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Presidential Candidate Forum: John Edwards
September 24, 2007

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MALE SPEAKER: This program was made possible by the generous support of the Kauffman Foundation and the California Endowment. Live from Washington, D.C., the Federation of American Hospitals and Families USA present the Health Care 2008 Presidential Candidate Forums. And now, from the Kaiser Family Foundation's Barbara Jordan Conference Center, your host for today's event, the Executive Director of Families USA, Ron Pollack

RON POLLACK: Good morning, and welcome. Welcome to this first forum of presidential candidates speaking about health care. Health care has become the top domestic policy issue, second overall only to the war in Iraq. As health care costs rise faster and faster, as businesses pass more costs on to their workers, and as more and more people join the ranks of the uninsured, this issue really deserves serious attention, more than the 30-second and 60-second sound bites of the various campaign debates. And, for that reason, we in the Federation of American Hospitals, represented by its president Chip Kahn, and Families USA, led by our forum coordinator, Mary Ellen Barecka [misspelled?]; we have decided to organize these presidential candidate forums on health care. These will be thoughtful dialogues led by four very distinguished journalists.

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I'm delighted that Senator Edwards is our first forum participant. I remember and deeply appreciate the wonderful and effective work he did on the floor of the Senate on a Patients' Bill of Rights, and we're deeply appreciative that early in this campaign he offered a comprehensive and thoughtful proposal on health care.

I'd like to acknowledge a few people before we open up. I'd like to acknowledge MacNeil/Lehrer Productions, which is producing these forums; the Henry J. Kaiser Family Foundation, which is our host today and which is webcasting these forums; and the funders for these forums, the California Endowment and the Ewing Marion Kauffman Foundation. And with that, I have the pleasure to turn the forum over to our moderator, Susan Dentzer, the chief Health Correspondent for *The NewsHour with Jim Lehrer*.

SUSAN DENTZER: Thank you very much, Ron, and welcome to you, too, Senator Edwards. We're delighted to be here today for this very important forum. Now, I have the pleasure of introducing my journalistic colleagues who join me today in questioning you, Senator. They are Laurie McGinley of *The Wall Street Journal*, Julie Rovner of National Public Radio, and David Muir at ABC News, who's standing in today for ABC's Dr. Tim Johnson. Now by prearrangement with the campaigns of each candidate participating in our forums, we posed the same first question in advance to give the candidates an opportunity to

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carefully craft a five-minute response at the outset. We followed the same approach with a closing question, as I'll describe later. For the other questions, we've allotted each candidate up to three minutes for a response. So, Senator Edwards, you have our opening question, which is this: do you believe all Americans should have health insurance coverage, and, if so, and if you are elected President, how will you move toward this goal? Please go ahead.

FORMER SEN. JOHN EDWARDS (D-N.C.): Thank you. The answer is yes to the question, and I'll come back to that. Let me first say thank you to Families USA and to Kaiser for hosting this event, and thank you to the journalists who are participating. I think this is really valuable for America to hear more in-depth discussion. In much the way Ron just spoke about, we operate in 30- and 60-second sound bites about a huge issue facing Americans, and the fact that we can have this in-depth discussion is invaluable, I think, for the country. I'm not sure how carefully crafted, by the way, my answer is to the first question, but I'll talk about it.

I'm proud of the fact that I was the first presidential candidate, Democrat or Republican, to come out with a comprehensive, truly universal health care plan, and we'll speak about that for a couple of minutes, and then I want to say a word about HIV/AIDS, if I can, and then I'll be glad to answer your other questions.

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Basically, what my plan does is, it has a mandate, an individual mandate, which means it will be required by law that every man, woman, and child in America have health insurance coverage. We create health markets around the country that allow consumers to choose what kind of health plan they want. There'll be a group of private plans, and there'll be competition to determine who actually is able to participate as a private plan. There are requirements to participate. And there will be a government plan, a public plan, which is essentially Medicare Plus. So, the idea is structurally to give consumers a choice between a private plan and a government plan, and the plan could over time gravitate in either direction, in entirely a private direction or entirely a government direction. We fill in the cracks in the health care system, which means that pre-existing conditions are banned; there's mental health parity; chronic care, preventive care, and long-term care are all covered, as are dental and vision care. When you choose from one of these health care markets your health care coverage, your coverage can be taken with you wherever you go, which means if you take jobs, if you're laid off, you move from one part of the country to the other, you can take your health care with you. Also, I want to say, for the benefit of all Americans who like the health care plan that they have today, you're allowed to keep it, if you choose; you can keep the health care that you have when this system goes

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into place. My plan costs $90 to $120 billion dollars a year, and is paid for by rolling back President Bush's tax cuts for people who make over $200,000 a year. Beyond that, there are significant cost reduction provisions in the plan, and they are first requiring that the insurance companies who participate in the plan charge no more than fifteen-percent for profit and overhead. I mean, today, most insurance companies average between thirty and forty-percent in profit and overhead. So 85 cents on every health care dollar actually has to go to health care. There are some creative ways to bring down prescription drug costs, and a lot of these have been talked about in the past. In Medicare, using the power of the government to negotiate better prices; doing something about drug company advertising; allowing prescription drugs into the country from Canada. But in a bigger way and a more creative way, we also want to make some modifications to the patent system that exists in America today, particularly for breakthrough drugs, so that we have a cash reward, so there's an incentive for drug companies, to develop these breakthrough drugs, but they don't end up with a monopoly as a result, which is what exists in our patent system today. Also, electronic recordkeeping, medical technology, is required to be used. So there's a group of mechanisms aimed at bringing down costs.

Now I want to take just a minute and talk about HIV/AIDS, which has become a huge issue both in America and, as

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everyone knows, in the world. 17,000 Americans died of AIDS in the last year; three million people died globally from AIDS in the last year. And this is a disease that hits people of color much harder than others. And two out of three of the newly diagnosed cases are in America, are Americans of color. So I think there's a group of things that we ought to be doing to try to fight back against this epidemic and this crisis, which I believe it is.

First is to make sure that people get the care that they need when they're diagnosed with HIV, and probably the single most important component of that is making sure Medicaid provides coverage for those who have been diagnosed with HIV. Beyond that, we want to teach age-appropriate sex education, so that young people know what they can do to prevent getting HIV, and I think we also ought to promote programs that prevent harm, and specifically needle exchange, which I support. We ought to get rid of the federal ban on needle exchange. And then, finally, globally, America should lead an effort to make sure that everyone in the world has access to the care that they need, which means a more significant investment from America, $50 billion over five years. And I think, in addition to that, we should be willing to take on drug companies. Instead of waiting for the FDA to provide approval for drugs that are being used in the developing world, rely instead, as

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other countries do, on the World Health Organization, which makes these drugs available more quickly.

SUSAN DENTZER: Thank you very much, Senator, and our next question comes from Julie Rovner of NPR.

JULIE ROVNER: Thank you, Senator. As you've pointed out, it's quite a comprehensive plan that you have. Of all of those elements, can you tell us which one you believe is the most important, and is there a single element that you would consider non-negotiable in that plan?

FORMER SEN. JOHN EDWARDS (D-N.C.): The one element that's non-negotiable is the requirement that it be universal. I would not be willing to move on that. There are other elements that I think are important because they fit together and provide equality of care and bring down costs of care. But I think the one thing that must be true is that we must have a universal health care system in America. And I think the reason for that is because we have 47 million people without health care coverage, according to the latest Census Bureau data. In the last year, the number has gone up about 2 million. And what I know in more practical terms, from having traveled around the country, is we have stark examples of the need for universal health care. I'll just take a minute and talk about one. We hear them all the time, but I had this experience a few weeks ago, actually a few months ago now, during a Poverty Tour that began in the Ninth Ward of New

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Orleans and ended in the Appalachian mountains, and the last day, I was with a man; I was going to say young, he's three years younger than me; he's 51 years old, named James Lowe [misspelled?], who had a severe cleft palate when he was born, and wasn't able to speak, and he had no health care coverage, and because of that, he couldn't have it fixed. It was fixable. He finally got someone to voluntarily fix it, but the problem is they fixed it when he was fifty years old. And so James Lowe lived in America for five decades, not able to speak because he had no health care coverage, and this is unacceptable, completely unacceptable. From a moral perspective it is wrong, and I think we have a responsibility to do something about it. So the single, most important element, and I think the threshold for anyone's health care plan is does it cover everybody? Because if it doesn't cover everybody, then I think whoever the candidate is should be made to explain what American they believe is not worthy of health care coverage. Because I think every American has equal value, and is worthy of health care coverage.

SUSAN DENTZER: If I could follow up, Senator?

FORMER SEN. JOHN EDWARDS (D-N.C.): Sure.

SUSAN DENTZER: That was exactly the non-negotiable element that President Clinton had, and we all know what happened to that plan.

FORMER SEN. JOHN EDWARDS (D-N.C.): Yes.

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SUSAN DENTZER: Is there any room for give to maybe get part of the way down the road?

FORMER SEN. JOHN EDWARDS (D-N.C.): No, I think the room for give is in other areas. And there are, some of the things that I do, for example, to bring down costs in the private parts of the plan, to deal with the drug companies, some of the mechanisms for allowing people to choose, I think all those things are subject to discussion. But what's not subject to discussion is covering everybody, making certain they have high quality care, and significant cost reductions in the system. I mean, what I have proposed will save about $120 billion system-wide a year, and we have a health care system where we put more money on the front end than any country in the industrialized world and we don't get a very good product out the other end. So I think the base elements of cost reduction, quality care are absolutely essential, but the one thing we cannot be negotiating about is, from my perspective as President, is that everybody have coverage.

SUSAN DENTZER: Our next question is from Laurie McGinley of *The Wall Street Journal*.

LAURIE MCGINLEY: Thank you. Senator, you have said that your health care plan would cost $90 billion to $100 billion dollars a year, yet you haven't provided a lot of details to allow for independent cost estimates. Can you give us a specific breakdown on what additional federal outlays you

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would make? And also, you said that you would pay for the plan by revoking the Bush tax cuts on upper-income taxpayers. Yet those tax cuts are scheduled to sunset anyway. Won't you have to find other sources of revenue to finance your plan, and what are those?

FORMER SEN. JOHN EDWARDS (D-N.C.): Let me do the second part first. They are scheduled to sunset in the year 2010. So, one of two things will happen: either they will stop, and as a result there will be the revenue flow, and let's assume for a moment hypothetically that they're stopped and they're not renewed, okay? If they're stopped and they're not renewed, that money, as a result of the tax cuts stopping, should be dedicated to pay for universal health care. So, that's one option. The only other alternative is that Congress tries to renew the tax cuts, to keep them alive, start going forward from 2010 forward. And I would, as President, lead to make sure that that did not happen, so that the money would in fact be available for health care. And I should say, this is not an abstract thing. I mean, I'm not suggesting that the revenue from these tax cuts, when they stop, go into the general fund. I'm suggesting they be specifically dedicated to funding universal health care.

