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Presidential Candidate Forum: Joseph Biden October 25, 2007

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CHIP KAHN: Welcome to today's Presidential Forum. My name is Chip Kahn, and I am President of the Federation of American Hospitals, and we are bringing you this forum today, organizing it with Families USA. I am now going to introduce Ron Pollack, the Executive Director of Families USA who will bring us our program. Ron.

RON POLLACK: Thank you Chip and good morning everyone. Welcome to this, our fourth forum on Presidential Candidates, talking about health care. Health care has become the top domestic issue for the American public and it is for this reason that we've decided to do something different than the typical thirty second, sixty second sound bites that you get in the typical candidate debates.

We have a forum with four very distinguished journalists who will be talking with our special guest in a moment. Before I bring on our special guest, I want to give thanks to a number of folks who made this possible.

First I want to thank MacNeil/Lehrer Productions that is producing all of these forums. I'd like to thank the Henry J. Kaiser Family Foundation that is hosting us in this wonderful building and that is web casting all the forums. I want to thank our funders, the California Endowment and the Ewing Marion Kauffman Foundation. And last, but not least, I want to thank my good colleague Maryellen Berecka who has been

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coordinating these forums for Families USA. So now I ask you to please welcome and offer a good round of applause to Senator Joe Biden. [Applause]

SENATOR JOSEPH BIDEN (D-DEL): Thank you very much for having me. Thank you very, very much. My mother would say, no hospital [inaudible]. [Laughter]

RON POLLACK: We're delighted that Senator Biden is here with us today. I think Senator, you have the distinction of being the Presidential Candidate who's been in Congress longer than any of the other Candidates.

SENATOR JOSEPH BIDEN (D-DEL): That's true, and acquired more health care bills than anyone. [Laughter]

RON POLLACK: And that means that in addition to all the different things you have done in the Senate, you have watched in terms of health care, you've watched Jimmy Carter's efforts at cost containment; Ronald Reagan's efforts at catastrophic health care and then its repeal; the Clinton Health Care debate and the enactment of CHIP; Newt Gingrich's efforts to cut Medicare and Medicaid. So, there's a lot of experience that you can share with us and we're delighted that you're here. So welcome.

SENATOR JOSEPH BIDEN (D-DEL): Thank you very much.

RON POLLACK: I now have the pleasure to turn this over to the moderator of each of these programs, the Chief Health Correspondent for The NewsHour With Jim Lehrer, Sue Dentzer.

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SUE DENTZER: Thank you very much Ron. [Interposing]
And let me add my welcome to you too Senator Biden.

SENATOR JOSEPH BIDEN (D-DEL): Thank you Sue,
appreciate it.

SUE DENTZER: We're all very happy to be here with you
today to participate in this important forum. I have the
pleasure now of introducing my fellow journalist who will join
me today in questioning you. They are Laura Meckler of The
Wall Street Journal, Julie Rovner of National Public Radio, and
Rick Klein of ABC News.

As you know by prearrangement with the Candidates,
we're working with in theses forums, we pose the same first
question in advance to give you an opportunity to have a five
minute statement at the outset. We also did the same thing
with the closing question. I'll give that to you a bit later
today. For the other questions, we've allotted you up to two
minutes for each response and up to one minute for each follow-
up question.

Senator, you have our opening question which is this,
do you believe all Americans should have health insurance
coverage? And if so, and if you're elected President, how will
you move toward this goal?

SENATOR JOSEPH BIDEN (D-DEL): Well, I do think all
Americans should have health care coverage. As our host, when
I was introduced pointed out, I have watched over the last 30

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some years, Presidents make their best efforts dealing with both excess and cost. And one of the things that I think should be said in their defense if you will, is that we used to have this polemic argument about whether or not health care was a right that all Americans had, or it was a privilege. We're well beyond that. We're well beyond that.

The advantage I'll have as President of the United States of America is that usually warring ideological factions, the Chamber of Commerce of Labor, they're all in the same place, 'cause they're all in trouble. Everybody understands that in order for America to be competitive and American business to be competitive, we need a National Health Care System of some kind that shares the responsibility of providing health care for everyone.

As I've said many times, you build a Buick Skylark in my home state, my town of Wilmington, Delaware where they have a General Motors plant. You build one, same products, same materials, same productivity, same UAW. Build one in Ontario, Canada you can sell one in Ontario, Canada for 14, 15, 16-percent less than one you sell in Delaware.

So it's become a competitive issue as well. So finally the next President has a golden opportunity, a golden opportunity to provide health care. But in my view, it is less, quite frankly, the plan than the man or the woman proposing the plan.

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It's about whether or not you're going to be able to, as President, generate a National consensus, because if you're a Democrat you're going to have to go out there and get 15, 20-percent of those Republicans to vote for it. You can't do it with just Democrats. And you're going to have to be able to convince the American people that this is understandable, soluble.

One of the things I found in my career I'd say, Susan, is that the American people are pragmatic. They're looking for pragmatic understandable positions, and anyone that thinks we're going to take \$2 trillion of the economy with stake holders in that \$2 trillion and by a single vote move it from here to here, I think is kidding themselves. It's not going to happen.

Every significant change in American politics over the past 200 years has occurred as a consequence of a President or a Congress or an individual being able to articulate a sensible, rational solution to whatever that problem was that people could understand.

So I don't try to reinvent the wheel. I don't make the perfect the enemy of the good. I started with doing two things which I believe there's a national consensus on representing American values. One is that every child in America should be insured. Every child in America should be insured. You won't

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find anybody, practically speaking, who says that's not a basic value Americans should embrace.

And the second one is that no one because of a catastrophic illness should be wiped out. Should lose everything they've accumulated over their whole life, and be destitute the rest of their life, or bankrupt.

So I start off with doing two things. Number one I start off with insuring every child. I would do that within the first six months I was President. I think I can get catastrophic health coverage as well within the first six months of my being President.

And I would initiate, my Republican friends love to use this phrase, the paradigm, change the paradigm. One of the paradigms in business as The Wall Street Journal can tell you is that you've got to spend money to make money. You got to spend a little money to fundamentally change the system, the system of health care by electronic record keeping, by dealing with uniform insurance forms, by dealing with chronic disease which makes up \$.75 of every dollar that's spent.

There are billions of dollars to be saved you all know the studies. I'll go into them if you'd like me to. But you all know the studies that indicate you can pay a minimum of \$75 million in savings in that \$2 trillion proposal. I think it's more like \$180 billion you can save by initiating changes in the way you keep records and the way you file forms, et cetera.

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Basic stuff you can explain to the American people, I believe I can get that done within the first year.

And then, instead of going out and trying to come up with new proposals that people don't understand, you've got to demonstrate to them so you gird your loins for the attack, this is socialized medicine and this is about the government taking over. Everyone understands Medicare, and everyone understands, I realize I'm 29 seconds over, everyone understands the whole notion of the kind of insurance that federal employees have.

I'd let everyone in on a sliding scale into the federal system and I would also provide for those who wanted to buy into Medicare at age 55 to be able to do so. That's how I'd insure everyone. I do not have mandates in my system, and I'm sure you're going to ask me about that.

SUSAN DENTZER: Exactly. That was exactly what I was going to follow up on because most people would say that to truly provide universal coverage, you have to have an employer mandate, you have to have an individual mandate or some combination of both. So what are you really for if you're not for mandates?

SENATOR JOSEPH BIDEN, (D-DEL): I'm for practical, understandable, reasonable notions about how human nature functions. The reason why I lead with catastrophic as opposed to the others, that's the thing that's going to keep all the

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employers in and if they want to get a piece of that action, guaranteeing that any bill above \$50 thousand.

Look, you're a small business. You have 20 employees. You have me in your system and I ring up bills of close to a million dollars with two cranial aneurisms and an embolism and seven months of care et cetera. I blow your system for you.

So if you are able to get- have me in the system guaranteeing that everything could be paid above \$50 thousand by the federal government. That you're not going to be liable for that payment, in return for that, I want you to ensure you're going to have every single solitary employee. And that's the only thing that will level out your increase, this 80-percent increase in premiums charged to businesses and it can actually lower it.

So that's the incentive to keep them in. And I do not believe that it is instinctive instinct of American people that given affordable access to health care they're going to deny it. I don't know where these guys think. What do you think? People don't want this insurance? You think they're not going to insure their children if it's available? If it turns out I'm wrong and it becomes a problem, and I don't believe it is, then I would adjust it, but I don't think you have to start there.

And one word Americans don't like, mandate. They don't like the word mandate. I don't want to make this hard. I want

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to make this simple and not susceptible to what some of the insurance companies and the right wing will argue this is. A mandated socialistic system. I don't want Harry and Louise eating me alive. Remember Harry and Louise?

SUSAN DENTZER: All too well Senator. Thank you.

We'll go now to a question from Julie Rovner of National Public Radio.

SENATOR JOSEPH BIDEN, (D-DEL): Hey Julie.

JULIE ROVNER: I remember Harry and Louise too.

Senator, the plan that you've outlined has some elements in common with the plans offered by Senators Clinton and Obama and Senator Edwards. How would you characterize some of the differences between what you want to do with health reform and what they propose to do?

SENATOR JOSEPH BIDEN, (D-DEL): Well, the primary difference is my emphasis on catastrophic. That's the biggest piece. Without emphasizing catastrophic, I don't know how you'd get to leveling rates, number one.

Look, here's what I want to do. I want to keep employers in the game. While we're moving toward, and it's going to take a little time, I'll get it done within my first term, but it's going to take a little time to get everybody covered. In the meantime, what I don't want is I don't to provide incentives for businesses to withdraw and I don't think

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the mandates will be able to be passed, in my view. That's a very difficult thing to sell.

And so, what I do is I deal with that by catastrophic health insurance. By providing that it takes significant pressure, it's a reinsurance program, it provides that that coverage is limited for all businesses whether, and by the way for self insured as well. And that's the biggest distinction. Because I want to keep American businesses covering American employees. Over 60-percent of those covered, that's where they get their coverage.

The second thing is, the difference is my record. I get complicated things done. It was referenced that I have a long record. I've taken very complicated divisive issues that have truly been ideologically divisive from the Crime Bill to the Violence Against Women Act, to the War in Iraq to many other things that I could name, and I'm able to get it done. So I think the difference is my experience, my track record and my ability to deal with complicated issues and get consensus.

JULIE ROVNER: Now you've said that your plan would cost about \$90 to \$110 billion a year.

SENATOR JOSEPH BIDEN, (D-DEL): That's true.

JULIE ROVNER: That's rather conveniently the same amount that your main rivals have said their plans would cost. But you've given fewer details than they have. So can you—
[interposing]

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SENATOR JOSEPH BIDEN, (D-DEL): Well, I don't know that I have. Let me go through the details. The details are that it will cost \$50 billion roughly. And it's hard to give an exact figure, but it costs around \$50 billion for catastrophic health insurance as I propose it, number one.

Number two, depending on where you're starting point is, if you start in covering children, if you start from where the new CHIPS proposal, which I predict is going to pass, I'm adding \$13 billion to that to get people up to \$60 thousand dollars. But if you take it and you start from zero, what it costs for all children is \$20 thousand dollars to \$27 depending on your starting point.

Thirdly, I provide it will cost somewhere between \$18 and \$20 billion for providing a sliding scale of access into the Federal Health Employees Act and will provide roughly the same amount to allow people to buy in, depending on how many buy in, buy into the Medicare at age 55. And that's how I come up with my number.

SUSAN DENTZER: We're going to come back to you in a moment Senator and ask you about the reinsurance program, but at the moment we're going to go to a different question from Rick Klein.

RICK KLEIN: Turning from some of the differences with the Democrats to the differences with the Republicans, looking through your plan there are a lot of cross over from what we're

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seeing from some of the Republican Candidates, the focus on reducing the cost of health care, health care IT. How would you lay out for us the differences that you see between your plan and what we're seeing from some of the major front running Republicans?

SENATOR JOSEPH BIDEN, (D-DEL): I don't know any Republicans. [Laughter] [Interposing] I'm being facetious, obviously. I honest to gosh don't know what Romney's plan is or what- I know what he did in Massachusetts but he seems to run into that and away from that depending on what audience he's talking to. He either claims it or discounts it. I don't know what Rudy Giuliani's plan is. I'm not being facetious. I truly don't know what the Republican plans are.

But look, for me this is about accomplishing an overwhelming moral and practical imperative. And that is how can we best get accomplished, the coverage of the vast majority, if not all Americans, as rapidly as possible. And overcome what has been a debilitating attack on any effort to get health insurance for everyone, that this is unmanageable, complicated, socialized medicine that is mandating American people to do what they don't want to do.

And so that's the context in which I put together my plan. I am sure, it is not at all surprising that there are many similarities to the Democratic plans. I'm a Democrat, and I have been strongly supporting insuring children and moving

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towards catastrophic and so on. So I don't find any surprise there.

I do think you'll see more Republicans moving the Democratic way. If you remember, two elections ago, three elections ago, four elections ago, the Republicans were like, whoa, whoa, whoa. This is all socialized medicine, we're not for it. And they ran ads about it, including the guy who ran against me the last couple of times in the United States Senate, in my six races. And I think we're beyond that. And I think the reason they're being pushed by their constituency, American business.

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

LAURA MECKLER: Thanks for being here.

SENATOR JOSEPH BIDEN, (D-DEL): Thank you.

LAURA MECKLER: Your plan includes expansions of both SCHIP and Medicaid as you alluded to. But given the stand off that we have right now over the SCHIP expansion that's currently trying to make its way through the Congress, how would you imagine that you could resolve that and bridge the differences with at least a substantial part of the Republican Party? And I would add to that that there are many Republicans who refer to that as socialized medicine and who still level that charge. So how would you deal with that as you try to implement your plan, given what we see today?

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SENATOR JOSEPH BIDEN, (D-DEL): Two ways Laura and I'm not being facetious. I'd be President, Bush wouldn't be. Now I'm not being facetious when I say that. Think about this. One of the reasons why some Republicans are not yielding on doing what their heart tells them, voting for this SCHIP plan, is the President's coming down on them like a ton of bricks. He has made this a party line vote. He has made this a blood test. This is one you take, are you a true Republican or not? So you wouldn't have that, number one.

Number two, I think you're going to see SCHIP pass. I think you're going to see the compromise worked out. I make you a bet that they get SCHIP passed and pick up another ten, to twelve Republicans.

So I think you're seeing the weight, the overwhelming weight is on the side of insuring children and everybody understands, middle-class people are getting killed. And anybody who thinks a couple that makes \$60 thousand a year, has three kids or four kids or two kids, and maybe like me, have your mom living with you at home, that you're fat and happy and \$14 hundred bucks a month for health insurance is not a problem for you or insuring your kid is not a problem, they ought to go out in the real world. And a lot of those folks vote Republican too.

So I think you're seeing an overwhelming movement, overwhelming movement in this nation. Like I said the other

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day, in a different context, I was told by- I was on with George Stephanopoulos on his show and they asked me, he said, well the Republicans are having a values conference. And I said, great. Let's have a values conference. Does anybody not value insuring children, and does anybody think a \$60 thousand couple with several kids has an easy time insuring those kids. Times are a changing kiddo. They're moving and the Republicans are on the losing side of this issue as every day goes by.

LAURA MECKLER: Thank you.

SUSAN DENTZER: Senator, you proposed moving an advance of your comprehensive health reform plan with a determined effort to ratchet down the cost of health care and a lot of that plan is based on a heavy emphasis on prevention, preventing Americans from developing more chronic disease in particular. But a lot of health economists say that prevention could actually cost more money, it might be a quite worthy goal to keep people healthier, but because a dollar spent on prevention today is worth more than a dollar spent on treatment tomorrow, it actually might end up costing us more money to invest in people's health, rather than saving money. How do you respond to that?

SENATOR JOSEPH BIDEN, (D-DEL): Susan, at the front end it would. At the front end it would. But let's assume that prevention works. Let's just take the one example. \$.75 of every dollar spent on chronic disease.

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Now, obviously managing that chronic disease for someone who's my age, if I have chronic disease, is going to be an ongoing problem as long as I'm alive, allowing me to get involved in the prevention piece still may be as costly for me to go to the dietician if I have diabetes as to go to the doctor to have the diabetes treated. That's true.

But what it will not, what is not factored in to those studies, in my view, and I know you know a lot about this, I'm supposedly an expert on foreign policy, not health care. And, by the way, that old joke, an expert's anyone from out of town with a briefcase? I don't have a briefcase with me today.

[Laughter]

Here's the deal, I really believe that you got to look at the long term here. And long term meaning the next five, seven, ten, twelve years. These savings are not going to kick in at the front end of this.

And that's one of the reasons I want to insure children in the front end. You have children who don't have health insurance, parents not being able to take them to a regular care physician. They build up, not immunities, they build up problems. So they end up being less healthy by the time they're twenty-one years old. So the whole notion here is, and again, changing the paradigm, front end cost, I acknowledge that. Back end, significant savings.

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SUSAN DENTZER: Well, in fact have you priced this out such that you can really say the investment which we would have to make in prevention, which as you said that would be substantial and would include health IT and some of these other things, that it really does add up to \$110 billion a year? It sounds like it could potentially be more. And again, it may be worth it as an investment, but it's not to save money.

SENATOR JOSEPH BIDEN, (D-DEL): Well, let's assume, the answer is what I have done, I have relied on the studies of outfits like the one that is sponsoring this forum, as well as the Rand Corporation and a number of other non-partisan organizations that have put forward studies. The consensus of the studies is that you can, that the net savings, there's still a net savings at the front end. But the net savings is not as high, it's not as high as it will be two, three, five, seven years down the road.

And one of the problems with the mentality of American business and insurance companies is that they always think about the next quarter. Very seldom does anybody think about the next year, the next five years, the next seven years. And if we're going to get these costs under control, it seems to me that you've got to be investing now.

I do not see any evidence, I have not seen any convincing study that indicates that moving to deal with chronic disease for example at the front end is exponentially

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increase the cost of anything. As a matter of fact, the studies I've seen will either be flat or be reduced. The in-well, I'm over my time. Sorry.

SUSAN DENTZER: I told you we'd be coming back to that reinsurance plan and Julie Rovner's going to take that on.

JULIE ROVNER: Your plan proposes a federal reinsurance pool that would reimburse employers and insurers and associations for 75-percent of catastrophic health costs, as you mentioned, above \$50 thousand per individual. Would you explain a little bit about how exactly this would work in the real world?

SENATOR JOSEPH BIDEN, (D-DEL): Well, practically the way it works is, now look, the reason this will work is, obviously it doesn't work if you don't have insurance. So the whole notion is to rapidly as possible I've insured children assuming I'm successful as President. Assuming I've insured all children within the first year. They're in an insurance plan, they're covered.

I would also provide for, as rapidly as I can get the votes, I believe I can get the votes pretty clearly because quite frankly, the reason to pick the federal health employees plan, and by the way, my wife is a professional teacher. She has two masters degrees, a doctorate degree, she's been teaching for 30 years. When I was hospitalized all the time,

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we used her insurance. It was better than the federal health employees plan. But it was a good plan.

Why not go out and pick a more perfect plan? The reason is it's there, everybody understands it, there's a sense of confidence about it, and there is something that generates the notion that this makes sense. If your Senator has this it must be good enough for me. It must be good enough for me. So I think I can get it passed. And the reason that would do, it brings everyone into the pool. Everyone's in the deal.

So everyone who has insurance now, whether they're getting it through their employer, which we encourage to keep in the game, whether or not you're getting it through the Federal Health Insurance Plan that I have as the United States Senator, or whether you're insured as a child in a separate category in effect, you all qualify for being this coverage because any insurance company wishing to participate in that plan would have to guarantee that they insure all folks including dealing with insuring folks for these recurring diseases that they try to have preventative care involved.

So there's a carrot and a stick. The carrot is that they get the reinsurance that is insurance companies and the plan and the employer. But the stick is they have to insure everyone. Everyone that they employ and they have to provide for this preventative care as well.

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JULIE ROVNER: But Senator, this was a popular idea I think in the last election cycle. This time around a lot of candidates have backed away because it's enormously costly. Do you really think you can pay for it with \$50 billion dollars?

SENATOR JOSEPH BIDEN, (D-DEL): I do. Based on the studies we've looked at and I'd be happy to, you're all going to be writing and talking beyond this panel. I'd be happy to provide those for you. It's the basis of our estimate of \$50 billion. And by the way, one of the reasons they backed away from it is because they watch what happened 20 years ago with the Reagan plan.

The Reagan plan was different than this, but provided for catastrophic health insurance and seniors and AARP had great difficulty with it. That was 25 years ago. That was a different world we were living in and a lot has changed and the consensus has changed.

SUSAN DENTZER: We'll go to a question from Rick Klein.

RICK KLEIN: Senator, we've all seen these really scary studies that show the explosive growth rate of Medicare, really unsustainable over the long term. Looking at what you've said on Medicare, you've mainly talked about the drug portion of the coverage, the so called Part D coverage. And looking at wanting to close the donut hole that the coverage gap in Medicare Part D, and also talking about wanting to give pharmaceutical companies, force them to negotiate with Medicare

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directly, we all know that closing the donut hole is going to be very expensive, billions of dollars. We don't know how much we're going to save through negotiating with drug companies. How would you propose dealing with the long term costs of Medicare which we know is just going to grow very dramatically over the next couple of decades?

SENATOR JOSEPH BIDEN, (D-DEL): They are going to grow dramatically over the next decade, but it's not because of increased benefits, it's because of increased cost. But now what's going to happen is you're actually adding people because my generation is retiring.

RICK KLEIN: And any benefits [interposing].

SENATOR JOSEPH BIDEN, (D-DEL): Any benefits you close in the donut hole. There's two things. Right now we should begin to pay private insurers or reimburse them the same way we reimburse everyone else. We're reimbursing them about \$10 billion a year beyond what we reimburse others.

Number two, I think being able to negotiate price relative to the cost of drugs like we do in the VA would significantly reduce the cost. And number three, I think hopefully what we're going to see, and I admit there will be a bump because people buy into. If they buy into at 55, into Medicare, they may very well be buying in and having some of these chronic diseases that hopefully this longer term plan is going to mean that by the time people hit the Medicare system,

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who are now in their thirties and forties, they will not be dealing with, they'll have much more control of these chronic diseases.

