

over there, I said, “If your mom or dad could use a little Medicare, you owe them the opportunity to explain different options and show what’s available.” But the pharmacists are helping a lot to say, “Look, you ought to take a look at the program.”

So we’re in your community to urge people to, you know, kind of step back, see what’s available, design a program that meets your needs, if that’s your interest, and it’s going to save some money. That’s the key, because this—the benefit is costing less than anticipated, as a result of competition and choice. It’s really worthwhile looking at.

I’ve spent a lot of time, as my administration spends a lot of time, talking about how to get people—information into people’s hands. And so that’s why we’re here. Thank you for giving us a chance to come by and visit with you. It looks like you’ve got a beautiful facility.

Okay, well, thanks to the press for coming.

NOTE: The President spoke at 1:09 p.m.

Remarks on the Medicare Prescription Drug Benefits and a Question-and-Answer Session in Silver Spring, Maryland

March 15, 2006

The President. Listen, thank you all for coming. First of all, I’m proud to be traveling with a Cabinet Secretary. He runs Health and Human Services. His job is to make sure that the Medicare plan works the way it was designed to work.

We’ve come to answer some questions, if you have any—about any subject. *[Laughter]* But before I begin, I do want to share some thoughts with you.

First, speaking about Cabinet Secretaries, I know Mary Hill is here. Where’s Mary? Oh, hi, Mary. The reason I bring her up is that her daughter is married to one of my Cabinet Secretaries, and she is a fine woman—so is the Cabinet Secretary—*[laughter]*—Norm Mineta, Norm and Deni Mineta.

I want to thank the folks who run this fine facility. Thanks for letting us come by and talk about good health; that’s what we’re here

to talk about. By the way, Laura sends her best. You might remember her; she’s the most patient woman in America. I don’t know why she didn’t come; I should have asked her. I’ll ask her. You wanted her to come? Well, listen, that happens to me a lot—*[laughter]*—“You stay home; let Laura come.”

But I’m here to talk about Medicare. First of all, when I got to Washington I took a look at the Medicare system and thought it needed to be improved. When the Government makes a commitment, it ought to make good on its commitment, and it ought to do—make sure we deliver excellence when we say we’re going to do something. Lyndon Johnson—nice Texan—signed the Medicare bill, and it was a commitment by the Federal Government to provide health care for our seniors. And my attitude is, if we’re going to provide health care for the seniors, let’s provide a good system, a modern system.

And so I took a look at it and said that Medicare is doing a lot of good stuff, you know; it really is. It’s an important system. But I asked the question, couldn’t we do it better? And for example, just to give you an idea, you know, Medicare would pay \$28,000 for the surgery for ulcers but wouldn’t pay a dime for the medicine to prevent the surgery from being needed in the first place. That didn’t sound like a very good system to me. In other words, what had happened was, medicine started to change. You all know what I’m talking about. Pharmaceuticals became a really important part of the delivery of good health care. But Medicare did not change with medicine.

And so one of the things that we did, we worked with Republicans and worked with Democrats and said, “Let’s provide a prescription drug benefit for our seniors to make sure that Medicare is a modern system.” Now, I understood that when we began to change Medicare, modernize Medicare, it could create some confusion with people. You know, some people just don’t want to change. Some people thought things were just fine and that giving different options or giving people an opportunity to make different decisions could create some confusion.

Now, I understood that. But I also felt it was worth the risk of creating confusion to

give people different options from which to choose. And so the Medicare bill—the new Medicare bill does something different. It says there is a prescription drug benefit available for all Americans, special help for the lower income Americans, that seniors have also got the opportunity to make a choice, to design a health care plan that best suits their needs.

And so we started the program. Congress passed the bill. It did provide really good help for low-income seniors. It did provide choices. It did provide a medical examination for people who enroll in Medicare. It does provide for annual screenings. That makes sense, doesn't it? Why don't you—if we screen for disease, it might make it easier for us to solve problems before they become acute.

And so we started saying to the people, “This bill has passed; take a look at it.” And so people got on the computers and saw a lot of different options, and said, “Whoa, this may be a little more than I bargained for.” And so recognizing that people might need some explanations, we rallied people. We got the churches and the synagogues, and we got the community groups; we got the AARP—we got people all around the country—facilities just like this, as a matter of fact—to start explaining options available to our seniors, so seniors can make the right choice for them.

Since the program got going, 26 million seniors have signed up. That's a lot. Pretty quick period of time—26 million people take a look and signed up for the program. They're signing up by the thousands every week. And so one of the reasons I've come is to encourage people who have not signed up to take a look at Medicare, the new Medicare, take a look at what's available. If you like what you see, sign up. If it doesn't meet your needs, that's fine. But I think you're going to like what you see. Drug bills have been cut in half for the average—for the typical senior. I'm not making it up. I'm just telling you what people who've signed up—realize what the plans available—what it has meant to them.