On the first question, on the first part of your question, what I did is have my health care plan evaluated and costed, the cost determined, by health care economists at Emory

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and MIT. And these are essentially the people, the guy at Emory is a guy named Ken Thorpe, these are the people that cost all health care plans of all the candidates. I have to admit, I also asked if they had costed the Republicans' plan, and they said that would be hard to do, since they don't seem to have a plan. But I think on our side, they've costed every plan: Senator Clinton's plan, my plan, Senator Obama's plan. And they are independent; they don't work for the campaign and they don't work for a political party. So I think actually my plan has been a cost determination made by what I think most people would recognize as the two leading experts in America in determining what the costs of these plans are.

LAURIE MCGINLEY: I have a quick follow-up, if I may. Senator, so you clearly have said you would raise taxes on the upper incomes to pay for your plan. What if costs go up faster than you're expecting? Would you raise taxes on middle income Americans to pay for your health plan?

FORMER SEN. JOHN EDWARDS (D-N.C.): No, I will not. One of the reasons that we need universal health care is because the middle class in this country is already struggling too much. And I think there are other mechanisms for making up a cost differential, if it exists. For example, we are losing billions of dollars, the estimates vary widely, but we're losing billions of dollars every year on taxes that are not in fact being collected, and the most specific and easiest example

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to identify are capital gains taxes. And one of the reasons for it is the brokerage houses are not required to report capital gains to the I.R.S. and, as a result, there's a self-reporting mechanism, and billions of dollars are being lost as a result of that. If we require brokerage houses to report to the government capital gains, then we will, I believe, collect billions of dollars. So there are other mechanisms for making up a shortfall, if there is found to be a shortfall.

SUSAN DENTZER: Our next question is from David Muir of ABC News.

DAVID MUIR: Susan, thank you. Senator, I wanted to talk a little bit about your plan and how it relies in part on the mandate on employers to help contribute to coverage. How large a mandate are we talking about, and would it apply to all employers and businesses? And the second part of the question: why do you think it's important to shore up this system of employer based health coverage when other proposals on the table that we've heard eliminate that?

FORMER SEN. JOHN EDWARDS (D-N.C.): The basic concept of my proposal is, and it's consistent with my entire campaign, is that if we want to solve the big problems facing this country, it's going to require all parts of America to take some element of responsibility. It can't just be the government, it can't just be individuals, and it can't just be business. All of us are going to have to have a shared

responsibility to get away from a dysfunctional health care system and go to a system that covers everybody and is more efficient and dramatically reduces costs. So that was conceptually what I wanted to accomplish when I structured the health care plan. So that's why there is an employer mandate and an individual mandate together, because we require both that individuals take responsibility and that employers take responsibility. There was a second part to your question.

DAVID MUIR: Yes, and that was, employers and small businesses: how large of a mandate would you place on them?

FORMER SEN. JOHN EDWARDS (D-N.C.): Well, here's what I believe. I think that, I've actually had a lot of questions around the country when I talk about health care, from small business owners, about, what requirements will this create for them. They were already worried about providing— This is probably, except for the uninsured, the single greatest beneficiary of this health care proposal that I have made are small business owners, because it is a place where the owners of the businesses can't pay for health care for themselves. They don't have market power to negotiate a decent price. In addition to that, their employees are not covered. And what this health care plan does is, it subsidizes-I don't think I've mentioned this yet-subsidizes health insurance premiums up to about $100,000 of income. So most employees of most small businesses would easily fit under that $100,000 income cap.

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And the result is, they're going to get health care coverage. So it is a direct financial benefit to small businesses. You had another part there.

DAVID MUIR: Yes, let me just say the bottom line, for any small business owners watching this forum, how much will they have to help their employees? That was a big concern the last time this nation looked at health reform in a major way; there was a significant concern that small businesses simply couldn't afford to help.

FORMER SEN. JOHN EDWARDS (D-N.C.): They can. It's hard to answer that question in the abstract, because it depends on how many employees they have, and what the income level of their employees is. Because it varies, depending on what income level it is. What I can tell you with absolute certainty is small business will greatly benefit from this health care plan. And they will support this health care plan, because what it will mean is the owners and the employees of small businesses will have health care coverage. One of the great burdens that small businesses are faced with today is having employees who don't have health care. If they try to provide health care, they can't pay for it, they have no power in the marketplace. This system creates power; it creates market power for small businesses so they're in the same place as big multi-national corporations in trying to negotiate better prices.

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SUSAN DENTZER: Senator, just a quick final follow-up on this point. Will you put out details specifically on how that mandate would work vis-à-vis small businesses? This is an area where there's a lot of confusion.

FORMER SEN. JOHN EDWARDS (D-N.C.): Sure, I'd be happy to.

SUSAN DENTZER: Okay, terrific. Now to move on, you've said that under your plan, as you noted a moment ago, that once insurance is made affordable, you'd require all individuals to have health insurance through an individual mandate. But some of the insurance reforms you propose could raise the cost of insurance for younger, healthier workers. How and when will you determine that insurance is affordable enough so that your individual mandate would take effect? What do you say to this charge that, in fact, insurance for many younger, healthier people would actually become more costly?

FORMER SEN. JOHN EDWARDS (D-N.C.): Well, here's what happens, what happens in today's health care system in America. Number one, there's cherry-picking going on by health insurance companies. They want to insure the healthiest Americans, the ones least likely to have serious or catastrophic health care problems. One of the biggest populations of uninsured are young people: college age, immediately after college, who have no health care coverage. And the problem with the system that we have today is that people get sick, and they get sicker, and

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they get sicker, and they either don't have health care coverage or they have large deductibles, large co-pays, and as a result they don't go get the health care that they need. And what finally happens is, they end up in the emergency room, especially the uninsured. They end up in the emergency room catastrophically sick. This makes no financial sense. I mean, just forget the moral issue, and I think there is a moral issue for 47 million people who don't have health care coverage. But beyond the moral issue, we are wasting money because people don't get the health care that they need, and they get catastrophically sick, and by the time they get the health care that they need, it's the most expensive form it could possibly be.

And I might add, just on a side-note, you know, having gone through what we've gone through in my own family with Elizabeth's health, you can't get chemotherapy in the emergency room. So if you are a woman without, a single mother, without health care coverage, and you're diagnosed with breast cancer, you are in a very very bad place. So I think what we want structurally is a system of comprehensive reform that creates a system where, literally from birth to death, everyone has health care coverage; that we teach nutrition, well-being, exercise; that ongoing preventive care is covered, so people don't have to worry about going in when they're well. They'll have an incentive to go in when they're well. And the result

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is that the first sign of there being a serious health care problem, for example a woman being diagnosed with a lump in her breast, we intervene immediately. So we get in quickly, we monitor, teach well-being, get in quickly, and people get the care they need as quickly as they possibly can. I mean, we're human beings; we're going to get sick; you know some people are going to get catastrophically sick; we can't eliminate that entirely. But what we can do is monitor Americans in a way that they get the health care that they need, the preventive care that they need. Chronic health care costs are well over fifty-percent of the health care costs of this country, and our chronic care is a mess because there's no systematic way, there's no medical home that's responsible for making sure that the care's being coordinated. It should be coordinated; it makes financial sense, and it's much easier for the patient who has a chronic health care condition.

SUSAN DENTZER: Quick follow-up: would your individual mandate, though, take effect no matter what the cost of health insurance ends up being after the reforms you've discussed?

FORMER SEN. JOHN EDWARDS (D-N.C.): The mandate applies, period. But, I want to go back to the point I made a few minutes ago. If in fact, and the reason the mandate is necessary is because you cannot have universal health care without it. Does not exist, and anyone who pretends it is is not being straight. Without the mandate is not universal, and

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I understand that there's some controversy associated with the mandate, but it is not a universal plan if it doesn't have a mandate. And the reason you want the mandate is, if I could make this clear, I've said this once, but if you make under $100,000 a year, you are going to be subsidized for your health insurance.

In addition to that, if you make a million dollars a year, there's a huge benefit to you from this universal health care plan. Number one, if you make a million dollars a year, you probably have employees. Not only you, but your employees' health care plan is going to be much less expensive, because we've dramatically reduced health care costs system-wide, and those costs will inure to the benefit of Americans.

SUSAN DENTZER: Our next question is from Julie Rovner.

JULIE ROVNER: Senator, at the same time you clearly want to shore up the employer-provided health care system, your plan would expand the Medicaid and SCHIP programs. Why should the federal government play a role in coverage expansions at a time when President Bush and many in Congress are expressly trying to do the opposite?

FORMER SEN. JOHN EDWARDS (D-N.C.): Well, the President is dead wrong about SCHIP, dead wrong about Medicaid. For the viewers who are watching who are not as into health care as some of us are, Medicaid basically provides coverage and health care for low-income Americans for the most part; not entirely,

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but for the most part. And the SCHIP program does the same thing for children. And what the Congress has been proposing is an expansion of SCHIP, which, as you point out, is part of my plan. I'd love to see the Congress do it; that would be one less thing we have to do as part of universal reform. But the President is now threatening to veto an expansion of SCHIP. I mean, here is health insurance for children who have no health insurance. I mean, I can't even imagine what the argument is, honestly. I mean, we're going to have more tax cuts for the richest people in the country; we're going to have people who make their money from investments paying a fifteen-percent tax rate while many working Americans are paying a much higher tax rate than that on their work income; but we're going to take away health care from children? I just don't think this is where America is. I'm not sure exactly what the President is thinking, but my view is that Medicaid and the SCHIP program have been hugely successful. They are not expansive enough, but I think they've provided health care to low-income families in the case of Medicaid, and to children in the case of SCHIP. They otherwise would have no health care coverage, and there's a structure and a system in place for the delivery of that care, and I think it's important for that to stay in place.

And I might add, you haven't asked me about this, but: I also maintain that we maintain the public safety net, because it's inevitable that somebody's going to fall through the net.

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That's just the reality of trying to do this. And so there's additional funding for public health clinics, additional funding for public hospitals, because we want anyone in America, even if for some reason they've fallen outside the system, to be able to walk into a public clinic or a public hospital and get the health care that they need. One of the reasons I keep SCHIP and Medicaid in place is because they exist and they're working, and so strengthen them by providing more funding for them, which my plan does, but the reason we need to keep the safety net in place is because it's inevitable that somebody's going to fall through a crack, and we want those people to have access to health care.

JULIE ROVNER: But if I could follow up very quickly, you don't share the concerns of the President that if you go higher up on the income scale that you're going to be displacing those children from private coverage they might otherwise have?

FORMER SEN. JOHN EDWARDS (D-N.C.): No, absolutely not. But I might add, that whole nonsense of an argument, which is what we hear from the President, is why. We shouldn't even be having this debate. This is incremental reform, and the problem with incremental reform is that it allows that kind of silly debate. What we ought to be doing is fixing the entire system, and if we fix the entire system, that discussion about, Well, you get driven, you take people's private insurance away

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from them and you put them in a government program, that all disappears. Because what'll happen in my plan is Americans will decide what they want. They'll decide whether they want a private plan, whether it works better, whether it provides the quality of care that they need. Or whether, as many Americans believe, that a Medicare plan makes more sense.

SUSAN DENTZER: And to Laurie McGinley.

LAURIE MCGINLEY: Thank you. Senator, you have said that increased use of health information technology and greater use of preventive care will help hold down costs. But many people say that these steps don't do enough to address the real drivers of rising health care costs, which is very expensive technology, and new technology developments, and the increased use of medical services. How would you address these challenges and try to make health care affordable, both for American families and for the companies in the U.S. that have to compete with lower cost foreign competitors?

FORMER SEN. JOHN EDWARDS (D-N.C.): Part of what I have proposed is a systematic way to evaluate, to do a couple of things. One is the rest of your question; one is a different issue but they're related. On your question, a systematic way to identify what is the most efficient, most cost-effective treatment for a particular medical problem. In other words, we are going to systematically go through America, because we'll have a comprehensive universal health care system in America,

nationwide. It allows us to do this. We're going to evaluate what's working and what's working best; what is the most cost efficient and what creates the best result. Which deals with the very question that you're asking, which is how do you make sure that people aren't using technologies they don't need, that they aren't buying drugs they don't need, in part because they see drug company advertising on television? And the way to do that is to have a systematic, ongoing mechanism for evaluating what's working and what's most cost-efficient, and to push that, promote it.

The second part of that, and this goes to the quality of care is, we're going to systematize something that's very much ad hoc and dependent on the health care providers for that, and that is, when something new and innovative is created, some new work on cancer is being done at Memorial Sloan-Kettering in New York, what we want is to identify to the extent that that care is transferable. You know, whether it be to San Francisco, Los Angeles, Chicago, or if, to the extent possible, even to smaller communities around the country, that it's being used.

So again, instead of relying on the medical community - you can't be overly critical, they do a pretty good job with this today, to spread that information among themselves. Instead, our health care system will have the responsibility for insuring if something is state-of-the-art in New York, that

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if you live in other parts of the country, that the health care provider that you go to is aware of it, so that we make the best practices and best care that's available, available to everybody. Not just, in my case, Elizabeth was diagnosed with cancer, we could go to New York, and go to Memorial Sloan-Kettering, which we did. There's a guy there named Cliff Hudis who's one of, a phenomenal doctor. But a lot of Americans don't have that kind of luxury that we had, but it's not right because I have the ability to do that, and some woman diagnosed in Wichita, Kansas or a small community in Kansas with breast cancer doesn't have that financial ability, that she can't get high-quality care too. And so we want to make sure that whatever's being done in various parts of the country is being transferred to other parts of the country, so we can have the best practices available.

SUSAN DENTZER: A question now from David Muir.

DAVID MUIR: Senator, we know that you're a former trial lawyer, and a successful one at that. I mean, you've raised a lot of money from trial lawyers. There's been a lot of criticism that the medical malpractice suits that have been brought against doctors and hospitals have led to the rising costs of health care. As President, would you propose reform for malpractice and, in particular, what do you think of the idea of these "health courts," the legislation that's been proposed on the Hill?

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FORMER SEN. JOHN EDWARDS (D-N.C.): The answer is, I do have a very specific proposal, and I'll tell you what it is, but, before I get to that, I just want to push back some on what I think is mostly insurance company driven hysteria. Because I think the reality is that the costs associated with legal cases is well under one-percent of our health care system. So, while I do believe there is reform that should be done, and I'm going to tell you what it is in a second, I think that thinking that that's some major part of health care reform in America is not reality. But, I'm for some reform, because I think there's some that's needed. Here's what I believe, I think that the bulk of the problem is created when cases are filed in the legal system that should never be there. And the result is years of litigation, costs incurred by the health care provider that should not have been incurred, and a lot of that responsibility goes to the lawyers. What I would do, and this is not new, by the way, I've proposed this for years. What I would do is put more responsibility on the lawyers.

In other words, before a legal malpractice case can even be filed in the system, the lawyer has to conduct a complete investigation, which includes having the case independently reviewed by at least two experts in the field who determine that the case is first meritorious, and second serious. Then you require the lawyer to certify that that has been done as part of the foul. So in other words, before the

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case ever gets into the system where all these costs are incurred, you put more responsibility on the lawyers to determine if the case is in fact meritorious.

Now, I'd go beyond that. I think that, if they fail to certify or fail to do what they should do, the lawyer, not the patient, the lawyer should bear the cost. And secondly, if they do it three times, it's three strikes and you're out. In other words, you lose your right as a lawyer to file these cases if three times you violate the law. And the idea here is to protect the rights of patients who in fact have a legitimate claim, a serious claim, a child who's, you know, blind for the rest of their lives because of some medical malpractice. But on the other hand, we keep cases out of the system that never should have been there to begin with. To protect the rights of the legitimate cases, but get rid of the cases that don't belong in the system.

DAVID MUIR: And so these initial steps by the lawyers themselves you think would eliminate the need for a new system of "health courts," this legislation we've heard?

FORMER SEN. JOHN EDWARDS (D-N.C.): I think that what I have proposed, this is something that I know something about. What I have proposed would actually work.

SUSAN DENTZER: We'll take a question now from Julie Rovner.

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JULIE ROVNER: I want to change subjects and talk about Medicare for a minute. I have a multi-part question.

FORMER SEN. JOHN EDWARDS (D-N.C.): Sure.

JULIE ROVNER: I'm sure you know just about every economist agrees that the costs of Medicare are unsustainable over the long term with 78 million baby boomers. How will you deal with the costs of Medicare? What reforms do you think need to be made in the program so that it can continue to provide meaningful coverage to beneficiaries without posing an unsustainable fiscal burden on the rest of the nation? How will you solve the Medicare problem without cutting benefits for the enrollees?

FORMER SEN. JOHN EDWARDS (D-N.C.): The single most important thing to do about Medicare is to have universal health care and have real universal health care reform. Because the savings that I spoke about earlier, somewhere between $120 and $130 billion dollars a year, inure directly to the benefit of Medicare beneficiaries, for multiple reasons, including that if we have a universal health care system, whereby people are getting care throughout their lives, where they're getting chronic care, they're getting preventive care, so if they get into a condition where they need long-term care, that's always available. The net result of that will be dramatic savings from Medicare.

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Second, I spoke about this system-wide, but it's particularly important in Medicare, which is having a medical home that is responsible for the coordination of chronic care, so that you don't have overlapping care, you don't have unnecessary care, but, if you are 75 years old, and you have a serious chronic health care condition, serious heart ailment or diabetes, you have one health care provider that you know you can go to, who will coordinate your care among other health care providers. That also, I believe, will reduce costs.

And then finally, the Medicare prescription drug law that was passed was, in my judgment, a complete giveaway to the drug companies. I was against it when it passed. It drives up the cost of prescription drugs dramatically under Medicare, and there are at least three things I've mentioned them briefly in passing already, three things that we ought to be doing, to bring down prescription drug costs and strengthen the financial viability of Medicare as a result, and those things are: we ought to use the power of the government to negotiate better prices with drug companies; we already do it with the V.A., we ought to be doing it under Medicare. Second, we ought to allow prescription drugs to be safely re-imported into this country from Canada.

And third, we ought to do what we can Constitutionally to control drug company advertising on television, because those costs go directly into prescription drugs that people are

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getting at the pharmacy. And drug companies are spending three times, two times, I think it's two times the amount on advertising as they're spending on research and development. So my view is, all those things are the comprehensive reforms that need to be enacted and used under Medicare.

JULIE ROVNER: Just a quick follow-up. Would you be prepared to raise the payroll tax if you had to, to maintain Medicare in its current state of benefits?

FORMER SEN. JOHN EDWARDS (D-N.C.): Here's the problem with raising the payroll tax. The payroll tax is such a burden on the middle class in this country, and raising the payroll tax would have an extraordinarily regressive impact. So I think, if we have to find a revenue source, we should do all these things I just talked about first. If we have to find a revenue source, it should be found somewhere else.

SUSAN DENTZER: We'll take a question now from Laurie McGinley.

LAURIE MCGINLEY: Thank you. Senator, your plan, as you mentioned, envisions regional health markets where people could select a private health plan or a public plan modeled after Medicare. Some critics have suggested that the public plan would require a big new government bureaucracy, and is really an attempt to create a single-payer system through the back door. What do you say about that?

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FORMER SEN. JOHN EDWARDS (D-N.C.): I'd say they're partly wrong and partly right. It was not intended to take us from where we are today directly to single payer. What it was intended to do was allow Americans to decide whether they want government health care, government-run health care, or whether they want to continue the private system that we have today. I mean, that's the entire reason that I made the decision to include both. I mean, some of the proposals that have been made in the past, which provided mandates, universal care, but only using a private component, didn't allow for that possibility. If I wanted to go straight to single payer, there's an easy way to do it, there's an easy way to propose it, and there are real benefits to single payer. I mean, the administrative costs associated with single payer, you know, Medicare is 3 to 4-percent, compared to 30 to 40-percent profit and overhead in private insurance companies. Some people love Canada's system, the British system; some people hate it. You wait too long, you can't get access to the technology that you need access to. I've seen lots of comparisons. I met with a group of doctors last week, they were describing the difference between the number of MRI machines in Canada per capita compared to the MRI machines in America. And so, basically, their argument was, you're not going to have the innovation and the technology that's available in today's health care system in America if you go to a government-run health care system.

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But we're going to let Americans choose that. We're going to let Americans make that decision. I mean, every single health care consumer in America; it's going to be everybody because it's required, is going to have to go and choose one or the other. And over time, we will see in which direction this system gravitates. And it'll be one extraordinary American model for what works and what doesn't work. And I can tell you in advance, I don't know what's going to happen. I don't think anybody does until it's tried. But there are benefits in the private system and there are benefits in the public government system. And the question is, which will ultimately be more attractive, not hypothetically, not academically, and not in policy shops in Washington, D.C., but in the real world, where people are actually choosing for their own selfish health-care reasons which makes more sense for them. And we're going to get an answer to that question.

SUSAN DENTZER: Senator, if I may ask a follow-up on this. We did have a question that came in from a viewer from Kaisernetwork.org website, Steven Auerbach, and he is very much a single payer proponent. He points out that a Medicare for all bill has been introduced in the House, and he cites all the benefits of lowering the overhead for insurance companies that would go along with a single payer system. And he says, "Given all of that, we could save $350 billion per year and cover

everybody for the same or less than we pay now. So why not go directly to a single payer plan?"

FORMER SEN. JOHN EDWARDS (D-N.C.): Well, if you're me, and you've been around the country for the last several years, listening to Americans talk about this issue, the views are widely divergent. I mean, wildly divergent. People have very different perspectives on what will work and what won't. Some of the people have, what was the gentleman's name?