If in fact the cost is higher than I anticipate by this, then we're just going to have to flat out figure out how to deal with it. And the way to deal with it is if you take a look, I mean I lay out with some specificity how I'd pay, where I'd get the revenues to pay for each of these programs.

But I think the answer to your question is, if it turns out to be larger than the estimates the professionals have given me, then we have to step up and say, okay, what are we willing to pay? What are we willing to cut? And I believe I can cut, as your President in the first year, I think I can cut the Defense Department by over \$160 billion, ending the war in Iraq and going through a whole series of designs with regard to weapons systems and star wars.

I would eliminate the tax cut for the top 1-percent who didn't ask for it, don't need it. Have no econometric model that I've seen any impact on it. I would do away with \$195 billion advantage that we are giving people for cutting coupons, which was done to stimulate the stock market. That's not something that appears to be needed right now, et cetera.

So I think there's plenty. My dad used to have an expression, he used to say, don't tell me what you value, show me your budget and I'll tell you what you value. But I believe

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that there'll be consensus to, if it turns out the costs are higher, to be able to deal with those other things.

RICK KLEIN: Thank you sir.

SUSAN DENTZER: And we'll move to Laura Meckler of The Wall Street Journal.

SENATOR JOSEPH BIDEN, (D-DEL): Am I going over, please tell me. If I am stop me okay? [interposing] Stop me before, I'll never forget, I was out when Reagan was President and out speaking in California in these big Sequoia trees had ribbons around them that said, stop me before I kill again. So stop me before I.

SUSAN DENTZER: And Laura's here to do that. Go ahead Laura.

LAURA MECKLER: Alright, I'll be brutal. Yesterday in discussions with the Washington Post Editorial Board you alluded to some of the factors that leave minority children at a disadvantage in American schools. And similar disparities pervade the health system as you surely know. What do you think is the cause of these racial disparities in health and what would you do to address them?

SENATOR JOSEPH BIDEN, (D-DEL): A combination of things. I think some of the cause is racism. Some of the cause is this sense of despair that there's not much you can do in these extremely disadvantaged neighborhoods where they exist. Some of the cause is the same cause that existed with

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the failure of NIH and other research institutions focusing on disease that women have.

So I think two things that, that was a big cause that started about ten years ago. Women focusing on, we didn't use to talk about women and heart failure. We talk a lot about it now. So part of it is educating the public, number one.

Second part of it is, is directing resources to NIH and other institutions where we provide for pure and applied research to focus on these particular diseases. African-American man, greater risk of heart disease. Hypertension. We should be focusing on these and trying to work on dealing with protocols as well as dealing with cures in some of the more unique diseases.

And I think part of it is educating the community. When people are aware that there is a system available to them, they can participate in, I think they're much more likely to move into those systems and in fact demand more. Demand more attention for, it's not just African-Americans, it's Hispanics as well. Only one in five are insured, et cetera.

So I think you have to use this bully pulpit as President to speak to those disparities and lay out concrete approaches as to how you would attempt to deal with equalizing the playing field so that minorities have the same amount of attention and care as the rest of the population does.

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LAURA MECKLER: Do you think there are cultural factors at work as well, or is it

SENATOR JOSEPH BIDEN, (D-DEL): Well, I, look, I was raised in a household where my dad, I guess we were technically lower middle class, we never thought of that in terms of our income. And there were culture disparities.

I remember graduating from high school, I didn't know what a mortgage was. In a sense that was a cultural disparity. We didn't talk about economic issues at our dinner table. We didn't talk about, I didn't know there was such a thing as a stock market. I knew there was a stock market, but I didn't know how you bought a share of stock. My father never owned one.

So I don't want to be misrepresented here which is easy to do when I say there's culture disparity. Culture disparity is usually based upon economic; economic opportunity and socio-economic standing. I think part of those do relate to a generation, or generations of not having access to health care, and therefore you don't think in the same terms as people that have had access to health care.

SUSAN DENTZER: Senator, we know that there's a nursing shortage in many parts of the country and you proposed a series of measures to train 100 thousand new nurses and put them into the work force over the next five years. But the nations nursing schools say they're overrun with applicants to get into

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those schools and they're turning away thousands of them for lack of capacity. Do you agree that that is part of the problem, and if so how would you address the whole issue of expanding the nations nursing faculties?