Drug costs have been cut in half. That's positive news if you're a senior. I was with some folks yesterday in upstate New York,

and old Bob got up at a deal like this, and he said in the microphone, he said, “I thought it was too good to be true; it was one of these typical Government deals, you know, where they kind of say something is going to happen, and it doesn't.” He said, “My drug bills have been cut in half.” I think if you—if people pay attention to this program and take a look at it, you'll find that there are some significant cost savings for you.

The other thing that's happened, the taxpayers have got to know is that it's anticipated—the cost of this is 20 percent lower than anticipated in the first year. In other words, it turns out when people have choices, they get better quality and they get better price. And that's what you're seeing in the Medicare bill.

If you haven't signed up—by the way, I'm not only speaking to you, I'm speaking to the cameras, too, by the way—[laughter]—because I want people to hear this; it's important. If you haven't signed up, call 1-800-MEDICARE. If you're a—if you've got—if you're a son or a daughter of a citizen on Medicare, do your parent a favor and get on the Internet and take a look at what's available and help your mom or dad take a look at this new Medicare benefit structure. There are some choices to choose from, no doubt about it. But with more choices to choose from, you can better design a program that meets your needs.

People are signing up by the thousands. There's a May 15th deadline. And so what Mike and I are going to do is travel around the country and hold seminars like this and continue to remind people there's a good opportunity. And I really urge you to take a look. It's a program that does modernize the system. It's a program that says, we trust seniors to make the right choice. It's a program that I think you're going to like a lot.

And that's what I've come to do. Part of my job is to educate the American people about what's available. It's called the Educator in Chief. [Laughter] This is a new program, and it requires a lot of work.

Yesterday I met with a group of concerned citizens from different walks of life—you know, the NAACP and the—some Latino groups, business groups, pharmaceutical

groups. I said, look—and they're there for a reason; they wanted to hear my commitment to the program and my encouraging them to go out and find people and encourage them to take a look and sign up.

And so that's what I'm doing here today, and I want to thank you all for giving me a chance to come by and visit with you. If you've got any questions for me, I'll answer them. If they're too hard, I'll turn them over to the Secretary and let him answer them. [Laughter] But I'll be glad to answer any questions you've got on any subject on your mind. If you've got something you want to ask about Medicare, you can—any other subject that you care about.

Yes, ma'am.

Private Sector Health Insurance

Q. [Inaudible]—subject. First, welcome to the Blue State of Maryland.

The President. Thank you. It's good to be here.

Q. Secondly, I am a member of Medicare, of course. I'm also a member of Kaiser Permanente. My medical bills are absolute nothing—90 days or \$8. Why does Kaiser have more of a means of putting forth these medications than does the Government of the United States?

The President. See, she is a part of a private program that has provided a benefit that you like, and you don't want to change, and you don't have to change. And that's what we're trying to do. We're trying to give people different options, like the option you have got.

In the old system, they didn't have those options. Matter of fact, they didn't have a prescription drug benefit in the old Medicare system. Now the Medicare system has invited a series of providers—I think there's 34 different providers here in the State of Maryland, if I'm not mistaken—that say, now, I want to give you a chance to be able to come up and have the same satisfaction with the program that you do.

Look, if you're happy with where you are—and it sounds like you're pretty happy about it—don't change.

Q. I'm not going to.

The President. You shouldn't. [Laughter] And I don't blame you; I wouldn't either.

But if you're—but you ought to take a look. See, people ought to take a look and see. That's all I'm saying. Nobody is making you do anything. I'm just traveling around saying to people, take a look at what's available for you. There's people on this staff here at this facility that will help you. That's all—believe me, it's worth taking a look. It's free.

Yes, ma'am.

Medicare Prescription Drug Benefits

Q. First off, as a resident, I wish to tell you how pleased we are that you took time out to come to Riderwood, because Riderwood beside has a wonderful—you look around at these vibrant, elderly people; you know we have very good health care. And we're looking for good health care.

Now, we have the Advantage—Erickson Advantage is here, which covers Medicare and Part D, which is what you're sponsoring. So we're glad that you're here to explain, even though this is Erickson's health plan. But that doesn't eliminate your Part D.

The President. No, that's right. Yes, I mean, in other words, Erickson is a part of the menu of opportunity.

Q. Right.

The President. Well, I appreciate you bringing it up. You sound like you know a lot on the subject. You ought to be up here speaking. [Laughter] No, I appreciate that. Thanks.

Part D—when they hear Part D, that's talking about the prescription drug benefit that's now available. It was not available in Medicare. I signed the bill; it is now available.

Q. Right.

The President. And again, I repeat, if you're a low-income senior, there's a lot of help for you. The Government pays over 95 percent of anything coming your way. And that's important. So you ought to look. That's all we're saying.

Yes, sir. Thanks for wearing the Texas shirt. [Laughter]

Health Care for Veterans

Q. I have a grandson here from Houston. He brought it. He gave it to me last Christmas, and I had to wear it today.

The President. I'm honored. Thanks. Yes, kind of reminds me of home. [Laughter]

Q. Mr. President, I'm happy to be here at Riderwood. I'm retired military, retired from the Veterans Administration also, and I can get treatment from VA. What is the best thing for a man like me to do? There are many retired military people here who are in the same situation.

The President. Well, I think the Veterans Affairs benefits are a very good package. And Veterans Affairs, one of their major responsibilities is to honor the commitment they've made to you, sir. And they intend to honor it. Again, I don't know all the details of your Veterans Affairs benefit package, but you ought to take a look at all options. It's just a free look. Get your son to get on the Internet with you, and just see whether or not it makes any sense. But I'll bet you'll find the Veterans' benefits are pretty good.

Yes, sir. Thanks for serving, by the way. Appreciate the example you've set.

Yes, sir.

Electronic Medical Records

Q. The people who live here are fortunate to have their health records in a computer—in electronic medical records. Could you talk a little bit about that?

The President. Thank you, sir. [Laughter] Yes, well, it's a very good question because part of the issue we face in America is the cost of health care, the rising cost of health care. Part of the rising cost of health care is the result of a really important industry not being a part of the 21st century technology. He asked about medical records, electronic medical records. That means that everybody will have their medical records on a—digitized in a way that can be used over the Internet, for example.

You might remember the old days—and a lot of hospitals are still that way, by the way, or most doctors' offices are that way, when they actually write your prescription or write your procedure on a piece of paper. That's pretty inefficient. One reason is doctors can't write to begin with. [Laughter] Are you a doc? Sorry. [Laughter]

But carrying your files from one office to the next is not an efficient way to run a system. Files can get lost; people cannot nec-

essarily read what is written; prescriptions can sometimes not be written properly because the handwriting isn't legible. You might—you know, a person transfers from one jurisdiction to the next, and the files may get lost, or the doctor may not exactly understand what the other doctor had talked about in the handwritten files. And that leads to medical errors and a costly health care system.

And so what the good doc is asking is, are we in the process of trying to have medical records like you have here at this facility so that your health care is better delivered and there aren't mistakes? And the answer is, absolutely. I've tasked the Secretary of Health and Human Services to start working on a variety of fronts when it comes to information technology in health care, starting with a common language. The data of medicine is complicated. You can describe different ailments and different diseases in different ways. And so what Mike is doing through his department is coming up with a common language.

And the idea is—I'll give you a practical example of why this is—having medical records is important. When Hurricane Katrina hit, a lot of veterans were displaced. Now, the Veterans Administration has got medical records for people that they're serving. And so you have a person go from New Orleans to Houston and, fortunately, the electronic medical record could go with that person, which then meant the doc in Houston would see a new patient, but the medical records would lay out exactly what needed to be done to take care of the patient.

And that's precisely the kind of vision that we're talking about so that, ultimately, America is using information technology to lower the cost of medicine, but to provide higher quality of medicine for people through medical records. And Mike is in charge of that, and his department is making good progress. Thanks for bringing it up.

The other thing that's really important about medical records, and something my administration is going to be a stickler for, is to make sure that the records are private. We don't want people looking at your medical record if you don't want them looking at your medical record. In other words, it's

your record, and there's got to be a certain amount of privacy to that record. And so just because I talk about having electronic medical records, you've just got to understand that there's going to be an important privacy component to making sure that others can't look at your record if you don't want them to.

Good question.

Yes, ma'am.

Medicare Prescription Drug Benefits

Q. Mr. President, I told my mother last night that I was going to be covering the President of the United States on the health—[*inaudible*].

The President. Okay, here you go. She started off saying she talked to her mom last night.

Q. Yes. And you may have some experience with instructions from a forceful mother, sir. [*Laughter*] I got some from mine. [*Laughter*]

The President. Well-spoken.

Q. My mom is 75; she is sick; she's back in New Jersey alone. She didn't know anything about the Part D drug plan until I told her in February, with all the publicity and everything. I'm trying to walk her through it, but she doesn't know what to tell me. I don't know how to help her. I've punched her stuff into medicare.gov. I've got the basics, but it's still too much for her to afford. And I don't know where to tell her to go and get help. She wants to know if you guys will roll back the May 15th deadline.

The President. No. And the reason why is, there's got to be a fixed time for people to sign up. And we want people to realize there is—now is the time. And I'm not exactly sure about your mom's situation. I do want to thank you for helping her. Daughters ought to help their mothers realize what's available.

Now, again, there is a—I'm not sure what the plan—the structure looks like in New Jersey, but rolling back deadlines is not going to help your mom make a good decision. You're going to have to help her make the decision. And a lot of people like your mom were in the same situation—they took a look, said it looks confusing. But there's a lot of

help. That's what—one of the reasons I'm here to talk about—

Q. The thing I'm trying to find out is—this is a great system where you have a group like Riderwood—it's a great system in Riderwood, where people can come together, or the church groups. But what do you do with the people who are just sick enough, they can't go out, they don't have help, you know? