out of the 40,000 that we receive. Started reading some of the ones that I got this morning. "Dear President Obama, my daughter, a wonderful person, lost her job. She has no health insurance. She had a blood clot in her brain. She's now disabled, can't get care." "Dear President Obama, I don't yet qualify for Medicare. COBRA is about to run out. I am desperate, don't know what to do."

Do it for them. Do it for people who are really scared right now through no fault of their own, who've played by the rules, who've done all the right things, and have suddenly found out that because of an accident, because of an ailment, they're about to lose their house; or they can't provide the help to their kids that they need; or they're a small business who up until now has always taken pride in providing care for their workers and it turns out that they just can't afford to do it anymore and they've having to make a decision about do I keep providing health insurance for my workers or do I just drop their coverage or do I not hire some people because I simply can't afford it -- it's all being gobbled up by the insurance companies.

Don't do it for me. Don't do it for the Democratic Party. Do it for the American people. They're the ones who are looking for action right now.

I know this is a tough vote. And I am actually confident -- I've talked to some of you individually -- that it will end up being the smart thing to do politically because I believe that good policy is good politics. I am convinced that when you go out there and you are standing tall and you are saying I believe that this is the right thing to do for my constituents and the right thing to do for America, that ultimately the truth will out.



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I had a wonderful conversation with Betsy Markey. I don't know if Betsy is around here. There she is right there. Betsy is in a tough district. The biggest newspaper is somewhat conservative, as Betsy described. They weren't real happy with health care reform. They were opposed to it. Betsy, despite the pressure, announced that she was in favor of this bill. And lo and behold, the next day that same newspaper runs an editorial saying, you know what, we've considered this, we've looked at the legislation, and we actually are pleased that Congresswoman Markey is supporting the legislation.

When I see John Bocchieri stand up proud with a whole bunch of his constituencies -- in as tough a district as there is and stand up with a bunch of folks from his district with preexisting conditions and saying, you know, I don't know what is going on Washington but I know what's going on with these families -- I look at him with pride.

Now, I can't guarantee that this is good politics. Every one of you know your districts better than I do. You talk to folks. You're under enormous pressure. You're getting robocalls. You're getting e-mails that are tying up the communications system. I know the pressure you're under. I get a few comments made about me. I don't know if you've noticed. I've been in your shoes. I know what it's like to take a tough vote.

But what did Lincoln say? "I am not bound to win, but I am bound to be true." Two generations ago, folks who were sitting in your position, they made a decision -- we are going to make sure that seniors and the poor have health care coverage that they can count on. And they did the right thing.

And I'm sure at the time they were making that vote, they weren't sure how the politics were either, any more than the people who made the decision to make sure that Social Security was in place knew how the politics would play out, or folks who passed the civil rights acts knew how the politics were going to play out. They were not bound to win, but they were bound to be true.

And now we've got middle class Americans, don't have Medicare, don't have Medicaid, watching the employer-based system fray along the edges or being caught in terrible situations. And the question is, are we going to be true to them?

Sometimes I think about how I got involved in politics. I didn't think of myself as a potential politician when I got out of college. I went to work in neighborhoods, working with Catholic churches in poor neighborhoods in Chicago, trying to figure out how people could get a little bit of help. And I was skeptical about politics and politicians, just like a lot of Americans are skeptical about politics and politicians are right now. Because my working assumption was when push comes to shove, all too often folks in elected office, they're looking for themselves and not looking out for the folks who put them there; that there are too many compromises; that the special interests have too much power; they just got too much clout; there's too much big money washing around.



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And I decided finally to get involved because I realized if I wasn't willing to step up and be true to the things I believe in, then the system wouldn't change. Every single one of you had that same kind of moment at the beginning of your careers. Maybe it was just listening to stories in your neighborhood about what was happening to people who'd been laid off of work. Maybe it was your own family experience, somebody got sick and didn't have health care and you said something should change.

Something inspired you to get involved, and something inspired you to be a Democrat instead of running as a Republican. Because somewhere deep in your heart you said to yourself, I believe in an America in which we don't just look out for ourselves, that we don't just tell people you're on your own, that we are proud of our individualism, we are proud of our liberty, but we also have a sense of neighborliness and a sense of community -- and we are willing to look out for one another and help people who are vulnerable and help people who are down on their luck and give them a pathway to success and give them a ladder into the middle class. That's why you decided to run.

And now a lot of us have been here a while and everybody here has taken their lumps and their bruises. And it turns out people have had to make compromises, and you've been away from families for a long time and you've missed special events for your kids sometimes. And maybe there have been times where you asked yourself, why did I ever get involved in politics in the first place? And maybe things can't change after all. And when you do something courageous, it turns out sometimes you may be attacked. And sometimes the very people you thought you were trying to help may be angry at you and shout at you. And you say to yourself, maybe that thing that I started with has been lost.

But you know what? Every once in a while, every once in a while a moment comes where you have a chance to vindicate all those best hopes that you had about yourself, about this country, where you have a chance to make good on those promises that you made in all those town meetings and all those constituency breakfasts and all that traveling through the district, all those people who you looked in the eye and you said, you know what, you're right, the system is not working for you and I'm going to make it a little bit better.

And this is one of those moments. This is one of those times where you can honestly say to yourself, doggone it, this is exactly why I came here. This is why I got into politics. This is why I got into public service. This is why I've made those sacrifices. Because I believe so deeply in this country and I believe so deeply in this democracy and I'm willing to stand up even when it's hard, even when it's tough.

Every single one of you have made that promise not just to your constituents but to yourself. And this is the time to make true on that promise. We are not bound to win, but we are bound to be true. We are not bound to succeed, but we are bound to let whatever light we have shine. We have been debating health care for decades. It has now been debated for a year.



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It is in your hands. It is time to pass health care reform for America, and I am confident that you are going to do it tomorrow.

Thank you very much, House of Representatives. Let's get this done.



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Barack Obama

Address to the Nation on Health Care Bill Passage



Delivered 21 March 2010

AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio

Good evening, everybody. Tonight, after nearly 100 years of talk and frustration, after decades of trying, and a year of sustained effort and debate, the United States Congress finally declared that America's workers and America's families and America's small businesses deserve the security of knowing that here, in this country, neither illness nor accident should endanger the dreams they've worked a lifetime to achieve.

Tonight, at a time when the pundits said it was no longer possible, we rose above the weight of our politics. We pushed back on the undue influence of special interests. We didn't give in to mistrust or to cynicism or to fear. Instead, we proved that we are still a people capable of doing big things and tackling our biggest challenges. We proved that this government -- a government of the people and by the people -- still works for the people.

I want to thank every member of Congress who stood up tonight with courage and conviction to make health care reform a reality. And I know this wasn't an easy vote for a lot of people. But it was the right vote. I want to thank Speaker Nancy Pelosi for her extraordinary leadership, and Majority Leader Steny Hoyer and Majority Whip Jim Clyburn for their commitment to getting the job done. I want to thank my outstanding Vice President, Joe Biden, and my wonderful Secretary of Health and Human Services, Kathleen Sebelius, for their fantastic work on this issue. I want to thank the many staffers in Congress, and my own incredible staff in the White House, who have worked tirelessly over the past year with Americans of all walks of life to forge a reform package finally worthy of the people we were sent here to serve.



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Today's vote answers the dreams of so many who have fought for this reform. To every unsung American who took the time to sit down and write a letter or type out an e-mail hoping your voice would be heard -- it has been heard tonight. To the untold numbers who knocked on doors and made phone calls, who organized and mobilized out of a firm conviction that change in this country comes not from the top down, but from the bottom up -- let me reaffirm that conviction: This moment is possible because of you.

Most importantly, today's vote answers the prayers of every American who has hoped deeply for something to be done about a health care system that works for insurance companies, but not for ordinary people. For most Americans, this debate has never been about abstractions, the fight between right and left, Republican and Democrat -- it's always been about something far more personal. It's about every American who knows the shock of opening an envelope to see that their premiums just shot up again when times are already tough enough. It's about every parent who knows the desperation of trying to cover a child with a chronic illness only to be told "no" again and again and again. It's about every small business owner forced to choose between insuring employees and staying open for business. They are why we committed ourselves to this cause.

Tonight's vote is not a victory for any one party -- it's a victory for them. It's a victory for the American people. And it's a victory for common sense.

Now, it probably goes without saying that tonight's vote will give rise to a frenzy of instant analysis. There will be tallies of Washington winners and losers, predictions about what it means for Democrats and Republicans, for my poll numbers, for my administration. But long after the debate fades away and the prognostication fades away and the dust settles, what will remain standing is not the government-run system some feared, or the status quo that serves the interests of the insurance industry, but a health care system that incorporates ideas from both parties -- a system that works better for the American people.

If you have health insurance, this reform just gave you more control by reining in the worst excesses and abuses of the insurance industry with some of the toughest consumer protections this country has ever known -- so that you are actually getting what you pay for.

If you don't have insurance, this reform gives you a chance to be a part of a big purchasing pool that will give you choice and competition and cheaper prices for insurance. And it includes the largest health care tax cut for working families and small businesses in history -- so that if you lose your job and you change jobs, start that new business, you'll finally be able to purchase quality, affordable care and the security and peace of mind that comes with it.

This reform is the right thing to do for our seniors. It makes Medicare stronger and more solvent, extending its life by almost a decade. And it's the right thing to do for our future. It will reduce our deficit by more than \$100 billion over the next decade, and more than \$1 trillion in the decade after that.



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So this isn't radical reform. But it is major reform. This legislation will not fix everything that ails our health care system. But it moves us decisively in the right direction. This is what change looks like.

Now as momentous as this day is, it's not the end of this journey. On Tuesday, the Senate will take up revisions to this legislation that the House has embraced, and these are revisions that have strengthened this law and removed provisions that had no place in it. Some have predicted another siege of parliamentary maneuvering in order to delay adoption of these improvements. I hope that's not the case. It's time to bring this debate to a close and begin the hard work of implementing this reform properly on behalf of the American people. This year, and in years to come, we have a solemn responsibility to do it right.

Nor does this day represent the end of the work that faces our country. The work of revitalizing our economy goes on. The work of promoting private sector job creation goes on. The work of putting American families' dreams back within reach goes on. And we march on, with renewed confidence, energized by this victory on their behalf.

In the end, what this day represents is another stone firmly laid in the foundation of the American Dream. Tonight, we answered the call of history as so many generations of Americans have before us. When faced with crisis, we did not shrink from our challenge -- we overcame it. We did not avoid our responsibility -- we embraced it. We did not fear our future -- we shaped it.

Thank you, God bless you, and may God bless the United States of America.



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Barack Obama

Address on Health Care at George Mason University



delivered 19 March 2010

AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio

Hello, George Mason! How's everybody doing today? Thank you. Thank you. Thank you. Thank you.

AUDIENCE: Yes we can! Yes we can! Yes we can! Yes we can!

THE PRESIDENT: Thank you, everybody. It's good to be back with some real Patriots. I want to thank Dr. Alan Merten, the President of George Mason University, and his family. Dr. Shirley Travis, who's here -- thank you. And Coach Larranaga, we were just talking a little bit about -- looking forward to picking George Mason in my bracket next year.

AUDIENCE MEMBER: We love you!

THE PRESIDENT: I love you! I don't know if some of you remember, but I visited this university about three years ago for the first time. This was at just the dawn of my presidential campaign. It was about three weeks old, I think. We didn't have a lot of money. We didn't have a lot of staff. Nobody could pronounce my name. Our poll numbers were quite low. And a lot of people -- a lot of people in Washington, they didn't think it was even worth us trying.

AUDIENCE MEMBER: Yes we can!

THE PRESIDENT: They had counted us out before we had even started, because the Washington conventional wisdom was that change was too hard. But what we had even then was a group of students here at George Mason -- who believed that if we worked hard enough and if we fought long enough, if we organized enough supporters, then we could finally bring change to that city across the river. We believed that despite all the resistance, we could make Washington work. Not for the lobbyists, not for the special interests, not for the politicians, but for the American people.



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And now three years later, I stand before you, one year after the worst recession since the Great Depression, having to make a bunch of tough decisions, having had a tumultuous debate, having had a lot of folks who were skeptical that we could get anything done. And right now, we are at the point where we are going to do something historic this weekend. That's what this health care vote is all about.

AUDIENCE: Yes we can! Yes we can! Yes we can!

THE PRESIDENT: A few miles from here, Congress is in the final stages of a fateful debate about the future of health insurance in America. It's a debate that's raged not just for the past year but for the past century. One thing when you're in the White House, you've got a lot of history books around you. And so I've been reading up on the history here. Teddy Roosevelt, Republican, was the first to advocate that everybody get health care in this country. Every decade since, we've had Presidents, Republicans and Democrats, from Harry Truman to Richard Nixon to JFK to Lyndon Johnson to -- every single President has said we need to fix this system. It's a debate that's not only about the cost of health care, not just about what we're doing about folks who aren't getting a fair shake from their insurance companies. It's a debate about the character of our country-- about whether we can still meet the challenges of our time; whether we still have the guts and the courage to give every citizen, not just some, the chance to reach their dreams.

At the heart of this debate is the question of whether we're going to accept a system that works better for the insurance companies than it does for the American people -- because if this vote fails, the insurance industry will continue to run amok. They will continue to deny people coverage. They will continue to deny people care. They will continue to jack up premiums 40 or 50 or 60 percent as they have in the last few weeks without any accountability whatsoever. They know this. And that's why their lobbyists are stalking the halls of Congress as we speak, and pouring millions of dollars into negative ads. And that's why they are doing everything they can to kill this bill.

So the only question left is this: Are we going to let the special interests win once again?

AUDIENCE: No!

THE PRESIDENT: Or are we going to make this vote a victory for the American people?

AUDIENCE: Yes we can! Yes we can!

THE PRESIDENT: George Mason, the time for reform is right now. Not a year from now, not five years from now, not 10 years from now, not 20 years from now -- it's now. We have had -- we have had a year of hard debate. Every proposal has been put on the table. Every argument has been made. We have incorporated the best ideas from Democrats and from Republicans into a final proposal that builds on the system of private insurance that we currently have. The insurance industry and its supporters in Congress have tried to portray this as radical change.

Now, I just -- I just want to be clear, everybody. Listen up, because we have heard every crazy thing about this bill. You remember. First we heard this was a government takeover of health care. Then we heard that this was going to kill granny. Then we heard, well, illegal immigrants are going to be getting the main benefits of this bill. There has been -- they have thrown every argument at this legislative effort.



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But when it -- it turns out, at the end of the day, what we're talking about is common-sense reform. That's all we're talking about.

If you like your doctor, you're going to be able to keep your doctor. If you like your plan, keep your plan. I don't believe we should give government or the insurance companies more control over health care in America. I think it's time to give you, the American people, more control over your health.

And since you've been hearing a whole bunch of nonsense, let's just be clear on what exactly the proposal that they're going to vote on in a couple of days will do. It's going to -- it's going to change health care in three ways. Number one, we are going to end the worst practices of insurance companies. This is -- this is a patient's bill of rights on steroids. Starting this year, thousands of uninsured Americans with preexisting conditions will be able to purchase health insurance, some for the very first time. Starting this year, insurance companies will be banned forever from denying coverage to children with preexisting conditions. Starting this year, insurance companies will be banned from dropping your coverage when you get sick. And they've been spending a lot of time weeding out people who are sick so they don't have to pay benefits that people have already paid for. Those practices will end.

If this reform becomes law, all new insurance plans will be required to offer free preventive care to their customers. If you buy a new plan, there won't be lifetime or restrictive annual limits on the amount of care you receive from your insurance companies. And by the way, to all the young people here today, starting this year if you don't have insurance, all new plans will allow you to stay on your parents' plan until you are 26 years old.

So you'll have some security when you graduate. If that first job doesn't offer coverage, you're going to know that you've got coverage. Because as you start your lives and your careers, the last thing you should be worried about is whether you're going to go broke or make your parents broke just because you get sick. All right?

So that's the first thing this legislation does -- the toughest insurance reforms in history. And by the way, when you talk to Republicans and you say, well, are you against this? A lot of them will say, no, no, that part's okay. All right, so let's go to the second part.

The second thing that would change about the current system is that for the first time, small business owners and people who are being priced out of the insurance market will have the same kind of choice of private health insurance that members of Congress give to themselves.

So what this means is, is that small business owners and middle-class families, they're going to be able to be part of what's called a big pool of customers that can negotiate with the insurance companies. And that means they can purchase more affordable coverage in a competitive marketplace. So they're not out there on their own just shopping. They're part of millions of people who are shopping together. And if you still can't afford the insurance in this new marketplace, even though it's going to be cheaper than what you can get on your own, then we're going to offer you tax credits to help you afford it -- tax credits that add up to the largest middle-class tax cut for health care in American history.



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Now, these tax credits cost money. Helping folks who can't afford it right now, that does cost some money. It costs about \$100 billion per year. But most of the cost --

AUDIENCE MEMBER: That's all right.

THE PRESIDENT: Well, here's the reason it's all right. Here's the reason it's all right. It wouldn't be all right if we weren't paying for it -- and by the way, that's what a previous Congress did with the prescription drug plan. All they did was they gave the benefits and they didn't pay for it.

That's not what we're doing. What we're doing is we're taking money that America is already spending in the health care system, but is being spent poorly, that's going to waste and fraud and unwarranted subsidies for the insurance companies, and we're taking that money and making sure those dollars go towards making insurance more affordable.

So we're going to eliminate wasteful taxpayer subsidies to insurance companies. We're going to set a new fee on insurance companies that stand to gain millions of new customers. So here's the point: This proposal is paid for. Unlike some of these previous schemes in Washington, we're not taking out the credit card in your name, young people, and charging it to you. We're making sure this thing is paid for. All right, so that's the second thing.

Now, the third thing that this legislation does is it brings down the cost of health care for families and businesses and the federal government. Americans who are buying comparable coverage in the individual market would end up seeing their premiums go down 14 to 20 percent. Americans who get their insurance through the workplace, cost savings could be as much as \$3,000 less per employer than if we do nothing. Now, think about that. That's \$3,000 your employer doesn't have to pay, which means maybe she can afford to give you a raise.

And by the way, if you're curious, well, how exactly are we saving these costs? Well, part of it is, again, we're not spending our health care money wisely. So, for example, you go to the hospital or you go to a doctor and you may take five tests, when it turns out if you just took one test, then you send an e-mail around with the test results, you wouldn't be paying \$500 per test. So we're trying to save money across the system. And altogether, our cost-cutting measures would reduce most people's premiums. And here's the bonus: It brings down our deficit by more than \$1 trillion over the next two decades.

So you've got -- you've got a whole bunch of opponents of this bill saying, well, we can't afford this; we're fiscal conservatives. These are the same guys who passed that prescription drug bill without paying for it, adding over \$1 trillion to our deficit -- "Oh, we can't afford this." But this bill, according to the Congressional Budget Office -- which is the referee, the scorekeeper for how much things cost -- says we'll save us \$1 trillion. Not only can we afford to do this, we can't afford not to do this.

So here's the bottom line. That's our proposal: toughest insurance reforms in history, one of the biggest deficit-reduction plans in history, and the opportunity to give millions of people -- some of them in your own family, some of the people who are in this auditorium today -- an opportunity for the first time in a very long time to get affordable health care. That's it. That's what we're trying to do. That's what the Congress of the United States is about to vote on this weekend.



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Now, it would be nice if we were just kind of examining the substance, we were walking through the details of the plan, what it means for you. But that's not what the cable stations like to talk about. What they like to talk about is the politics of the vote. What does this mean in November? What does it mean to the poll numbers? Is this more of an advantage for Democrats or Republicans? What's it going to mean for Obama? Will his presidency be crippled, or will he be the comeback kid? That's what they like to talk about. That's what they like to talk about. I understand.

One of the things you realize is basically that a lot of reporting in Washington, it's just like SportsCenter. It's considered a sport, and who's up and who's down, and everybody's keeping score. And you got the teams going at it. It's Rock 'Em Sock 'Em Robots.

Look, let me say this, George Mason: I don't know how this plays politically. Nobody really does. I mean, there's been so much misinformation and so much confusion and the climate at times during the course of this year has been so toxic and people are so anxious because the economy has been going through such a tough time. I don't know what's going to happen with the politics on this thing. I don't know whether my poll numbers go down, they go up. I don't know what happens in terms of Democrats versus Republicans.

But here's what I do know. I do know that this bill, this legislation, is going to be enormously important for America's future. I do know the impact it will have on the millions of Americans who need our help, and the millions more who may not need help right now but a year from now or five years from now or 10 years from now, if they have some bad luck; if, heaven forbid, they get sick; if they've got a preexisting condition; if their child has a preexisting condition; if they lose their job; if they want to start a company -- I know the impact it will have on them.

I know what this reform will mean for people like Leslie Banks, a single mom I met in Pennsylvania. She's trying to put her daughter through college, just like probably some of your moms and dads are trying to put you through college. And her insurance company just sent her a letter saying they plan to double her premium this year -- have it go up 100 percent. And she can't afford it. So now she's trying to figure out, am I going to keep my insurance or am I going to keep my daughter in college? Leslie Banks needs us to pass this reform bill.

I know what reform will mean for people like Laura Klitzka. I met Laura up in Green Bay, Wisconsin, while I was campaigning. She thought she had beaten her breast cancer. Then she discovered it had spread to her bones. And she and her insurance -- she and her husband, they were lucky enough to have insurance, but their medical bills still landed them in debt. So now she's spending time worrying about the debt when all she wants to do is think about how she can spend time with her two kids. Laura needs us to pass this reform bill.

I know what reform will mean for people like Natoma Canfield. When her insurance company raised her rates, she had to give up her coverage, even though she had been paying thousands of dollars in premiums for years, because she had beaten cancer 11 years earlier. They kept on jacking up her rates, jacking up her rates. Finally she thought she was going to lose her home. She was scared that a sudden illness would lead to financial ruin, but she had no choice. Right now she's lying in a hospital bed, faced with paying for such an illness, after she had to give up her health insurance. She's praying that somehow she can afford to get well. She knows that it is time for reform.



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So George Mason, when you hear people saying, well, why don't we do this more incrementally, why don't we do this a little more piecemeal, why don't we just help the folks that are easiest to help -- my answer is the time for reform is now. We have waited long enough. We have waited long enough.

And in just a few days, a century-long struggle will culminate in a historic vote. We've had historic votes before. We had a historic vote to put Social Security in place to make sure that our elderly did not live out their golden years in poverty. We had a historic vote in civil rights to make sure that everybody was equal under the law. As messy as this process is, as frustrating as this process is, as ugly as this process can be, when we have faced such decisions in our past, this nation, time and time again, has chosen to extend its promise to more of its people.

You know, the naysayers said that Social Security would lead to socialism. But the men and women of Congress stood fast and created that program that lifted millions out of poverty.

There were cynics that warned that Medicare would lead to a government takeover of our entire health care system, and that it didn't have much support in the polls. But Democrats and Republicans refused to back down, and they made sure that our seniors had the health care that they needed and could have some basic peace of mind.

So previous generations, those who came before us, made the decision that our seniors and our poor, through Medicaid, should not be forced to go without health care just because they couldn't afford it. Today it falls to this generation to decide whether we will make that same promise to hardworking middle-class families and small businesses all across America, and to young Americans like yourselves who are just starting out.

So here's my bottom line. I know this has been a difficult journey. I know this will be a tough vote. I know that everybody is counting votes right now in Washington. But I also remember a quote I saw on a plaque in the White House the other day. It's hanging in the same room where I demanded answers from insurance executives and just received a bunch of excuses. And it was a quote from Teddy Roosevelt, the person who first called for health care reform -- that Republican -- all those years ago. And it said, "Aggressively fighting for the right is the noblest sport the world affords."

Now, I don't know how passing health care will play politically -- but I know it's right. Teddy Roosevelt knew it was right. Harry Truman knew that it was right. Ted Kennedy knew it was right. And if you believe that it's right, then you've got to help us finish this fight. You've got to stand with me just like you did three years ago and make some phone calls and knock on some doors, talk to your parents, talk to your friends. Do not quit, do not give up, we keep on going. We are going to get this done. We are going to make history. We are going to fix health care in America with your help.

God bless you, and God bless the United States of America.



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Barack Obama

Address on Signing Health Care Reform Bill into Law



Delivered 23 March 2010, Washington, D.C.

AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio

Today, after almost a century of trying --

Today, after over a year of debate --

Today, after all the votes have been tallied, health insurance reform becomes law in the United States of America -- today.

It is fitting that Congress passed this historic legislation this week. For as we mark the turning of spring, we also mark a new season in America. In a few moments, when I sign this bill, all of the overheated rhetoric over reform will finally confront the reality of reform.

And while the Senate still has a last round of improvements to make on this historic legislation -- and these are improvements I'm confident they will make swiftly -- the bill I'm signing will set in motion reforms that generations of Americans have fought for, and marched for, and hungered to see.

It will take four years to implement fully many of these reforms, because we need to implement them responsibly. We need to get this right. But a host of desperately needed reforms will take effect right away.

This year, we'll start offering tax credits to about 4 million small businessmen and women to help them cover the cost of insurance for their employees. That happens this year.



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This year, tens of thousands of uninsured Americans with preexisting conditions, the parents of children who have a preexisting condition, will finally be able to purchase the coverage they need. That happens this year.

This year, insurance companies will no longer be able to drop people's coverage when they get sick. They won't be able to place lifetime limits or restrictive annual limits on the amount of care they can receive.

This year, all new insurance plans will be required to offer free preventive care. And this year, young adults will be able to stay on their parents' policies until they're 26 years old. That happens this year.

And this year, seniors who fall in the coverage gap known as the doughnut hole will start getting some help. They'll receive 250 dollars to help pay for prescriptions, and that will, over time, fill in the doughnut hole. And I want seniors to know, despite what some have said, these reforms will not cut your guaranteed benefits. In fact, under this law, Americans on Medicare will receive free preventive care without co-payments or deductibles. That begins this year.

Once this reform is implemented, health insurance exchanges will be created, a competitive marketplace where uninsured people and small businesses will finally be able to purchase affordable, quality insurance. They will be able to be part of a big pool and get the same good deal that members of Congress get. That's what's going to happen under this reform. And when this exchange is up and running, millions of people will get tax breaks to help them afford coverage, which represents the largest middle-class tax cut for health care in history. That's what this reform is about.

This legislation will also lower costs for families and for businesses and for the federal government, reducing our deficit by over one trillion dollars in the next two decades. It is paid for. It is fiscally responsible. And it will help lift a decades-long drag on our economy. That's part of what all of you together worked on and made happen.

That our generation is able to succeed in passing this reform is a testament to the persistence --- and the character -- of the American people, who championed this cause; who mobilized; who organized; who believed that people who love this country can change it.

It's also a testament to the historic leadership -- and uncommon courage -- of the men and women of the United States Congress, who've taken their lumps during this difficult debate.

AUDIENCE MEMBER: Yes, we did.



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THE PRESIDENT: You know, there are few tougher jobs in politics or government than leading one of our legislative chambers. In each chamber, there are men and women who come from different places and face different pressures, who reach different conclusions about the same things and feel deeply concerned about different things.

By necessity, leaders have to speak to those different concerns. It isn't always tidy; it is almost never easy. But perhaps the greatest -- and most difficult -- challenge is to cobble together out of those differences the sense of common interest and common purpose that's required to advance the dreams of all people -- especially in a country as large and diverse as ours.

And we are blessed by leaders in each chamber who not only do their jobs very well but who never lost sight of that larger mission. They didn't play for the short term; they didn't play to the polls or to politics: One of the best speakers the House of Representatives has ever had, Speaker Nancy Pelosi.

AUDIENCE: Nancy! Nancy! Nancy! Nancy!

THE PRESIDENT: One of the best majority leaders the Senate has ever had, Mr. Harry Reid.

To all of the terrific committee chairs, all the members of Congress who did what was difficult, but did what was right, and passed health care reform -- not just this generation of Americans will thank you, but the next generation of Americans will thank you.

And of course, this victory was also made possible by the painstaking work of members of this administration, including our outstanding Secretary of Health and Human Services, Kathleen Sebelius -- and one of the unsung heroes of this effort, an extraordinary woman who led the reform effort from the White House, Nancy-Ann DeParle. Where's Nancy?

Today, I'm signing this reform bill into law on behalf of my mother, who argued with insurance companies even as she battled cancer in her final days.

I'm signing it for Ryan Smith, who's here today. He runs a small business with five employees. He's trying to do the right thing, paying half the cost of coverage for his workers. This bill will help him afford that coverage.

I'm signing it for 11-year-old Marcelas Owens, who's also here. Marcelas lost his mom to an illness. And she didn't have insurance and couldn't afford the care that she needed. So in her memory he has told her story across America so that no other children have to go through what his family has experienced.



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I'm signing it for Natoma Canfield. Natoma had to give up her health coverage after her rates were jacked up by more than 40 percent. She was terrified that an illness would mean she'd lose the house that her parents built, so she gave up her insurance. Now she's lying in a hospital bed, as we speak, faced with just such an illness, praying that she can somehow afford to get well without insurance. Natoma's family is here today because Natoma can't be. And her sister Connie is here. Connie, stand up.

I'm signing this bill for all the leaders who took up this cause through the generations -- from Teddy Roosevelt to Franklin Roosevelt, from Harry Truman, to Lyndon Johnson, from Bill and Hillary Clinton, to one of the deans who's been fighting this so long, John Dingell. To Senator Ted Kennedy. And it's fitting that Ted's widow, Vicki, is here -- it's fitting that Teddy's widow, Vicki, is here; and his niece Caroline; his son Patrick, whose vote helped make this reform a reality.

I remember seeing Ted walk through that door in a summit in this room a year ago -- one of his last public appearances. And it was hard for him to make it. But he was confident that we would do the right thing.

Our presence here today is remarkable and improbable. With all the punditry, all of the lobbying, all of the game-playing that passes for governing in Washington, it's been easy at times to doubt our ability to do such a big thing, such a complicated thing; to wonder if there are limits to what we, as a people, can still achieve. It's easy to succumb to the sense of cynicism about what's possible in this country.

But today, we are affirming that essential truth -- a truth every generation is called to rediscover for itself -- that we are not a nation that scales back its aspirations. We are not a nation that falls prey to doubt or mistrust. We don't fall prey to fear. We are not a nation that does what's easy. That's not who we are. That's not how we got here.

We are a nation that faces its challenges and accepts its responsibilities. We are a nation that does what is hard. What is necessary. What is right. Here, in this country, we shape our own destiny. That is what we do. That is who we are. That is what makes us the United States of America.

And we have now just enshrined, as soon as I sign this bill, the core principle that everybody should have some basic security when it comes to their health care. And it is an extraordinary achievement that has happened because of all of you and all the advocates all across the country.

So, thank you. Thank you. God bless you, and may God bless the United States. Thank you. Thank you.



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All right, I would now like to call up to stage some of the members of Congress who helped make this day possible, and some of the Americans who will benefit from these reforms. And we're going to sign this bill.

This is going to take a little while. I've got to use every pen, so it's going to take a really long time. I didn't practice.

We are done.

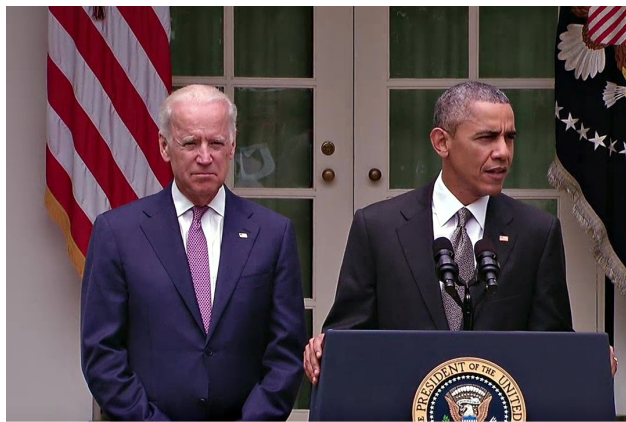


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Barack Obama

On the US Supreme Court's Decision on the Affordable Care Act

delivered 25 June 2015, Rose Garden, White House, Washington D.C.



AUTHENTICITY CERTIFIED: Text version below transcribed directly from audio

Good morning, everybody. Have a seat. Five years ago, after nearly a century of talk, decades of trying, a year of bipartisan debate -- we finally declared that in America, health care is not a privilege for a few, but a right for all.

Over those five years, as we've worked to implement the Affordable Care Act, there have been successes and setbacks. The setbacks I remember clearly. (Laughter.) But as the dust has settled, there can be no doubt that this law is working. It has changed, and in some cases saved, American lives. It set this country on a smarter, stronger course.

And today, after more than 50 votes in Congress to repeal or weaken this law; after a presidential election based in part on preserving or repealing this law; after multiple challenges to this law before the Supreme Court -- the Affordable Care Act is here to stay.

This morning, the Court upheld a critical part of this law -- the part that's made it easier for Americans to afford health insurance regardless of where you live. If the partisan challenge to this law had succeeded, millions of Americans would have had thousands of dollars' worth of tax credits taken from them. For many, insurance would have become unaffordable again. Many would have become uninsured again. Ultimately, everyone's premiums could have gone up. America would have gone backwards. And that's not what we do. That's not what America does. We move forward.



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So today is a victory for hardworking Americans all across this country whose lives will continue to become more secure in a changing economy because of this law.

If you're a parent, you can keep your kids on your plan until they turn 26 -- something that has covered millions of young people so far. That's because of this law.

If you're a senior, or an American with a disability, this law gives you discounts on your prescriptions -- something that has saved 9 million Americans an average of \$1,600 so far.

If you're a woman, you can't be charged more than anybody else -- even if you've had cancer, or your husband had heart disease, or just because you're a woman. Your insurer has to offer free preventive services like mammograms. They can't place annual or lifetime caps on your care because of this law.

Because of this law, and because of today's decision, millions of Americans who I hear from every single day will continue to receive the tax credits that have given about eight in ten people who buy insurance on the new marketplaces the choice of a health care plan that costs less than \$100 a month.

And when it comes to preexisting conditions -- someday, our grandkids will ask us if there was really a time when America discriminated against people who get sick. Because that is something this law has ended for good. That affects everybody with health insurance -- not just folks who got insurance through the Affordable Care Act. All of America has protections it didn't have before.

As the law's provisions have gradually taken effect, more than 16 million uninsured Americans have gained coverage so far. Nearly one in three Americans who was uninsured a few years ago is insured today. The uninsured rate in America is the lowest since we began to keep records. And that is something we can all be proud of.

Meanwhile, the law has helped hold the price of health care to its slowest growth in 50 years. If your family gets insurance through your job -- so you're not using the Affordable Care Act -- you're still paying about \$1,800 less per year on average than you would be if we hadn't done anything. By one leading measure, what business owners pay out in wages and salaries is now finally growing faster than what they spend on health insurance. That hasn't happened in 17 years -- and that's good for workers and it's good for the economy.

The point is, this is not an abstract thing anymore. This is not a set of political talking points. This is reality. We can see how it is working. This law is working exactly as it's supposed to. In many ways, this law is working better than we expected it to. For all the misinformation campaigns, all the doomsday predictions, all the talk of death panels and job destruction, for all the repeal attempts -- this law is now helping tens of millions of Americans.



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And they've told me that it has changed their lives for the better. I've had moms come up and say, my son was able to see a doctor and get diagnosed, and catch a tumor early, and he's alive today because of this law. This law is working. And it's going to keep doing just that.

Five years in, this is no longer about a law. This is not about the Affordable Care Act as legislation, or Obamacare as a political football. This is health care in America.

And unlike Social Security or Medicare, a lot of Americans still don't know what Obamacare is beyond all the political noise in Washington. Across the country, there remain people who are directly benefitting from the law but don't even know it. And that's okay. There's no card that says "Obamacare" when you enroll. But that's by design, for this has never been a government takeover of health care, despite cries to the contrary. This reform remains what it's always been: a set of fairer rules and tougher protections that have made health care in America more affordable, more attainable, and more about you -- the consumer, the American people. It's working.

And with this case behind us, let's be clear -- we've still got work to do to make health care in America even better. We'll keep working to provide consumers with all the tools you need to make informed choices about your care. We'll keep working to increase the use of preventive care that avoids bigger problems down the road. We'll keep working to boost the steadily improving quality of care in hospitals, and bring down costs even lower, make the system work even better. Already we've seen reductions, for example, in the number of readmissions at hospitals. That saves our society money, it saves families money, makes people healthier.

We're making progress. We're going to keep working to get more people covered. I'm going to work as hard as I can to convince more governors and state legislatures to take advantage of the law, put politics aside, and expand Medicaid and cover their citizens. We've still got states out there that, for political reasons, are not covering millions of people that they could be covering, despite the fact that the federal government is picking up the tab.

So we've got more work to do. But what we're not going to do is unravel what has now been woven into the fabric of America. And my greatest hope is that rather than keep refighting battles that have been settled again and again and again, I can work with Republicans and Democrats to move forward. Let's join together, make health care in America even better.

Three generations ago, we chose to end an era when seniors were left to languish in poverty. We passed Social Security, and slowly it was woven into the fabric of America and made a difference in the lives of millions of people. Two generations ago, we chose to end an age when Americans in their golden years didn't have the guarantee of health care. Medicare was passed, and it helped millions of people.



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This generation of Americans chose to finish the job -- to turn the page on a past when our citizens could be denied coverage just for being sick. To close the books on a history where tens of millions of Americans had no hope of finding decent, affordable health care; had to hang their chances on fate. We chose to write a new chapter, where in a new economy, Americans are free to change their jobs or start a business, chase a new idea, raise a family, free from fear, secure in the knowledge that portable, affordable health care is there for us and always will be. And that if we get sick, we're not going to lose our home. That if we get sick, that we're going to be able to still look after our families.

That's when America soars -- when we look out for one another. When we take care of each other. When we root for one another's success. When we strive to do better and to be better than the generation that came before us, and try to build something better for generations to come. That's why we do what we do. That's the whole point of public service.

So this was a good day for America. Let's get back to work.