SENATOR JOSEPH BIDEN, (D-DEL): It's an overwhelming problem. 49 thousand turned away. So if you take a look at my plan which there's no reason why anyone would know the detail of it at this point. I've just introduced it recently. Is that the main emphasis is on expanding nursing schools. We also have another problem. We have an awful lot of nurses who are qualified to teach nursing who're retiring. It's a giant problem.

So what we have to do is incentivise, for example, case in point. Practicing nurses, in a facility, working at a hospital now, should be able to continue to receive partial pay and go back and get their doctorates in nursing. Should be able to go back, and I incentivise them to go back and do that.

I incentivise the hospitals to allow that to be done so that we can produce what is the missing link here. The missing link is not a failure to want to be a nurse, but the access to be able to become a nurse. And that was brought home to me most clearly.

My wife teaches at a community college. My wife is a writing teacher. And my wife, a significant portion of her students are people aspiring to be nurses and she talks about

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how the desire to get into her class, which is a required class for the nursing students, is overwhelming, but the fact is there's a bottleneck at the top.

And the bottle neck at the top is, so many institutions not providing advanced degrees, so many institutions losing their teachers. So a significant portion of what Senator Murray and I produce is emphasis on producing, producing more qualified nursing institutions to teach nursing with qualified teachers who have their doctorates in nursing as well.

SUSAN DENTZER: Thank you. We had some questions that came in for candidates over the Kaiser Foundation web site and Julie Rovner has one of those for you.

JULIE ROVNER: This is from Debra Washburn [misspelled?]. Mental illness is the number one health crisis and yet we do not have adequate insurance coverage, treatment providers and community support. One out of five people have mental illness and there are more persons with mental illness in prisons than in hospitals. How would you address this major health issue in this country that's been ignored for years?

SENATOR JOSEPH BIDEN, (D-DEL): Two ways. One, has to be covered. My health insurance plan, I think most of the Democrats, cover and roll in mental health as an essential element of any policy, any proposal we have. But something I do know a fair amount about is in the prison system. We have this mind set in the United States of America that when we put

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people in prison, it is not only justified for the crimes they committed, but we should punish them in there.

And we do things that are totally counterintuitive. Why would we not have, I've been the author of the major drug rehabilitation programs within the prison systems. The majority of people that walk outside our prison system, they get a \$20 in cash and they get a bus ticket to nowhere. They have no housing and they have no jobs. Many of them walk out addicted, many of them walk out with serious mental problems, the ones they went in with.

It's overwhelmingly in the interest of this society to invest in those two areas, mental health and drug treatment inside prisons, inside the prison system. In the Crime Bill, which I coincidentally am introducing later today, the extension of the Biden Crime Bill up on Capital Hill at 1:00, I speak to this issue.

So there's two avenues here. One is the avenue of covering everyone who has a mental health problem no different than if they break their arm or leg or are diagnosed as having cancer. The second is dealing with the prison system of the questioner, that is doing that through the prison system and funding it through the prison system.

In addition to dealing with another proposal, there's nothing to do with health care, it's called the Second Chance Act, which means Senator Specter and I think instead of giving

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that guy or that woman a ticket to go to nowhere to sleep in a homeless shelter or under a bridge and get right back in the process, we should be providing housing, we should be providing access to job training et cetera.

SUSAN DENTZER: And we'll move now to a question from Rick Klein.

RICK KLEIN: Senator, as you know there's an approximate 12 million undocumented immigrants in the United States, many or most of whom lack health insurance. First, does your plan for universal coverage include them? And if not, how do you propose that you pay for their care when they interact with the health care system?

SENATOR JOSEPH BIDEN, (D-DEL): No. In truth it does not. It does not cover, so no undocumented alien would be qualified for what I proposed here, any of what I've proposed here. But the basic human right is taking care of people who are ill so, quite frankly, as you point out Rick, we're doing it through emergency rooms right now. I would not stop that, but what I would do as President of the United States have an immigration bill that would in fact deal with it.

You're not going to deal with this through the health care system. You have to deal with this through a rational immigration policy. In the meantime what happens is, it is true, everyone's health care costs, because insurance companies

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or hospitals are eating this cost when they walk in to any one of your hospitals. It raises the price for everybody.

And the real answer to this is not to deny them emergency care, but to figure out a immigration system that takes these 12 or 13 million people out of the shadows, doesn't produce another 13 or 14 million people coming in to regain the position in the shadows. And at the same time then work them into citizenship and into being able to be eligible for this. We just voted on the dream act yesterday. I found it really quite frankly, astounding that we were going to deny kids who were brought here by whatever means at age 1, 3, 5, 7, who didn't ask to come, couldn't say to their parents, no leave me back in Paraguay or Ireland or Germany or Japan or Mexico. I don't want to go. And they're here. And they've been in the school system the whole time and now we're denying them being able to be eligible for going on to college.

