

>> ON THE 10TH DAY OF MAY, 1884, I CONFESSED TO AGE BY MOUNTING SPECTACLES FOR THE FIRST TIME.-  
IN THE SAME HOUR I RENEWED MY YOUTH TO OUTWARD APPEARANCE BY MOUNTING A BICYCLE FOR THE FIRST TIME.-

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>> IT IS A PROBLEM FOR THE AGES.-  
EIGHT YEARS FROM NOW, 77 MILLION PEOPLE WILL BEGIN TURNING 65.2-  
BABY BOOMERS, THE LARGEST GENERATION OF AMERICANS EVER BORN WILL HEAD FOR RETIREMENT, THREATENING TO OVERWHELM ALREADY FINANCIALLY STRAPPED GOVERNMENTS.-  
THEY ARE A GENERATION UNLIKE ANY OTHER, MORE ACTIVE, MORE PROSPEROUS THAN THEIR PARENTS.-  
THE NUMBER OF LOW-INCOME SENIORS RELYING ON A GOVERNMENT SAFETY NET IS INCREASING DRAMATICALLY.-  
WHO WILL TAKE CARE OF THEM AND WHO WILL PAY THE BILL?--  
AMONG OUR GUESTS, NEWT GINGRICH, ALICE RIVLIN, AND A PANEL OF THE NATION'S GOVERNORS.-  
JOINING US FOR "LIVING BETTER-A NATIONAL CONVERSATION ON AGING."--  
FUNDING FOR THIS PROGRAM IS PROVIDING BY ---  
>> HERE IS YOUR MODERATOR, MORTON KONDRACKE.-

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>> IT IS OFTEN DIFFICULT TO FOCUS ON THE CHALLENGES OF TOMORROW.-  
AFTER ALL, IT IS ALL WE CAN DO TO KEEP UP WITH TODAY.-  
157 MILLION, MORE THAN HALF OF THE CURRENT POPULATION, 157 MILLION ARE EXPECTED TO SUFFER FROM HEART DISEASE, CANCER, DIABETES AND ARTHRITIS IN THE NEXT 20 YEARS.-  
IT SEEMS TOO FAR AWAY?--  
TRY THIS.-  
IN LESS THAN FOUR YEARS THE NUMBER OF HOUSEHOLDS PROVIDING CARE FOR PEOPLE OVER 50 COULD REACH 39 MILLION.-  
WE THINK IT COULD NEVER HAPPEN TO US, BUT IT DOES.-  
REGRETTABLY, I HAVE PERSONAL EXPERIENCE WITH CARE EXPERIENCE.-  
MY WIFE MILLIE HAS SUFFERED WITH PARKINSON'S FOR 16 YEARS.-  
I'M FORTUNATE.-  
I CAN PAY FOR EXCELLENT DAILY CARE.-  
OHS CAN'T, PARTICULARLY WOMEN WHOSE FAMILY INCOME MAY DROP WHEN THEIR HUSBANDS BECOME DISABLED.-  
WOMEN NEED HELP FROM GOVERNMENT.-  
WHO WILL TAKE CARE OF US FROM OUR LATER YEARS AND HOW WILL TECHNOLOGY ENHANCE THE QUALITY OF LIFE?--  
WITH LONG-TERM CARE CONSUMING 1/3 OF STATE MEDICARE SPENDING, THE BURDEN FOR FINDING ANSWERS RESTS MAINLY WITH AMERICA'S GOVERNORS.-  
THE POLICIES PUT IN PLACE TODAY COULD DETERMINE THE QUALITY OF LIFE FOR TOMORROW.-  
IT IS AN ENORMOUS CHALLENGE.-  
IDAHO GOVERNOR DIRK KEMPTHORNE HAS CHOSEN TO FACE IT HEAD ON WITH A CARE INITIATIVE.-  
YOU HAVE WRESTLED WITH THIS ISSUE IN A NUMBER OF WAYS.-  
HOW DOES THAT AFFECT YOUR KNOWLEDGE?--

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>> THE STATISTICS YOU CITED SHOW THE ENORTY OF THIS ISSUE, BUT WE DON'T -- THE ENORMITY OF THIS ISSUE.-  
WE DON'T WANT TO GET STUCK ON THE STATISTICS.-  
THE BOOK YOU WROTE ABOUT SAVING MILLIE AND YOUR STORY WITH YOUR WONDERFUL WIFE, MILLIE.-

SO COMPELLING.-

I ENCOURAGE EVERYBODY TO READ THIS.-

I HAVE SEEN A SIMILAR STORY, A LOVE STORY BETWEEN MY MOTHER AND FATHER.-

MY MOTHER FATHER WHO ARE IN THEIR LATE 80'S.-

SHE IS THE VICTIM OF A STROKE.-

THERE IS PARALIS.-

HE HAS LOST HIS EYESIGHT.-

ON THOSE TIMES HE CANNOT HAVE A CAREGIVER IN THE HOME, ON THE WEEKENDS WHEN IT IS THE TWO OF THEM, IT IS EXTREMELY DIFFICULT FOR THEM.-

SO THIS IS AN ISSUE THAT IS FAR-REACHING, IT TOUCHES HUMANITY.-

I HAVE TO POINT OUT THIS IS NOT A DISCUSSION TO DEFINE HOW GOVERNMENT IS GOING TO SOLVE THIS.-

THERE IS A GREAT DEAL OF INDIVIDUAL RESPONSIBILITY THAT HAS TO GO WITH THAT.-

SO DURING THE COURSE OF THIS YEAR, THE NATIONAL GOVERNOR'S ASSOCIATION WILL HAVE THIS ISSUE WHERE WE WILL DISCUSS AND IDENTIFY THE POLICY ISSUES, THE NEGATIVES THAT EXIST, DEAL WITH IT SO IT IS NOT A QUESTION OF LONG-TERM CARE, BUT LONG-TERM LIVING.-

AND THE PRINCIPLES THAT GO WITH THAT SO THAT YOU CAN LIVE A LIFETIME THAT WILL ALWAYS INCLUDE DIGNITY.-

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>> OK.-

FORMER SPEAKER NEWT GINGRICH IS THE FOUNDER OF THE CENTER FOR HEALTH TRANSFORMATION.-

MR. SPEAKER, YOU SAID IN THE PAST HEALTH CARE IS THE BIGGEST DOMESTIC POLICY CHALLENGE FACING AMERICA TODAY.-

WHAT SHOULD THE STATES BE DOING TO ENSURE THERE ARE SOME OF THE RESOURCE THERE ARE SUFFICIENT RESOURCES-

>> THE STATES ARE THE LOGICAL ORGANIZING CENTERS BECAUSE THE FEDERAL GOVERNMENT IS TOO BIG.-

IT COVERS THE ENTIRE COUNTRY.-

IT IS VERY HARD FOR THE FEDERAL GOVERNMENT TO INNOVATE AT THE COMMUNITY LEVEL.-

GOVERNORS CAN BRING A COMMUNITY LEADERSHIP TO BEAR THAT IS VERY IMPORTANT BECAUSE I WOULD ARGUE THAT PART OF WHAT GOVERNMENTS DO IS SHAPE POLICY SO INDIVIDUALS TAKE CARE OF THEMSELVES.-

WE JUST CREATED HEALTH SAVINGS ACCOUNTS AS PART OF THE MEDICARE BILL WHICH WILL LEAD TO A TAX-FREE BUILDUP OF SAVINGS, IT CAN PAY FOR LONG-TERM CARE INSURANCE.-

EVERY BABY BOOMER NEEDS LONG-TERM CARE INSURANCE.-

YOU DON'T WANT TO RUN UP IN A GOVERNMENT-STRUCTURED SYSTEM WITH A ONE SIZE FITS ALL.-

WHAT YOU WANT TO DO IS GIVE EVERY SINGLE PERSON WHO IS GOING TO LIVE LONGER TO HAVE MORE CONTROL OVER THEIR LIFE AND A BETTER FUTURE.-

THE STATES ARE THE LOGICAL PLACE TO HAVE THE DRIVE AND INNOVATION AND ENERGY THAT IS NECESSARY TO BREAK OUT OF THE BURR ROCK SI OF THE PAST.-

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>> DOESN'T THE FEDERAL GOVERNMENT HAVE SOME RESPONSIBILITY?- SHOULDN'T YOU HAVE A INCOME TAX DEDUCTION?-

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>> THE GOVERNMENT HAS RESPONSIBILITIES TO SHAPE THE LARGER

PICTURE.-

MEDICARE, MEDICAID, IF YOU TRY TO GET DOWN TO ORGANIZING AGGRESSIVE, EFFECTIVE INDEPENDENT LIVING AND SYSTEMS OF ASSISTIVE LIVING YOU ARE MORE LIKELY TO GET POLITICAL LEADERSHIP AT THE LEVEL OF A GOVERNOR THAN A PRESIDENT WHO HAS TO CONSIDER FOREIGN POLICY ISSUES, ALL THE OTHER ISSUES.-  
THE STATES ARE THE LABORATORY OF DEMOCRACY AND HAVE PLAYED A MAJOR ROLE IN THE PAST.-

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>> YOU WILL HEAR SOME STARTING STATISTICS.-  
LIKE THIS ONE, MEDICAID ACCOUNTS FOR 20% TO 30% OF STATE BUDGETS AND EXPECTED TO INCREASE TO \$100 BILLION.-  
ALICE RIVLIN, YOU WRESTLED WITH BUDGETARY CHALLENGES.-  
WHAT NEEDS TO BE DONE TO PROTECT THE MEDICAID PROBLEM.-

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>> MEDICARE AND MEDICAID SOUND SORT OF ALIKE, BUT THEY ARE ACTUALLY QUITE DIFFERENT.-  
MEDICARE IS A FEDERAL PROGRAM THAT COVERS THE ELDERLY AND THE SEVERELY DISABLED.-  
PEOPLE PAY INTO IT.-  
PAYROLL TAX AND GET BENEFITS FOR HOSPITAL CARE AND DOCTOR CARE AND NOW RECENTLY FOR -- EFFECT ILY PRESCRIPTION DRUGS.-  
MEDICAID IS A JOINT STATE AND FEDERAL PROGRAM THAT COVERS LOW-INCOME PEOPLE.-  
OF ALL AGES.-  
AND SOME OF THE LOW-INCOME POPULATION IS, OF COURSE, ELDERLY.-  
SOME OF THEM ARE COVERED BY BOTH MEDICARE AND MEDICAID.-

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>> THE BABY BOOMERS ABOUT TO RETIRE.-  
EIGHT YEARS FROM NOW, WHAT IS THAT GOING TO DO TO FEDERAL AND STATE BUDGETS?-

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>> IT IS GOING TO ACCELERATE THEM.-  
IT IS HARD TO FIND A STRONG ENOUGH WORD.-  
MEDICAID, AS YOU POINTED OUT, IS ALREADY A HUGE PART OF STATE BUDGETS AND MOUNTING.-  
THE ELDERLY ARE IMPORTANT IN THE MEDICAID BUDGET BECAUSE THE MOST EXPENSIVE PART OF MEDICAID PER PERSON IS LONG-TERM CARE, OFTEN NURSING HOME CARE.-  
SO THE REALLY IMPORTANT THING IS TO THINK AHEAD ABOUT HOW NURSING HOME CARE WILL TRIPLE, QUADRUPLE, PERHAPS, IF WE DON'T DO SOMETHING.-  
AND THINK ABOUT HOW TO PREVENT THAT.-

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>> OK.-

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>> AND IT GOES BACK TO EARLIER AGES TO PREVENTIVE CARE, TO FINDING WAYS THAT CITIZENS CAN STAY IN THEIR OWN HOMES IN THEIR OWN COMMUNITIES RATHER THAN BEING IN A NURSING HOME.-  
OR AS THE SPEAKER SAID, LONG-TERM CARE INSURANCE THAT CAN COVER PEOPLE WHO WOULD OTHERWISE BEDEPENDENT ON MEDICAID.-

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>> WE WILL COVER THESE.-  
WE SPEND \$1 TRILLION ON HEALTH CARE IN THIS COUNTRY.-  
\$750 BILLION GOES TO THE CARE FOR PEOPLE WITH CHRONIK CONDITIONS, HEART PROBLEMS, DIABETES, CANCER, ARTHRITIS, AND SO ON.-

THE NUMBER OF AMERICANS SUFFERING FROM A KRONIK DISEASE IS EXPECTED TO RISE DRAMATICALLY OVER THE NEXT 20 YEARS.-  
SOME OF THESE CONDITIONS COULD BE PREVENTED IF THE RIGHT LIFESTYLE CHOICES ARE MADE.-  
ONE CHOICE IS TO BE ACTIVE.-  
PHYSICAL INACTIVITY WAS RESPONSIBLE FOR \$76 BILLION IN MEDICAL COSTS IN 2000.-  
THE MORE ACTIVE PEOPLE ARE THE LESS LIKELY THEY ARE TO DEVELOP HIGH BLOOD PRESSURE, ARTHRITIS.-  
THE HEALTHIER WE ARE IN LATER LIFE THE BETTER OUR QUALITY LIFE AND THE LESS MONEY GOVERNMENT WILL SPEND FOR MEDICAL CARE.-  
WHAT DO WE DO TO ENCOURAGE PEOPLE TO LIVE HEALTHIER LIFESTYLES-  
>> IT IS A MATTER OF COST, BUT IT IS A QUALITY OF LIFE.-  
NOT ONLY LIVING LONGER, BUT LIVING BETTER, LIVING WELL.-  
THAT IS THE SUBJECT OF OUR WELLNESS PROGRAM IN GEORGIA.-  
WE HAVE WELLNESS COORDINATORS TO DEAL WITH THE ELDERLY POPULATION ON NUTRITION, ON DISEASE MANAGEMENT, ON EXERCISE, ON INJURY PREVENTION.-  
ALL OF THOSE FACTORS ARE RESPONSIBILITIES.-  
IT BEGINS WITH AN EDUCATION OF OLD CULTURE.-  
AS WE KEEP OUR WEIGHT AND OUR EXERCISE PROPERLY WE ARE GOING TO NOT ONLY HAVE LESS COSTS AND LIVE LONGER, IT IS AMAZING THE ONSET FROM THE TIME WE GO INTO NURSING HOMES.-  
FRANKLY A STUDY SHOWS MEN AT 50 WHO ARE ACTIVE, EXERCISE, DON'T SMOKE AND NOT OVERWEIGHT, HAVE A 5 1/2 TIME FACTOR -- FACTOR OF NOT GOING INTO HEART DISEASE, DIABETES AND CANCER THAN THOSE WHO ARE OVERWEIGHT, DO NOT EXERCISE.-  
WE HAVE THOSE CHOICES TO EDUCATE OUR POPULATION WHILE WE PREPARE.-

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>> I WONDER IF ANY OF YOU -- GOVERNOR BREDESEN IS FROM TENNESSEE AND LINGLE FROM HAWAII.-  
60% OF AMERICANS ARE OVERWEIGHT.-  
I WONDER WHETHER THERE OUGHT NOT BE SOME STICKS AS WELL AS CARROTS, IF YOU LIKE.-  
FOR EXAMPLE, SHOULDN'T OVERWEIGHT PEOPLE PAY HIGHER HEALTH INSURANCE PREMIUMS THAN NORMAL WEIGHT FEEL LIKE THEY DO FOR SMOKING?-

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>> IT SOUNDS GOOD, I THINK, ON THE SURFACE.-  
BUT IT IS A SLIPPERY SLOPE.-  
IF PEOPLE ARE OVERWEIGHT, FINE.-  
WHAT ABOUT PEOPLE WHO SMOKE?--  
WHAT ABOUT PEOPLE WHO FLY OR SCUBA DIVE OR ---  
>> THEY COULD PAY HIGHER.-

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>> YOU GET ON TO THE SLOPE WHERE YOU DESTROY THE BASIC NOTION OF COMMUNITY RATING WE ARE ALL IN THIS TOGETHER IN TERMS OF HEALTH INSURANCE.-  
ONE THING I WOULD LOOK BACK TO AND I'M AS GUILTY AS THE NEXT PERSON.-  
IF I GO INTO ANY SCHOOL IN MY STATE THERE ARE SODAS AND FOOD IN THE CAFETERIA WOULD NOT MEET THE STANDARDS OF WHAT A CHILD SHOULD EAT.-  
INSTEAD OF DEALING WITH IT WHEN THEY ARE 60, 65, AND 0 YEARS OLD.-

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>> YOU CAN EXTEND YOUR LIFE AND YOUR HEALTH.-  
SO THERE OUGHT TO BE A BENEFIT TO THAT.-  
I THINK THAT CAN BE PORTRAYED IN THE PREMIUMS.-  
IT DOES NOT NECESSARILY REQUIRE THAT YOU TAX, BUT IF YOU REDUCE  
YOUR WEIGHT AND BRING YOUR BLOOD PRESSURE DOWN, THERE MAY BE A  
BREAK IN YOUR PREMIUM NEXT YEAR.-  
I THINK THERE SHOULD BE INCENTIVES.-

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>> SPEAKER, GINGRICH, WHAT ABOUT MEDICAL RESEARCH AS AN  
AVENUE?-

IF WE CONQUER ALZHEIMER'S WE WOULD SAVE \$100 BILLION.-  
IF WE DELAYED ALZHEIMER'S, WE SAVE \$50 BILLION.-  
THE CONGRESS INCREASING THE NATIONAL INSTITUTES OF HEALTH  
BUDGET AT A RATE OF 15% A YEAR UNTIL LAST YEAR.-  
NOW THE BUSH ADMINISTRATION AND CONGRESS HAS CUT THAT DOWN TO  
3% AND 2% THE OUTLYING YEARS WHICH SCIENTISTS SAY WILL BE  
CATASTROPHIC FOR MEDICAL RESEARCH.-  
HOW DO YOU TURN THAT AROUND?-

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>> I THINK ULTIMATELY YOU WANT TO CONTINUE THE RESEARCH.-  
THE FUNDING WILL GO UP BY MORE THAN 3% A YEAR OVER THE NEXT FEW  
YEARS.-

THE NEW DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH IS DOING  
A TREMENDOUS JOB OF HOW THEY ARE TRYING TO GET THINGS DONE OUT  
THERE WE NEED TO INVEST IN THE NATIONAL SCIENCE FOUNDATION.-  
A LOT OF WHAT MATTERS IS MATHEMATICS, PHYSICS, CHEMISTRY THAT  
PRECEDES RESEARCH.-

M.R.I. IS TECHNOLOGY THAT IS MATH AND PHYSICS, NOT BOLING.-  
-- BIOLOGY.-

RESEARCH DOES MATTER.-

IF YOU LOOK AT THE IMPACT OF POLIO, ELIMINATING CHOLERA,  
TYPHUS, SMALLPOX, A RANGE OF PLACES WE DON'T DO THEM BERT AND  
CHEAPER.-

WE DON'T DO THEM AT ALL.-

BECAUSE THEY ARE GONE.-

WE WANT TO REALLY HAVE A D.N.A. BASELINE FOR VIRTUALLY  
EVERYBODY AND LITERALLY BEGIN TO WORK AT HOW DO WE PUSH BACK  
ALZHEIMER'S FOR A DECADE, WHICH WOULD REPAY ALL THE RESEARCH  
AND SCIENCES WITHIN A COUPLE OF YEARS.-

YOU TOOK THE MOST EXPENSIVE DISEASES AND PUSHED THEM BACK FOR A  
DOZEN YEARS, THE DIFFERENCE IN THE TOTAL COST OF THE SYSTEM  
PAYS FOR THE RESEARCH WE ARE GOING TO DO.-

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>> THERE IS AN INTERESTING PROJECT IN HAWAII WHERE THE JAPANESE  
CANCER INSTITUTE IS INVESTING \$250 BILLION IN THE SCHOOL.-

THE D.N.A. BASES OF DISEASE ARE BEING LOOKED OUT SO WHEN YOU  
DEVELOP A PHARMACEUTICAL FOR A DOES IT WILL BE A DIFFERENT DRUG  
FOR SOMEONE OF JAPANESE ANCESTRY OR KOREAN ANCESTRY.-

IN THE ENTIRE HEALTH CARE DISCUSSION AS WE SPOKE EARLIER, THE  
FOCUS CAN'T JUST BE ON THE GOVERNMENT.-

IT HAS TO BE ON US AS INDIVIDUALS AND THE PRIVATE SECTOR AS  
WELL.-

INVESTMENT IN FUTURE RESEARCH.-

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>> BESIDES EDUCATING PEOPLE TO LIVE A HEALTHY LIFESTYLE, WHAT  
ELSE CAN YOU DO?-

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>> I THINK A GREAT APPROACH IS INVESTING IN THE SENIOR CITIZEN CENTERS.-  
IT IS A GREAT PLACE TO DISTRIBUTE INFORMATION, TO HAVE THEM REALIZE THEY HAVE AN IMPACT ON THEIR OWN HEALTH GOING FORWARD.-  
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>> DOES MEDICAID PAY FOR PREVENTIVE SERVICES IN ORDER TO KEEP PEOPLE HEALTHY?--  
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>> NOT ENOUGH.-  
IT DOES PAY FOR SOME.-  
BUT TO PICK ON WHAT GOVERNOR LINGLE WAS SAYING, SHE'S ABSOLUTELY RIGHT.-  
BUT THIS CONSCIOUSNESS OF HEALTH AND PERSONAL RESPONSIBILITY CAN'T START WHEN WE END UP AT THE SENIOR CENTER.-  
IT HAS TO START MUCH YOUNGER.-  
AND THERE ARE SO MANY THINGS THAT COULD BE DONE TO MAKE LIFE EASIER FOR SENIORS WHICH WOULD ALSO BE TRANSFORMING FOR THE REST OF THE SOCIETY.-  
IF WE ARE TRYING TO KEEP PEOPLE OUT OF NURSING HOMES, MAKING HOUSING MORE FRIENDLY TO PEOPLE WITH DISABILITIES AND SO FORTH.-  
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>> WE WILL GET THAT.-  
HAVE ANY OF YOU GOVERNORS BANNED SODA POP FROM SCHOOLS?--  
OR SOME STATES HAVE REPORT CARDS ON KIDS' HEALTH OR THEIR -- WHETHER THEY ARE OBESE OR NOT TO SEND HOME TO PARENTS?--  
SOME STATES HAVE DONE THAT WHAT ARE SOME OTHER EXAMPLES IDAHO YOU HAVE A HEALTH-CARE INITIATIVE TO GET PEOPLE TO PAY ATTENTION?--  
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>> WE DO.-  
WITH MEDICAID WE HAVE A PROGRAM CALLED HEALTHY CONNECTIONS.-  
THE KEY COMPONENT OF THAT IS IF YOU SIGN UP FOR HEALTHY CONNECTIONS YOU THEN HAVE A PRIMARY PHYSICIAN THAT IS ASSIGNED TO YOU.-  
WE NOW ARE AT 80% OF OUR MEDICAID RECIPIENTS ARE ENROLLED IN THAT VOLUNTARY PROGRAM.-  
WE ARE SEEING GREAT IMPROVEMENTS.-  
SOME TV BENEFITS, YOU HAVE -- SOME OF THE BENEFITS, YOU HAVE A PHYSICIAN YOU WILL SEE ON THE SECOND AND THIRD AND FOURTH VISIT.-  
HE OR SHE BECOMES YOUR PARTNER.-  
THEY LOOK AT THE PRESCRIPTIONS THAT HAVE BEEN PRESCRIBED FOR THE LAST PHI YEARS BY A VARIETY OF FI FIGGSES.-  
IN MANY -- PHYSICIANS.-  
YOU MAY FIND YOU HAVE BEEN OVERPRESCRIBED.-  
THE THIRD AND THE FOURTH PILL ARE KNOCKING OUT THE SEVENTH AND THE 11TH PILL YOU ARE TAKING.-  
WE FIND YOU CAN PICK UP ON SOME OF THE EARLY-WARNING SIGNS.-  
SO RATHER THAN WAITING UNTIL IT IS A VISIT TO THE EMERGENCY ROOM TO DEAL WITH AN ACUTE SITUATION, WE CAN TAKE PREVENTIVE MEASURES.-  
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>> DOES THAT OPERATE IN THE OPPOSITE DIRECTION OF THE H.M.O.-IZATION OF PUBLIC HEALTH PROGRAMS--  
>> AGAIN, IT PUTS IN PLACE THAT PRIMARY PHYSICIAN WHO WILL BE WITH YOU AND ESTABLISH THAT RAPAPORT.-

IN TEXAS GOVERNOR PERRY HAS PUT IN PLACE WHAT IS CALLED  
TEX-ERCISE.-

A VERY GOOD PROGRAM WHICH IS VERY MUCH ON THE AWARENESS AS  
EXERCISE AS GOVERNOR PERDUE SAID.-

WHAT I FOUND INTERESTING ON OUR VISIT TO THE CENTER OF DISEASE  
CONTROL, MEETING WITH THE ADMINISTRATION ON AGING, THEY ARE  
DEALING WITH TYPE B DIABETES, OBESITY, A V.A. VARIETY OF THE  
KRONIK ILLNESSES.-

I SAID WHAT AGE ARE YOU FOCUSED UPON?-

THEY SAID PROBABLY BY STATUTE, AGE 60.-

AS ALICE IS SUGGESTING AND OTHERS, THAT MAY BE WAITING WAY TOO  
LONG.-

WE NEED TO BE TALKING ABOUT THE YOUNGSTERS.-

WHEN YOU GO INTO YOUR GROCERY STORE, YOU CAN TAKE THE BONE  
DENSITY TEST, IT IS WAITING UNTIL IT IS TOO LATE WHERE THE  
SUPPLEMENTALS ARE NOT GOING TO HAVE A POSITIVE IMPACT.-

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>> MONEY AND LIFESTYLE ARE NOT THE ONLY ISSUES THAT OLDER  
AMERICANS FACE.-

WE HAVE TOUCHED ON COMMUNITY-BASED CARE.-

WHAT DOES THAT MEAN?-

STAYING IN OR CLOSE TO HOME CAN PROVIDE PHYSICAL AND EMOTIONAL  
BENEFITS, WORKING, SHOPPING, VISITING FRIENDS AND STILL  
RECEIVING MEDICAL CARE AND OTHER SERVICES THAT ARE MORE  
IMPORTANT AS WE AGE.-

SOME MEANS AT-HOME CARE, OTHERS ASSISTED LIVING OR RETIREMENT  
AGENCIES THERE AREN'T ENOUGH HEALTH CARE WORKERS.-

NEARLY TWO MILLION MORE HOME-HEALTH-CARE AIDES WILL BE NEEDED  
TO HANDLE THE ONSLAUGHT OF BABY BOOMERS.-

GOVERNOR LINGLE, DO YOU BELIEVE THAT COMMUNITY LIVING IS BETTER  
THAN INSTITUTIONIZATION?-

AND IF SO, DO WE HAVE THE RESOURCES TO MAKE THIS HAPPEN?-

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>> I THINK COMMON SENSE DICTATES THAT BEING ABLE TO STAY IN  
YOUR OWN HOME AND COMMUNITY IS A BETTER QUALITY OF LIFE THAN A  
NURSING HOME.-

TY THINK WE WOULD PREFER TO STAY AT HOME SURROUNDED BY THE  
PEOPLE WE KNOW AND LOVE RATHER THAN GO INTO AN INSTITUTION.-

IT MEANS REFOCUSING ON HOW WE DEAL WITH THE FEDERAL MEDICARE  
DOLLARS AS WELL AS MEDICAID.-

PUTTING MORE MONEY INTO THE KINDS OF PROGRAM WE ARE BEHIND.-  
CHORE SERVICES.-

GETTING THESE HEALTH WORKERS TO GO INTO THE HOME ONE OR TWO  
DAYS A WEEK, A COUPLE OF HOURS A DAY TO HELP AN ELDERLY PERSON  
STAY IN THEIR HOME.-

WE HAVE A PROGRAM CALLED THE HELLO PROGRAM.-

SOMEONE WILL CALL EVERY DAY.-

THEY ARE A VOLUNTEER AND CALL PEOPLE IN THEIR HOME AND TALK  
WITH THEM.-

THE SENIOR COMPANION PROGRAM, WE GIVE SENIOR CITIZENS A STIPEND  
TO HELP OTHER SENIOR CITIZENS, DRIVE THEM TO THE DOCTOR,  
ANYTHING THAT ALLOWS THEM TO STAY IN THEIR HOME.-

TO STAY IN YOUR COMFORTABLE SURROUNDINGS WILL GIVE YOU A BETTER  
QUALITY OF LIFE THAN A NURSING HOME.-

THE GOVERNMENT NEEDS TO CHANGE ITS THINKING OF WHERE IT IS  
DEPLOYING ITS DOLLARS.-

PUBLIC TRANSPORTATION, WHEN SENIOR CITIZENS CAN'T DRIVE, IF

THEY HAVE A RIDE TO THE SUPERMARKET THEY COULD STAY AT HOME.-

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>> GOVERNOR PERDUE, ALL STATE GOVERNMENTS ARE IN A BUDGET CRUNCH.-

IS THIS THE KIND OF STUFF THAT GETS CUT OR, YOU KNOW, THESE -- WHAT SOUNDS LIKE FRILL PROGRAMS ARE ACTUALLY COST EFFECTIVE BECAUSE IT IS MUCH CHEAPER, 10 TIMES CHEAPER, IN FACT, TO KEEP A PERSON LIVING IN THEIR OWN HOME THAN PUT THEM IN A NURSING HOME.-

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>> IT IS A GOOD N., MORT.-

IN THESE -- IT IS A GOOD INVESTMENT.-

IN GEORGIA WE WILL INCREASE OUR INVESTMENT IN COMMUNITY CARES.-

WE MAY HAVE TO TRIM IN INSTITUTIONS.-

IN GEORGIA IS A GOOD INVESTMENT, EMOTIONAL AND QUALITY-OF-LIFE ISSUES THAT ALLOW SENIOR CITIZENS TO STAY IN THEIR HOME AS LONG AS POSSIBLE.-

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>> GOVERNOR BREDESEN, THE SPLIT ON INSTITUTIONAL CARE AND HOME CARE IS 70% OF THE MONEY GOES TO INSTITUTIONAL CARE.-

30% GOES TO ENCOURAGING HOME CARE.-

THAT IS A FEDERAL MANDATE.-

SHOULD IT BE CHANGED?-

I MEAN, IS THAT THE RIGHT PROPORTION?-

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>> YEAH.-

I THINK THAT SETTING THAT PROPORTION INDEPENDENTLY OF THE REALITY OF THE REIMBURSEMENT OF YOUR STATE AND YOUR SITUATION IS TOO MUCH OF A ONE SIZE FITS ALL.-

HARDLY ANYONE WOULD AGREE MORE COMMUNITY CARE IS HIGHLY DESIRABLE.-

MY OWN PERSONAL SITUATION.-

I HAVE THE OPPOSITE SITUATION OF GOVERNOR KEMPTHORNE, MY GRANDMOTHER DIED HAPPY AND HEALTHY AT AGE 86 WOULD NOT HAVE BEEN ABLE TO DO THAT WITHOUT THE FACT SHE HAD 11 CHILDREN WHO LIVED IN THE SAME COMMUNITY AND SHARED THAT CARE.-

SHE IS MUCH LUCKIER THAN MUCH OLDER AMERICANS ARE TODAY.-

I THINK ONE CAUTION AS WE TALK ABOUT THIS.-

WE HAVE BEEN THROUGH THIS ONCE WITH SERVICES IN THE HOME FOR PEOPLE AS AN ALTERNATIVE TO IN-PATIENT HOSPITALIZATION.-

ONCE THE GOVERNMENT GOT INVOLVED THERE IS SO MUCH MONEY AVAILABLE A HOME LESS DISASTER SITUATION WAS OUT THERE WE HAD TO COME BACK FROM.-

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>> HOW SO?-

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>> IN THE SENSE -- I THINK WHEN WE THINK IN GOTH THERE IS A MARKET AND WE ARE GOING TO GO BUY SOME OF THOSE SERVICES.-

THE AMOUNT OF MONEY THAT FLOWS IN ONCE YOU HAVE GOVERNMENT PAY FOR THOSE THINGS CREATED FLAKY ORGANIZATIONS.-

THERE WAS A LOT OF ABUSE IN THOSE PROGRAMS AND WE HAVE HAD TO TURN AROUND, WE COLLECTIVELY AS A NATION, AND SUBSTANTIALLY RETREAT FROM WHERE WE WERE ORIGINALLY GOING.-

I THINK WE HAVE A CHANCE WITH COMMUNITY SERVICES TO DO THAT RIGHT THIS TIME AROUND, TO PUT QUALITY CONTROLS IN AT THE FRONT END TO PREVENT THAT FROM HAPPENING AGAIN.-

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>> THAT IS A GREAT POINT, MORT.-  
THE GOVERNMENT HAS A RESPONSIBILITY TO MAKE SURE THE SERVICES  
ARE QUALITY.-

WE ARE DOING CRIMINAL BACKGROUND CHECKS ON ANYBODY PROVIDING  
SERVICES TO THE AGING AND DISABLED IN OUR STATE.-  
IT IS A VERY IMPORTANT ISSUE.-

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>> DOES ANYBODY HAVE ANY IDEAS WHERE WE GET THE TWO MILLION  
HOME HEALTH CARE WORKERS WE WILL NEED WHEN WE RETIRE?-

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>> IN HAWAII A NEW NO, SIRING CENTER IS ESTABLISHED AT THE  
UNIVERSITY OF HAWAII.-

IT IS FUNDED THROUGH NURSES LICENSING FEES.-  
THEY REQUESTED IT.-

WE SEE THIS CRISIS COMING.-

THIS IS WITH NURSING, BUT WE ARE FACING A NATIONAL SHORTAGE OF  
NURSES IN THE COMING YEARS.-

THEY ARE GOING TO BE LOOKING AT WAYS, ALL KINDS OF THINGS SUCH  
AS GOVERNMENT FUNDING, YOUR EDUCATION IF YOU ARE WILLING TO  
WORK IN THE FIELD FOR A CERTAIN NUMBER OF YEARS.-

THIS NURSING CENTER WILL DEVELOP A LOT OF GOOD IDEAS ON HOW TO  
EXPAND THE NUMBER OF PEOPLE WORKING IN HEALTH CARE.-

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>> ONE POSSIBLE SOURCE IS THE OLDER POPULATION ITSELF.-

LOTS OF PEOPLE WHO ARE RETIRED FROM A FACTORY JOB OR FROM  
SOMETHING THEY CAN'T GO ON DOING ARE STILL IN GOOD SHAPE AND  
WANT TO WORK AND CAN DO SOMETHING THAT ISN'T A FULL-TIME JOB,  
BUT LIKE BEING A HOME HEALTH CARE WORKER OR TAKING CARE EITHER  
ON A VOLUNTEER OR A PAID BASIS, OF OTHER OLDER PEOPLE.-

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>> GOVERNOR KEMPTHORNE, WHAT ARE THE BEST PRACTICES HERE AROUND  
THE COUNTRY?-

WHAT ARE STATES DOING TO ENCOURAGE COMMUNITY-BASED HEALTH  
CARE?-

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>> YOU HAVE, FOR EXAMPLE, A VARIETY OF PROGRAMS THAT ARE  
VOLUNTEER IN NATURE.-

THE INTERFAITH ORGANIZATIONS THAT GO INTO THE HOME THAT ALLOWS  
THE CAREGIVER, OFTEN THE SPOUSE, TAUNT TO G AND HAVE A DAY OFF  
TO PROVIDE SOME OF THE CHORES THAT ARE ESSENTIAL.-

THIS IS HAPPENING.-

WE ARE PUTTING IN PLACE, FOR EXAMPLE, THAT SORT OF RESPITE CARE  
PROGRAM THAT WILL GO IN AND ALLOW THOSE SPOUSES OF ALZHEIMER'S  
PATIENTS THE OPPORTUNITY TO LEAVE.-

BUT ONE POLICY ISSUE ---

>> THIS IS SOMEBODY WHO COMES INTO THE HOME AND GIVES A BREAK  
TO THE PERSON DOING THE CARE?-

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>> THAT IS CORRECT.-

-

>> THIS IS PAID?-

-

>> IT IS PAID.-

IT IS PAID, BUT ALSO, YOU HAVE A NUMBER OF INSTANCES WHERE IT  
IS STRICTLY VOLUNTARY.-

CHURCHES.-

-

>> HOW MANY STATES HAVE RESPITE PROGRAMS?--  
DO YOU HAVE ANY IDEA?--

-

>> I THINK A NUMBER OF STATES DO.-  
ONE OF THE POLICY ISSUES THAT GOES WITH THIS IS THE FACT THAT  
WE ALREADY ESTABLISHED IT IS FAR LESS EXPENSIVE IF AN  
INDIVIDUAL CAN REMAIN IN THEIR HOME.-  
IT GIVES THEM THE NURTURED SURROUNDING SO THEY HAVE THEIR  
DIGNITY.-  
BUT SOME OF THOSE PROGRAMS THAT MIGHT BE MADE AVAILABLE TO THEM  
TO ALLOW THEM TO STAY IN THEIR HOME, THE EARLY ASSISTANCE, IN  
ORDER TO QUALIFY FOR THAT THERE IS A MATRIX THAT MUST BE MET.-  
IN MANY INSTANCES YOU MUST WAIT UNTIL YOU FULLY QUALIFY INSTEAD  
YOU COULD BE ADMITTED INTO A NURSING HOME.-  
THAT IS A POLICY WE OUGHT TO REEXAMINE.-

-

>> IS THAT A FEDERAL POLICY?--

-

>> A FEDERAL POLICY.-

-

>> YOU HAVE TO BE READY FOR ADMISSION TO A NURSING HOME BEFORE  
YOU GET HOME HEALTH CARE?--

-

>> I THINK WE SHOULD DO IT MUCH EARLIER AND ALLOW PEOPLE TO  
STAY IN THEIR HOMES.-

-

>> I APPROACH THIS FROM A DIFFERENT ANGLE.-  
WE HAVE AUTOMATIC TELLER MACHINES ALL OVER THE PLACE, 24 HOURS  
A DAY, SEVEN DAYS A WEEK THAT DIDN'T LEAD TO AN EXPLOSION IN  
HIRING NEW TELLERS.-  
SELF-SERVICE GAS STATIONS WHERE PEOPLE PUMP THEIR OWN GAS THAT  
DIDN'T LEAD TO A EXPLOSION OF GAS STATION WORKERS.-  
IN THOSE CASES WHAT YOU HAVE IS A SYSTEM THAT BROUGHT  
TECHNOLOGY TO BEAR TO MAKE IT MORE CONVENIENT, LESS EXPENSIVE,  
MORE ACCURATE.-  
AND PEOPLE VOLUNTARY MIGRATED TO IT.-

-

>> THE NEXT SEGMENT IS GOING TO BE ALL ABOUT THIS NEW  
TECHNOLOGY.-

-

>> YOUR QUESTION WHERE ARE THE TWO MILLION WORKERS, IT MAY TURN  
OUT WE CAN BUILD EXPERT SYSTEMS THAT HELP YOU AT HOME.-  
THERE IS AN EXPERIMENT IN FLORIDA CALLED THE HEALTH BUDDY, A  
46% DECLINE IN EMERGENCY ROOM VISITS, 66% DECLINE IN HOSPITAL  
DAYS.-  
IT IS A PLASTIC DEVICE THAT ASKS YOU QUESTIONS EVERY MORNING IF  
YOU ARE A DIABETIC.-  
BY GETTING YOU TO PUNCH IN THE ANSWERS THEY SEND A SIGNAL TO  
THE DOCTORS OFFICE AND IT COMES UP GREEN, YELLOW, OR RED.-  
IF IT IS RED THE NURSE CALLED IMMEDIATELY.-  
THEY HAVE HAD A DRAMATIC IMPACT WITH THIS DEVICE.-  
PEOPLE ARE TAKING CARE OF THEMSELVES IN A METHODOICAL WAY.-  
WE HAVE NOT SEEN ANY SERIOUS EFFORT TO APPLY SELF-HELP  
TECHNOLOGY ON A GRAND SCALE.-  
OUR MINDSET IS ACUTE CARE IN THE HOSPITAL OR DOCTOR'S OFFICE.-  
WE HAVE GROSSLY UNDERESTIMATED OUR ABILITY TO PRODUCE A BETTER  
QUALITY OF LIFE AT HOME.-

-  
>> HOW DO WE DO THAT?-

-  
>> WE WERE TALKING ABOUT MEDICAID, WHICH I THINK HAS TO BE  
REWRITTEN FROM THE GROUND UP.-  
I HOPE TO LAUNCH A PROGRAM FOR A 21ST CENTURY MEDICAID.-  
MEDICARE DECIDED TWO WEEKS AGO, YOU WILL GET AN ENTIRE PHYSICAL  
EXAM AT 65 SO WE HAVE A BASELINE.-  
FIRST TIME EVER.-  
YOU HAVE COORDINATED CARE, IF YOU HAVE FOUR OR FIVE OR SIX  
DISEASES AT THE SAME TIME THE MOST EXPENSIVE PART OF MEDICARE.-  
PREVENTIVE AND HEALTH-ORIENTED ACTIVITIES IF YOU ARE A DIABETIC  
OR OTHER CONCERNS IN MEDICARE.-  
NOW INCENTIVIZES THAT.-  
WE COULD HAVE AS BIG A TRANSFORMATION OF MEDICAID TOWARD NEWER,  
BETTER SYSTEM, AND THE, MORE FLEXIBILITY ON THE STATE LEVEL.-  
THEY SHOULD DECIDE WHAT QUALITY OUTCOMES THEY ARE TRYING TO  
ACHIEVE AND LET EACH STATE FIGURE OUT.-  
IDAHO IS REMARKABLY DIFFERENT FROM GEORGIA WHICH IS REMARKABLY  
DIFFERENT FROM TENNESSEE WHICH IS REALLY REMARKABLY DIFFERENT  
THAN HAWAII.-

-  
>> TOMMY THOTCHSON, DIRECTOR OF H.H.S., TRIED TO INSTITUTE A  
MEDICAID REFORM AND THE GOVERNOR TOSSED IT BACK IN HIS FACE.-  
WHY DID THAT HAPPEN?-

-  
>> NO.-  
CORRECT THAT.-  
THERE ARE A NUMBER OF GOVERNORS THAT SUPPORTED SECRETARY  
THOMPSON WHO IS DOING AN OUTSTANDING JOB AS SECRETARY OF HEALTH  
AND HUMAN SERVICES.-  
MANY OF THE MEASURES NEWT JUST REFERENCED, THE BASELINE  
PHYSICAL, TOMMY THOMPSON WAS AT THE HEART OF THAT, BUZZ THERE  
WAS NOT A UNANIMOUS AGREEMENT.-  
BUT THERE WAS A GREAT DEAL AGREEMENT BY A NUMBER OF GOVERNORS  
AND THE LETTER WAS WRITTEN BY A NUMBER OF GOVERNORS SUPPORTING  
WHAT THE SECRETARY WAS ADVOCATING.-  
I HAD A MEETING WITH SECRETARY THOMPSON TO AGAIN MAKE A REFORM  
OF MEDICAID NEXT YEAR.-  
HE SAID HE WILL.-

-  
>> MAYBE HE WAS TALKING ABOUT CONGRESS.-  
IT DIDN'T PASS?-

-  
>> I DIDN'T BITE.-  
I WAS DEEPLY INVOLVED IN THAT PROCESS.-  
I GUESS ALL I WOULD SAY IS I CERTAINLY CAN'T SPEAK FOR 49 OTHER  
GOVERNORS, BUT I THINK ALL OF US ARE SITTING OUT HERE WAITING  
FOR SOLL REAL UNDERLYING REFORM IN THAT PROGRAM.-  
WHAT YOU ARE LOOKING AT IS OF A LOT OF INTEREST, WITHOUT  
CRITICIZING THE PROGRAM, WHICH HAS SOME GUIDE THINGS IN IT.-  
IT WAS MARGINAL CHANGES TO AN EXISTING PROGRAM.-

-  
>> LET'S MOVE ON.-  
AS WE HAVE HEARD THE CURRENT SYSTEM RELIES HEAVILY ON STATE AND  
FEDERAL FUND, CLEARLY GOVERNMENT COFFERS ARE NOT IN ANY WAY  
PREPARED TO DEAL WITH THE ONSLAUGHT OF BABY BOOMERS.-

THE ARCH COST OF NURSING HOME CARE IS \$57,000 A YEAR IF THE AVERAGE PERSON GOES INTO RETIREMENT WITH \$30,000 IN SAVINGS.- NOT NEARLY ENOUGH TO COVER ONE YEAR OF CARE.- WHAT CAN WE DO TO PREPARE FOR THE LATER YEARS AND ARE THERE WAYS HEALTH CARE COSTS CAN BE REDUCED WITHOUT LOWER THE BENEFITS WE HAVE COME TO EXPECT.- GOVERNOR KEMPTHORNE, ARE FOLKS IN IDAHO PREPARED TO DEAL WITH THEIR OWN LONG-TERM CARE?-

->> I DON'T THINK THE STATES ACROSS THE NATION OR INDIVIDUALS ARE TOTALLY READY AT ALL.- AS YOU POINTED OUT, THE BABY BOOMERS ARE COMING.- IT'S ESTIMATED AMONG THOSE BABY BOOMERS 1/3 OF THEM WILL GO BROKE ONCE THEY REACH THE POINT THAT THEY NEED TO HAVE THE LONG-TERM CARE.- AS YOU POINTED OUT, \$57,000 ANNUAL FEE OF A NURSING HOME, YET THE AVERAGE STAY IS 2 1/2 YEARS.- THEIR RETIREMENT ACCOUNT ON AVERAGE IS \$30,000.- THE MIGHT DOESN'T WORK.- YOU HAVE LIVED A LIFE OF DIGNITY, PRUDENT WITH YOUR CHECKBOOK, SU SUDDENLY, TOWARDS THE END, YOU HAVE LOST CONTROL.- ONE OF THE THINGS, MORT, IN PLACE, A PROGRAM THAT MANY YOUNG COUPLES USE, AN EDUCATION FUND FOR THEIR CHILDREN SO THEY CAN BUILD UP AND HAVE THE FUND WAITING FOR THE CHILDREN WHEN THEY ARE READY FOR COLLEGE.- I HAVE TALKED TO A NUMBER OF FAMILIES WHO SAY WHEN THEY MADE THAT LAST INSTALLMENT THEY SUDDENLY BELIEVE THEY HAVE NEW DISPOSEABLE INCOME.- I SUGGEST THEY SHOULD THEN MAKE THEIR FIRST PAYMENT TO A LONG-TERM CARE PROGRAM.- STATES AND THE FEDERAL GOVERNMENT NEED TO EXAM WHAT TAX INCENTIVES MIGHT WE PUT IN PLACE?- WE PUT SOME IN PLACE IN IDAHO.- WE NEED TO THINK ABOUT LONG-TERM CARE AND OUR OWN FUTURE.- THIS IS A KEY COMPONENT TO THAT.- WHAT KIND OF INCENTIVES WOULD YOU EMPLOYEE TO GET PEOPLE TO SAVE FOR THEIR LONG-TERM CARE?-

->> I THINK EXACTLY WHAT GOVERNOR KEMPTHORNE HAS TALKED ABOUT.- I THINK THERE SHOULD BE TAX ADVANTAGES FOR PREPARING FOR OUR ELDER CARE.- THAT IS IN THE KEEPING OF THE AMERICAN SPIRIT OF PERSONAL RESPONSIBILITY AS WELL AS THE GOVERNMENT NETWORK OF SAFETY.- TO INCENTIVIVIZE PEOPLE WE NEED PROACTIVE TAX BREAKS.- THE MOST RECENT LEGISLATION CAN BE EXTENDED TO THE LONG-TERM CARE.-

->> CAN I BUILD ON THAT?->> I THINK IT IS IMPORTANT TO SEE IT AS A MULTILAYER THING.- FIRST THE FEDERAL GOVERNMENT SHOULD ADOPT A TAX CREDIT FOR LONG-TERM HEALTH INSURANCE.- 18, 1, YOU CAN BUILD A POLICY FOR LONG-TERM CARE.- IF THERE WAS A TAX CREDIT AND YOU USED IT OR LOST IT, YOU WOULD HAVE A DRAMATIC INCREASE IN THAT INDUSTRY WHICH WOULD CREATE THE PULL OF MONEY.- THESE SAVINGS ACCOUNTS IF SET UP RIGHT WILL GIVE FOLKS \$75,000 AND \$100,000 IN PERSON SAVINGS BY THE TIME THEY RETIRE.-

YOU WANT TO DRAMATICALLY MINIMIZE THE BURDEN OF LONG-TERM CARE AS MUCH AS YOU CAN WHETHER IT IS THE RESEARCH SO YOU DON'T HAVE ALZHEIMER'S, BETTER HOME CARE OR COMMUNITY-BASED CARE.-

WHAT I'M SEEING WITH THE LONG-TERM CARE FACILITIES IS A VERY DRAMATIC CHANGE.-

MORE AND MORE LONG-TERM CARE FACILITIES ARE OFFERING A SPECTRUM OF CARE WHERE YOU BE IN THERE FOR ASSISTING LIVING, YOU MIGHT BE IN A CAR WRECK, NEED THREE MONTHS OF REHABILITATION AND COME OUT.-

THE SEMIHOSPICE ENVIRONMENT WHERE YOU ARE THERE PERMANENTLY, PARTICULARLY PARKINSON'S AND ALZHEIMER'S, YOU WILL SEE A VERY DIFFERENT SETTING.-

THERE IS A PRODUCT CALLED SILVER SNEAKERS.-

IT GETS PEOPLE TOGETHER, A MEDICARE-H.M.O. PRODUCT.-

THEY WEAR THEIR SILVER SNEAKERS, EXERCISE FOR AN HOUR AND A HALF.-

ONE OF THE SIDE EFFECTS OF THIS IS A 63% REDUCTION IN DEPRESSION AMONG THE WOMEN MEMBERS.-

BECAUSE THE ACT OF GETTING TOGETHER, YOU GO HAVE COFFEE AFTERWARDS, YOU HAVE LUNCH, YOU HAVE REBUILT A COMMUNITY.-

WE NEED TO BE A LOT MORE CLEVER ABOUT HOW WE UNDERSTAND HUMAN NEED FOR SOCIAL RELATIONSHIP AND EXERCISE AND RIGHT NUTRITION.-

THEN I THINK THE COST OF LIVING LONGER -- LONG-TERMLIVING DOESN'T HAVE TO BE NEARLY AS EXPENSIVE AS LONG-TERM CARE WOULD BE.-

-

>> WHAT VARIOUS PEOPLE ARE PROPOSING ARE TAX INCENTIVES FOR THIS AND THAT.-

WHAT WILL THAT DO TO THE NATIONAL BUDGET PICTURE OR IS THIS IS WORTHWHILE THING TO DO BECAUSE IT PAYS OFF THIS THE LONG RUN?-

-

>> ALMOST ALL OF THE THINGS THAT HAVE BEEN MENTIONED ARE WORTHWHILE THINGS IN THEMSELVES.-

BUT THEY DO HAVE COSTS.-

THE COST OF A TAX CREDIT IS LESS REVENUE FOR THE FEDERAL GOVERNMENT.-

I THINK WE SHOULDN'T KID OURSELVES.-

THERE ARE A LARGE NUMBER OF PEOPLE IN THE UNITED STATES LAND BE FOR SOME YEARS TO COME WHO DON'T EARN VERY MUCH, WHO LIVE CLOSE TO THE EDGE, OFTEN IN DEBT, AND FOR WHOM SAVINGS, EVEN WITH SOME KIND OF TAX INCENTIVE, IS NOT REALISTIC.-

WE ARE GOING TO HAVE TO HELP THOSE PAY FOR WHAT THEY'RE GOING TO NEED WHEN THEY ARE ELDERLY.-

-

>> ARE WE GOING TO BE ABLE TO AFFORD THAT?-

-

>> WELL, IT IS A CHOICE.-

WE ARE A VERY RICH COUNTRY, BUT WE DO HAVE TO BE REALISTIC ABOUT THE COST, DEMAND TWO DIMENSIONS.-

ONE IS HOW DO WE PAY FOR THE COST OF CARE FOR THE ELDERLY.-

BUT HOW DO WE DO IT WITHOUT DRIVING OUT ALL OF THE SERVICES WE NEED FOR YOUNGER PEOPLE?-

BECAUSE THESE COSTS FOR OLDER PEOPLE ARE INEXORABLE AND AS THE BABY BOOM GENERATION GETS TO BE MORE AND MORE POLITICALLY POWERFUL, IT WILL BE HARD TO SAY NO.-

WE CAN'T USE ALL OF OUR REVENUES A THE FEDERAL AND THE STATE LEVEL TO TAKE CARE OF THE ELDERLY WHEN WE NEED TO INVEST IN

CHILDREN.-

-

>> SO WHAT'S THE ANSWER THEN?-

IT WOULD SEEM TO ME PEOPLE SHOULD RELY ON THEMSELVES TO THE  
MAXIMUM EXTENT?-

-

>> TO THE MAXIMUM EXTENT PEOPLE SHOULD RELY ON THEMSELVES AND  
WE SHOULD THINK OF EVERYTHING WE POSSIBLY CAN TO HELP THEM RELY  
ON THEMSELVES AND REDESIGN COMMUNITIES SO PEOPLE CAN STAY IN  
THEIR HOMES AND ALL THE THINGS WE HAVE TALKED ABOUT.-  
BUT WE HAVE TO BE REALISTIC.-

IF YOU HAVE A VERY LARGE NUMBER OF VERY ELDERLY PEOPLE, IT --  
ANY WAY YOU LOOK AT IT, IT IS GOING TO BE EXPENSIVE.-

-

>> GOVERNOR LINGLE, IS THERE ANY TEMPTATION IN YOUR STATE TO  
SOMEHOW REGULATE THE PRICE OF DRUGS UNDER MEDICAID?--  
IN WASHINGTON, AT LEAST, THE RISE OF PRESCRIPTION DRUG COSTS IS  
A BIG ISSUE.-

I WONDER AT THE STATE LEVEL THERE IS GOING TO BE PRESSURE TO DO  
-- LEVEL THERE IS GOING TO BE PRESSURE TO DO SOMETHING ABOUT  
THAT?--

-

>> THERE IS TREMENDOUS PRESSURE AT THE STATE LEVEL, FOR THE  
STATE ITSELF BECAUSE A LOT OF OUR MEDICAID SPENDING IS  
PRESCRIPTION DRUGS.-

WE ARE GOING TO PREFERRED DRUG LISTS.-

AND USING GOOD MEDICINE, NARROWING DOWN THE DRUGS MEDICAID WILL  
PAY FOR AND GETTING BETTER PRICES AND BRINGING DOWN OUR COSTS.-  
THERE IS PRESSURE FOR PEOPLE NOT ON MEDICAID.-

WE SET UP A PROGRAM CALLED PRESCRIPTION CARE HAWAII.-

WE GOT A PRIVATE GRANT.-

WE HOOK PEOPLE UP WITH PHARMACEUTICAL COMPANIES WHO OFFER FREE  
OR REDUCED COSTS OF DRUGS.-

INDIVIDUALS AND DOCTORS DON'T WANT TO GO WITH THE PAPERWORK.-

THEY CAN GO TO THE HAWAII MEDICAL ASSOCIATION AND GET THESE  
FREE OR REDUCED-COST DRUGS.-

THERE ARE STILL TREMENDOUS PRESSURE.-

THERE IS GOING TO BE LEGISLATIVE INITIATES TO BRING DOWN THE  
COST OF DRUGS.-

IT IS THE QUICKEST, INCREASING PART OF HEALTH CARE BILLS ACROSS  
THE COUNTRY.-

-

>> NEWT GINGRICH, IS IT TRUE AS THE DRUG COMPANIES CLAPE, THE  
ATTEMPTS TO BRING -- CLAIM, THE ATTEMPTS TO BRING DOWN COSTS TO  
HAVE THE NEGOTIATION WITH DRUG COMPANIES WE WILL NOT BE ABLE TO  
CURE THESE DISEASES?--

-

>> DEPENDS ON HOW AND WHAT YOU DO.-

IF EVERY DRUG PURCHASER PAID AT THE LOWEST COST, YOU WOULD  
DESTROY THE RESEARCH AND DEVELOPMENT YOU WANT.-

NO MATTER WHAT THE NATIONAL INSTITUTES OF HEALTH DISCOVERS, IF  
YOU DON'T HAVE A PRIVATE-SECTOR BRIDGE TO BRING IT TO MARKET,  
IT WILL SIT IN THE LABORATORY.-

I DON'T THINK IT JUSTIFYING HAVING HIGH-PRICED DUGS.-

WE ARE WORKING ON A PROGRAM WITH TRAVEL, CITY, THE AIRLINE  
THING YOU CAN GO TO.-

WE CAN BUILD A DRUG-PURCHASING DEVICE, SAYING TO THE DRUG

COMPANIES, TELL US THE REAL PRICE.-  
WE WILL LIST EVERY PRICE, BECAUSE WE LOVE YOU WE WILL PAY 95%  
OF THE LEAST EXPENSIVE PRESCRIPTION DRUG.-  
IF YOU SAW THE COMMERCIAL AND IT WENT FROM BLACK AND WHITE TO  
COLOR AND THE GIRL WAS BEAUTIFUL AND THAT IS YOUR FUTURE AND  
YOU WANT TO PAY THE EXTRA \$128 BUCKS, THAT IS YOUR  
PREROGATIVE.-  
WHAT TRAVEL OCITY AND HOTELS.COM HAS DONE TO THE HOTEL  
INDUSTRY, WHEN PEOPLE GET FULL INFORMATION -- THERE ARE  
STUDIES, WHEN DOCTORS KNOW THE PRICE OF DRUGS, 60% PRESCRIBE  
CHEAPER DRUGS.-  
THE REBATE SYSTEM ACTUALLY RAISES PRICES.-  
IF I'M A MANUFACTURE AND HAVE TO PROVIDE A REBATE, I HAVE TO  
START AT THE HIGHEST PRICE.-  
WITH AN AUTO REBATE, I HAVE A \$100,000 TRUCK AND GIVE A \$60,000  
REBATE -- WHICH ONE SOUNDS BETTER SAY TO THE DRUG MANUFACTURES  
WE WANT YOU TO DO AS MUCH RESEARCH AS PROFITABLE.-  
WE DON'T HAVE AN OBLIGATION TO SOAK THE AMERICAN PEOPLE ---  
>> GOVERNOR BREDESEN, ARE YOU READY TO SIGN UP FOR THIS?--  
-  
>> I ACTUALLY LIKE WHAT YOU ARE SAYING HERE.-  
I THINK AN IMPORTANT POINT IS YOU USED THE WORD, MORT,  
REGULATE.-  
THERE IS OBVIOUSLY CONCERN ON THE PART OF A PHARMACEUTICAL  
COMPANY BY SOMEONE COMING IN AND SETTING PRICES.-  
THERE IS NO REASON WHY THE FEDERAL GOVERNMENT AND STATE  
GOVERNMENT SHOULD NOT USE THEIR BUYING POWER.-  
THAT IS THE FREE MARKET AT ITS BEST AND WE DON'T DO THAT.-  
I MEAN, WE DON'T USE THE POWER WE HAVE IN FEDERAL OR STATE  
GOVERNMENT TO BUY DRUGS AT THE BEST POSSIBLE PRICE.-  
THAT IS THE ROAD WE HAVE TO GO DOWN THE P.D.L., OR THE  
PREFERRED DRUG LIST IS A STEP IN THE RIGHT DIRECTION.-  
-  
>> THAT IS ONE OF THE POLITICALLY MOST DYNAMITE ISSUES IN  
WASHINGTON RIGHT NOW.-  
THAT ISSUE OF WHETHER BARGAIN WITH THE DRUG COMPANIES.-  
-  
>> WE HAVE TO DO IT ON EVERYTHING ELSE.-  
WE BARGAIN WITH BOEING ON WARPLANES.-  
-  
>> AMERICA IS SUPPORTING THE WORLD ON PRESCRIPTION DRUGS.-  
I AGREE WITH THE SPEAKER, IT IS TRUE THE DRUGS WOULDN'T COME TO  
MARKET IF THEY DON'T HAVE ENOUGH RESEARCH AND DEVELOPMENT.-  
EVERY OTHER COUNTRY IS BENEFITING.-  
WE ARE SUBSIDIZING THE WORLD AND WORLD RESEARCH IN PRESCRIPTION  
DRUGS THAT IS THE DILEMMA FOR THE COUNTRY.-  
-  
>> WE NEED AN UNDERSECRETARY OF COMMERCE FOR HEALTH.-  
WE NEED SOMEBODY WHOEVER MORNING IS REPRESENTING AMERICA AROUND  
THE WORLD GETTING THE RIGHT, LEGITIMATE PRICE FOR DRUGS, MAKING  
SURE OUR COMPANIES ARE NOT BEEN CHEATED OR STOLEN FROM.-  
THAT IS THE BASE FROM CANADA OR FRANCE, YOU DON'T SELL IT THE  
PRICE WE WANT, WE WILL STEAL YOUR PATENT.-  
YOUR STORY ABOUT WHAT IS HAPPENING AT THE YIFERTE OF HAWAII IS  
A GOOD EXAMPLE.-  
IN THE LONG RUNG, HEALTH WILL BE THE LARGEST SINGLE SOURCE OF  
FOREIGN EARNINGS.-

A COMPLEX FIELD OF KNOWLEDGE.-  
WE DON'T THINK OF IT AS AN OPPORTUNITY.-  
WE DON'T HAVE ANYONE IN CONGRESS WHO COMES IN SAYING I WONDER  
IF I CAN CREATE JOBS BY GETTING PEOPLE TO BUY AROUND THE WORLD  
BREAKTHROUGHS.-  
THAT WOULD RELIEVE PRESSURE IF WE HAD A MORE AGGRESSIVE IDEA  
WORLDWIDE.-

-  
>> WE MUST MAKE SURE ALL THE DRUGS ARE NECESSARY.-  
I GO BACK TO A REVIEW OF WHAT YOUR PRESCRIPTIONS HAVE BEEN FOR  
THE LAST FIVE YEARS BY A PHYSICIAN LOOKING AT THE ENTIRE RECORD  
MAY DETERMINE THAT SOME OF THOSE DRUGS ARE COUNT ACTING ONE  
ANOTHER -- COUNTERACTING ONE ANOTHER AND WOULD PRESCRIBE A  
DIFFERENT REGIMEN.-

-  
>> WE ARE GOING TO SOLVE THAT PROBLEM WITH COMPUTERS.-  
WE HAVE TALKED ABOUT MONEY, RESOURCES AND NEW TECHNOLOGY, PART  
OF THE EQUATION.-  
TECHNOLOGY CAN BE EXPENSIVE, BUT THEY STREAMLINED OUR LIVES,  
CHANGING THE NATURE OF HEALTH CARE AS WELL.-  
AWARE HOME, BEING DEVELOPED BY THE GEORGIA INSTITUTE OF  
TECHNOLOGY AND SMART CARS THAT ADJUST TO AGING DRIVERS AND NEW  
LANGUAGE LIKE TELE-MEDICINE AND ASSISTIVE TECHNOLOGY IS PART OF  
THIS FRONTIER.-  
THE INTERNET ALLOWING US TO CONDUCT ACTIVITIES FROM OUR OWN  
HOME.-  
TECHNOLOGY COSTS A LOT OF MONEY, BUT CLEARLY CAN ENHANCE THE  
QUALITY OF LIFE.-  
IS THIS AN ISSUE FOR THE PRIVATE SECTOR OR WHAT CAN STATES DO?-

-  
>> THE PRIVATE SECTOR HAS TO BE THE GENERATOR OF MUCH OF THIS  
TECHNOLOGY AND WE HAVE, IN THE STATES AND PARTNERSHIP WITH THE  
FEDERAL GOVERNMENT, DECIDE WHICH THINGS ARE WORTH PAYING FOR  
AND RAISING PUBLIC MONEY FOR.-  
I THINK TECHNOLOGY IS HAVING AN ENORMOUS EFFECT AND HAS HAD FOR  
A LONG TIME.-  
ELDERLY PEOPLE HAVE A VASTLY DIFFERENT EXPERIENCE IN THE AREA  
OF TELEVISION, FORGET THE INTERNET, THAN THEY HAVE IN THE  
PAST.-  
INTERNET AND EMAIL.-  
MY MOTHER GETS HER EMAIL OFF THE COMPUTER EVERY DAY.-  
I THINK THAT IS MAKING A HUGE DIFFERENCE.-  
WHEN WE WERE TALKING ABOUT CARE GIVING, THE FACT THAT  
TECHNOLOGY IS ALLOWING TELL COMMUTING IN A LARGE SEN --  
TELE-COMMUTING IS GOING TO MAKE ELDERLY PEOPLE TO WORK BEYOND  
WHEN THEY COULD HAVE.-  
IT WILL BE EASIER FOR CAREGIVERS TO WORK OUT OF THEIR HOME OR  
CLOSER TO THEIR HOMES.-  
THAT IS AN AREA THAT OUGHT TO BE EXPLORED BY ALL OF US WHO HAVE  
RESPONSIBILITY IN THIS AREA.-  
THE LAST THING I WOULD SAY THERE ARE ENORMOUS TECHNOLOGICAL  
CHANGES THAT WILL HAPPEN IN THE NEXT 20 YEARS.-  
THE ABILITY TO MONITOR PEOPLE IN YOUR HOMES.-  
IF AN AIR CONDITIONING COMPANY CAN KEEP TRACK OF YOUR AIR  
QUALITY IN YOUR HOME, WE SHOULD DO THE SAME FOR HUMAN BEINGS.-

-  
>> YOU CITED A.T.M. MACHINES, WHY DON'T WE HAVE THIS STUFF

NOW?-

WHAT IS THE PROBLEM?-

-

>> THE HEALTH SYSTEM IS A STUNNINGLY, INWARDLY ORGANIZATION IN WHICH DOCTORS HAVE HUGE POWER TO DECIDE CULTURALLY WHAT HAPPENS.-

HOSPITAL ADMINISTRATORS ARE RELATIVELY WEAK BECAUSE THEY ARE AFRAID THE DOCTORS WILL GET MAD AT THEM.-

IT IS GENERALLY A MESS.-

THE FASCINATING THING ABOUT TECHNOLOGY AND HEALTH IS THE BEST ARE NOT NEW, THEY ARE OLD.-

THE MOST ARE CHEAP.-

A 47-HOSPITAL IN CALIFORNIA HAS GONE TO BAR CODING.-

BAR CODING FOR ANYBODY WHO HAS BEEN IN A GROCERY STORE IN 40 YEARS IS NOT A NEW TECHNOLOGY.-

THEY DISCOVERED A PLASTIC BAND AROUND THE WRIST WITH A BAR CODE, THE NURSE HAS A BAR CODE ON HER BADGE, THE MEDICINE HAS A BAR CODE.-

YOU NEVER GIVE THE WRONG MEDICINE TO SOMEBODY.-

THEY BELIEVE THAT WILL SAVE, NOT COST, SAVE, \$300 MILLION A YEAR JUST INSIDE THEIR HOSPITALS.-

47 HOSPITALS.-

WHY?-

BECAUSE 9,000 PEOPLE A YEAR DIE OF MEDICATION ERRORS IN THIS COUNTRY.-

YOU GIVE SOMEBODY THE WRONG MEDICINE, THEY ARE THERE FOR FIVE MORE DAYS, NINE MORE DAYS, THEY ARE RUSHED TO EMERGENCY.-

ALL SORTS OF THINGS HAPPEN.-

IF YOU CAN SIMPLY AVOID HURTING PEOPLE, YOU LOWER THE COST OF CARE.-

EVERY HOSPITAL SHOULD BAR CODE.-

IF YOU CALL 20, INTERESTING IDEA, DON'T HAVE THE MONEY.-

IT IS GOING TO SAVE \$300 MILLION.-

-

>> THE INSTITUTE OF MEDICINE REPORTED UP TO 90,000 PEOPLE A YEAR GET KILLED BECAUSE OF MEDICAL ERRORS RECOMMENDS ABOUT \$1 BILLION TO UPGRADE TECHNOLOGY IN HEALTH CARE.-

IS THAT THE RESPONSIBILITY OF THE FEDERAL GOVERNMENT OR WHO?-

-

>> THE NEW MEDICARE DOES INCENTIVIZE THE INVESTMENT AND A PAYMENT DEFERENTIAL 45 QUALITY REPORTS ON A REGULAR BASIS.-

IT IS THE RIGHT DIRECTION.-

A LOT OF THE STUFF ISN'T EXPENSIVE.-

IT IS CHEAP.-

WHEN YOU BRING IN THE CONSULTANT.-

THEY EXPLAIN, DON'T GET THIS OFF THE SHELF THING FOR \$19.95

LET ME BUILD A BRAND NEW ONE FOR \$600,000 IN TWO YEARS.-

SUTTER WILL SHARE BAR CODING WITH EVERY HOSPITAL.-

PFIZER IS PRODUCING THEIR DRUGS WITH BAR CODING.-

THIS IS THE FUTURE.-

I'M FIX SATING ON THAT ONE BECAUSE IT WILL SAVE 9,000 LIVES A YEAR AND \$3 BILLION AND \$5 BILLION OF WASTE ANNUALLY YOU COULD TAKE OUT OF THE SYSTEM THIS YEAR.-

-

>> GOVERNOR PERDUE, THE AWARE HOME THAT THE GEORGIA INSTITUTE OF TECHNOLOGY IS PROVIDING.-

WHAT IS IT?-

-

>> IT MAY HELP SOMEONE WHOSE MEM I HAVE SLIPPING FROM COOKING TO REMEMBERING WHAT MEDICINES THEY TOOK.-  
THE VARIOUS TELEMETRY THINGS REGARDING THE REMOTE CONTROL.-  
SENDING SIGNALS.-  
INTERGRATING TELEMEDICINE WITH TELEMETRY TO LET A HEALTH CARE PROVIDER KNOW IF THERE IS A NEED TO INTERVENE.-

-

>> HOW ADVANCED IS TELEMEDICINE.-

-

>> WE ARE A NONCONTIGUOUS STATE MADE UP OF ISLANDS.-  
OUR RURAL HOSPITALS ARE USING TELEMEDICINE IN BIG WAYS.-  
ON A SMALLER ISLAND YOU DON'T HAVE A SPECIALIST THERE.-  
IN THE MAIN HOSPITALS IN HONOLULU THEY CAN HELP YOU OUT ON A NEIGHBORING ISLAND.-  
NOT FOR INDIVIDUALS IN THEIR HOMES BUT RURAL HOSPITALS.-  
IN A LOT OF STATES IT IS PROBABLY WORKING THE SAME WAY WHERE YOU HAVE CITIES AND TOWNS THAT DON'T HAVE ACCESS.-  
TELEMEDICINE IS PROBABLY THE FARTHEST ADVANCED OF ALL THAT I HEARD DISCUSSED TODAY.-

-

>> WE ARE JUST ABOUT OUT OF TIME.-  
LET ME TURN TO GOVERNOR KEMPTHORNE FOR FINAL THOUGHTS.-

-

>> MORT, THANK YOU VERY MUCH.-  
TO THE COLLEAGUES, WE'VE ADDRESSED A CRITICALLY IMPORTANT ISSUE THAT IS NOT GOING TO GO AWAY.-  
NONE OF US ARE IMMUNE.-  
THREE OUT OF FOUR AMERICANS WILL HAVE SOME EXPERIENCE WITH LONG-TERM CARE, EITHER FOR YOURSELF, A LOVED ONE.-  
IT IS SOMETHING THAT IS REAL.-  
AND SO WE'VE TALKED ABOUT THE FINANCIAL PLANNING, THE INDIVIDUAL RESPONSIBILITY THAT YOU HAVE.-  
YES, IT IS A PARTNERSHIP WITH GOVERNMENT.-  
GOVERNMENT HAS A ROLE, BUT NOT THE SOLE ROLE.-  
WELLNESS CAN PLAY A KEY ROLE IN THIS, EXTENDING A QUALITY LIFE, HIGH TECHNOLOGY, TELEMEDICINE, PROVIDING INCENTIVES THAT GO ALONG WITH THAT SO THAT CAN HELP US TO REALIZE THIS RESPONSIBILITY.-  
THE NEW TECHNIQUES THAT HAVE BEEN DISCUSSED HERE.-  
THE NATIONAL GOVERNORS ASSOCIATION, DURING THE COMING YEAR, ARE DETERMINED TO BE THE FORUM SO THAT WE CAN HAVE THESE DISCUSSIONS.-  
SO THAT WE CAN ADDRESS THE POLICY ISSUES.-  
IN OUR RESPECTIVE STATE OF THE STATE MESSAGES, ONE YEAR FROM THIS COMING JANUARY, I THINK YOU WILL BEGIN TO SEE WE PLACE FORWARD SUGGESTIONS AND PRACTICAL APPLICATIONS.-  
PARTNERING WITH CONGRESS, A KEY ROLE IN THE ADMINISTRATION.-  
THIS HAS BEEN A GREAT LAUNCH OF A CRITICALLY IMPORTANT ISSUE, BUT, AGAIN, WHILE IT IS STATISTICS AND HIGH TECH, IT IS ABOUT HUMANS.-  
IT'S ABOUT PARENTS.-  
IT'S A LOVE STORY.-  
IT'S ABOUT A SPOUSE THAT'S A LOVE STORY.-  
IT IS ABOUT THE DIGNITY OF LIVING.-  
IT IS NOT STRICTLY LONG-TERM CARE.-  
IT IS LONG-TERM LIVING AND DOING IT WELL, WITH DIGNITY.-

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>> THANKS VERY MUCH.-

FOR MOST OF US THE QUESTION IS NOT WHETHER WE HAVE TO DEAL WITH  
LONG-TERM CARE BUT WHEN AND HOW WE WILL PAY FOR IT.-

FINANCIAL PLANNING, HEALTHY LIVING, CREATING ADVANCES IN  
MEDICINE AND TECHNOLOGY ARE NECESSARY BUILDING BLOCKS.-

AS WE HEARD TODAY, THESE ARE THE ARIAS THAT STATES ARE FOCUSING  
ON.-

RELYING SOLELY ON GOVERNMENT TO TAKE CARE OF US IS NOT THE  
ANSWER.-

INDIVIDUALLY WE HAVE THE BIGGEST RESPONSIBILITY IN ALL OF  
THIS.-

LIVING BETTER AND SAVING MORE ARE BOTH IN OUR CONTROL AND IF WE  
DO OUR PART WE HAVE THE POTENTIAL FOR BETTER LIVING AND  
FINANCIAL SECURITY FOR OURSELVES AND OUR FAMILY.-

MY THANKS TO NEWT GINGRICH, ALICE RIVLIN, AND OUR DISTINGUISHED  
PANEL OF GOVERNORS.-

I'M MORTON KONDRACKE, THANKS FOR JOINING US.-

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