SUSAN DENTZER: Dr. Steven Auerbach.

FORMER SEN. JOHN EDWARDS (D-N.C.): His perspective I have heard regularly, so it's not unusual. There are a lot of people who think that keeping private insurance companies in the system is a mistake, and they should be out. The flip side is, I had mentioned just a moment ago, I hear regular complaints about, the way it usually comes up is something like, I don't want the people responsible for Katrina responsible for my health care. So that's sort of the flip side of it. And it just seems to me that it's an unnecessary debate. We can let Americans decide in the real world what works and what doesn't work, which is the reason I have both the private and the public component. There are benefits to single payer, to Medicare, to Medicare Plus, to Medicare for all, which I think is what he made reference to. He's right about that; there are real benefits, there are clearly cost benefits, and some people would argue that there's even a

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quality benefit, in terms of the quality of care. But I think there are two sides to that, and a lot of people with real expertise feel the opposite. And I think that instead of, I know you want me to stop. I see you doing this. Can I say one last thing?

SUSAN DENTZER: Please.

FORMER SEN. JOHN EDWARDS (D-N.C.): The only other thing I would say is that there is a political reality here, too, which is: we've got 47 million people without coverage; health insurance premiums up almost a hundred-percent over the last decade plus, and I think what that says to us is, we don't want to be debating this for another ten years. And what I have proposed I think would be appealing across the political spectrum and the ideological spectrum, and very much leaves open the possibility of this system gravitating in one direction or the other.

SUSAN DENTZER: A question now from David Muir.

DAVID MUIR: Thank you, Susan. Last week, as you know, we heard from Senator Clinton on her health care plan, and many people have said it looks eerily similar to yours, or closely similar, depending on how you look at it. Even your wife said, "It's John Edwards' plan as presented by Hillary Clinton," or along those lines. Can you help the people at home who are watching this know what the key differences are, then, between your plan and Senator Clinton's plan?

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FORMER SEN. JOHN EDWARDS (D-N.C.): Yes, they're in the weeds. There are some differences, but they're not significant. I mean, she has an employer and individual mandate, things like pre-existing conditions and chronic care, long-term care, preventive care, she covers all those. She also allows people to choose between a public and a private plan. So I think on the big, and the cost is I think also very similar. Seems that I've read that her cost is around $110 billion a year, and mine is $90 and $120 billion, so she's right smack in the middle of that. I should be flattered, I guess, but actually for America I want to say, I think this is a very good thing. Forget about politicians for a minute. You know, I was proud that I came out with my plan seven months ago, but I think for America this is a good thing, that we're having a debate about health care and universal health care, and the differences between the major candidates are fairly nuanced.

One difference that I remember, as I stand here now, is she also has, we just spoke about cost savings, she has some similar cost savings. I think she, again, don't hold me to this but it's what I saw when I saw her description. It appears that she takes those savings and puts them into her bigger universal health care plan. I don't, I keep them in Medicare. And I think, if that's the case, and again, as you all have learned, trying to look at these health care plans,

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it's sometimes hard to understand all the details, but from what I could see it appears that she takes that savings and puts it into her general overall system, as opposed to maintaining that money in Medicare, and I keep the money in Medicare. So that's at least one distinction that I'm aware of.

DAVID MUIR: So on the health care plan itself, this particular issue itself, why should voters choose you over Hillary Clinton when it comes to health care?

FORMER SEN. JOHN EDWARDS (D-N.C.): Two reasons. One is that I do think that how big a priority you made this in your presidential campaign, and how early you came out with a comprehensive plan, I mean, there are others who have argued, I'll leave it to the judgment of the voters, that I have driven this debate, or certainly helped to drive it, by coming out early and aggressively. Not in a rhetorical way but in a very specific and substantive way. As you've seen from your questions today, when you take off all our specific positions, you're subject to criticism. It's very easy to do the rhetoric. It's when you do the specifics that you get subjected to criticism, and there are hard calls to be made in this. So I would say, first, it's a huge priority to me and it's obvious that it's a huge priority to me, and that I will not bend, not bend on universal. I could tell you, I will never, if I have submitted a universal health care plan for the

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Congress, I will never pull it. That will not happen. Not in my Administration.

And the second thing is, I think we have a very different view about the best way to get this done. Senator Clinton appears to believe, and she should speak for herself on this, and I know she'll be here doing this; you've got to give me thirty more seconds on this one. She appears to believe that you can take money from health insurance and drug company lobbyists, and sit at the table with them, and negotiate a compromise. I absolutely reject that. I think that's a classic inside Washington way of thinking. It's like pretending the rest of America doesn't exist. That's not the way you get it done, in my judgment. The way you get it done is you convince the American people about the rightness of the substance of what you want to do, and you bring America to getting this done. And that's the way you drive through the entrenched interests of insurance companies and drug companies and their lobbyists that are a huge obstacle to reform. You have to be willing to take them on, but you have to bring America with you in the process. The other way is a classic inside Washington game, and that game doesn't work. If it worked, we'd have universal health care today.

SUSAN DENTZER: And we move now to a question from Julie Rovner.

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JULIE ROVNER: Senator, how big a factor do you think racial and ethnic disparities are in the provision of U.S. health care, and as President what would you do to narrow or eliminate them?

FORMER SEN. JOHN EDWARDS (D-N.C.): I think they're a significant factor. I mean, if you're a, by way of example, if you're African American, you're much more likely to have heart disease, much more likely to have diabetes, a whole host of serious health care problems. So there is clearly a racial component to the health disparity that exists in this country. I think the starting place is universal health care, because if you, one of the reasons that we have, I think it's not the only reason, but one of the reasons that we have these disparities is because there's also a disparity in access to care. And that's related to income. If you're African American in this country today, you have an average net worth of six or seven thousand dollars; white families, that number's about $80,000. And that income disparity means something in people's lives; it directly impacts coverage. And you're also much less likely to be covered if you're African American. The same thing's largely true of Latino families.

So the question is, what do you do about it? First, you cover everybody. Once you make sure that everyone is covered, so that you have comprehensive health care, I think we also need to examine what is likely to be the other component,

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which is: what is it in fact that's causing these disparities? Is it just care and access to care? Maybe, maybe not. We need to find out if there are other factors, because we want that disparity to be narrowed, and that means we're going to have to be willing to invest in the research to determine what the cause of those disparities are. So it's a combination of researching the cause, addressing that cause, and having universal health care.

SUSAN DENTZER: A question now from Laurie McGinley.

LAURIE MCGINLEY: Senator, as you know, about a third of U.S. health care spending takes place in the last year of life. Should end of life care be rationed, and, if so, how?

FORMER SEN. JOHN EDWARDS (D-N.C.): No, I just think that's not America; that's not who we are, not what we are. And I think that if we want to deal with the cost component, which is really what your question goes to, a whole series of things, comprehensive reform, is what's necessary. And that means all the tings that I've already, I don't want to repeat myself but I've already talked about. It means insuring that people get ongoing care, that they take care of themselves; as they start to develop either a chronic condition or a catastrophic health care condition, that we intervene as quickly as possible. If in the aging process it difficult or impossible for seniors to live independently, I think we want to give them the option, instead of being in a home where

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they're being taken care of by others, to continue to be able to live independently. There's multiple ways to do that, one of them being ensuring that Medicare actually provides support and payment for things like transportation and living, independent living. But I think what we want and what we know is, we're going through this with Elizabeth's parents right now, exactly, I mean literally, this problem. They've got an apartment, they'd rather live in the apartment, there's some cases they're happier with being in an environment where they're stimulated, where they're socially stimulated, where there are lots of other people around. So there's this tug and pull and her dad had a stroke years ago, so he requires care. And so it's a stress on her mother, they're both in their mid to late eighties. So it's a problem, and there's nothing unusual about us, we're like a lot of families faced with the same problem. But what you want is you want people like, seniors like Elizabeth's parents to be able to live independently if that's good for them and they choose to live independently, and if they'd rather be in a different environment, they have that option available to them. I think it's just reality that we're going to continue to spend significant amounts of money caring for people as they age. That's reality, but I think we can significantly reduce that cost, and do it in a moral way, if we have a comprehensive

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system to take care of people and to provide options for independent living. Which is what most seniors want.

SUSAN DENTZER: Senator, as I said earlier, we also made each candidate, including you today, aware ahead of time of our closing question, and it is this: as President, where would health care stand on your list of priorities? Please be as specific as possible in telling us how and when you would proceed with health reforms if elected.

FORMER SEN. JOHN EDWARDS (D-N.C.): It's obvious how big a priority health care is to me. I was the first presidential candidate with a comprehensive universal health care proposal. I made it in February, which was roughly four to six weeks after I announced my campaign for the presidency, because I wanted people to know what a huge priority this was for me, and what a priority it will be as President. On the first or second day of my administration, I will submit to the Congress a comprehensive health care proposal. I will meet with the leaders of Congress, both Democrats and Republicans, to talk about what I'm proposing and the principles that are absolutely required, including universal—has to cover everybody; the quality of care, cost reduction for every single American, for the system, and coverage for everybody. Those principles: quality, cost reduction, and most importantly universal, I would not compromise about. The exact mechanism for accomplishing them, I'd be willing to talk about with

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members of Congress. I would not be negotiating with drug and insurance company lobbyists.

Second, I would go to America and make this case. And I don't mean just I would do it on the White House lawn, and the way it's been done in the past, but I'd go beyond that. I would go to the extent there was reticence from members of Congress or from U.S. Senators, I would go to their states and to their congressional districts to convince their constituents about how we were right about this, and how important it is. You can see that, by the way, happening on the Iraq war right now, as you see Republicans begin to move on the issue of Iraq. That's not being driven by Washington or politicians in Washington; it's being driven by the American people. They're demanding something different and politicians are responding.

And then, last but not least, I would prepare them for the inevitable, which is that there will be millions and millions of dollars spent on television and on newspapers, on radio, to try to defeat health care reform. And I would say to America, every time you see one of these ads, I want you to ask yourself a question: who's paying for this? Because I'll tell you in advance who's going to be paying for it; the people that you're paying so much money to for your prescription drugs, the people you're spending so much money with on your health insurance premiums. They have billions of dollars invested in seeing that you continue to spend that money. And it will

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never change unless we as a nation join together and stand up to it. But if we do that, we can actually provide health care to every American and bring down costs for everybody, which is exactly what we should be doing.

SUSAN DENTZER: Thank you very much, Senator Edwards, and thanks to my colleagues Laurie McGinley, Julie Rovner, and David Muir. This concludes our presidential forum on health care with Senator John Edwards, Democratic candidate for President. We'll be back here again at the Kaiser Family Foundation in Washington for our next presidential forum; for that schedule, please consult the website at presidentialforums.health08.org. Thank you and good day.

MALE SPEAKER: This program was made possible by the generous support of the Kauffman Foundation and the California Endowment.

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