Why would we do that? Why is it not in our national interest to integrate these qualified kids into the system that will help us produce more engineers, doctors, lawyers, et cetera? I don't quite understand it.

RICK KLEIN: Senator, as you know, emergency care is by far the most expensive care.

SENATOR JOSEPH BIDEN, (D-DEL): Absolutely.

RICK KLEIN: We just have gone through, the last few years, how difficult it is to get an immigration bill done. Is

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there anything that you could propose in the interim that would better direct the same kind of resources that are going toward emergency care toward preventative care or is it a policy decision that undocumented immigrants should not receive any kind of government support for [interposing].

SENATOR JOSEPH BIDEN, (D-DEL): I have a bad habit of being straightforward. I've learned that's not always a good trait for a Presidential Candidate. But the truth of the matter is, unless you take out of this very controversial and complicated health care debate an even more complicated hot button issue like immigration, you are never going to get it done.

If I can make an analogy, I'm the guy that wrote the assault weapons ban. Yet, when it came time to pass the Biden Crime Bill that put 100 thousand cops on the street. \$10 billion for prevention, \$10 billion for prisons, I did not include it in the bill, because it was such a hot button. It prevented the seven Republicans I needed to pass that overall bill. Then we went back and passed it separately.

The truth of the matter is, there's a lot of legitimate arguments that can be made that there's a cheaper way to integrate undocumented aliens into a system that's a national health care system now. But the truth of that is that that will never, never, never fly. So we have to deal with that

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through the immigration bill, not through the health care proposals, in my view, to be straightforward with you.

SUSAN DENTZER: Senator, we had offered you the full hour for this forum, but your fellow Senators have intervened and scheduled a vote which your staff tells us you must get to so we're going to move right to our closing question given to all Candidates. And as you know it's this, if you are elected President, where will health care stand on your list of priorities? And please be as specific as possible in telling us how and when you would proceed with health reform once taking office.

SENATOR JOSEPH BIDEN, (D-DEL): I'd proceed immediately, but let me be completely straight with you. Ending the War in Iraq will be the single highest priority I have as President of the United States and preventing a war with Iran and a catastrophe in the Middle East will be higher as well.

The next President, when he or she is elected, will be left with virtually no margin for error. None. I don't think that could be said about any election in the last 75 years. No margin for error. They're going to have to end this War, the President made clear that was the case, and not move in to another conflagration that are brewing.

So that'd be my first priority. But that wouldn't mean I couldn't introduce this immediately. I would introduce it

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immediately. Now it'd move, it would be the highest priority I have to move, to get in place the three pieces that I think need as sort of the three legged stool to produce a national health care system. And that is the savings with modernization, children and catastrophic.

I would move immediately with that and I would have in my staff, not only through HHS, but I would have on my staff people whose first job before we even took office, to begin to start to work with the appropriate leaders in the Congress, because that's the only way it's going to get done.

So it would be a very high priority. But if, to be completely honest, if I could wave a wand and God said you could wave a wand and get to solve one thing and only one thing immediately, it would be foreign policy, it'd be the war on terror. That's what it would be.

So I don't want to, again, fly under false colors, but I think I'm not being facetious. I think that we ought to be able to walk and chew gum at the same time as President. And so what it means is, it means setting up from the day you win the election in November, a system whereby you're already reaching out.

This is something I know a lot about. How to deal with Congress, because the bottom line here is, my proposal has to go through a sieve. It's not the American people directly,

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it's the United States Congress. And I would do the opposite of what, understandably, Hillary did 15 years ago.

I would be completely in the open. Now again, I have different advantages. I'm going to be President at a time when there's an overwhelming national consensus, something has to be done. The system's broken, so that's not a criticism. It's a observation of how I would approach this. And I would do it and I would do it immediately.

SUSAN DENTZER: Thank you very much Senator. And thanks to my colleagues. Laura Meckler of The Wall Street Journal, Julie Rovner of National Public Radio and Rick Klein of ABC News. This concludes our Presidential Forum on Health Care with Senator Joe Biden, Democratic Candidate for President. We'll be back here again at the Kaiser Family Foundation in Washington D.C. for our next Presidential Health Forum. For the schedule for that, please consult www.health08.org. I'm Susan Dentzer. Thank you and good day.

SENATOR JOSEPH BIDEN, (D-DEL): Thank you all very much. [Applause] No, it was great. I don't know why we don't do this—

[END RECORDING]

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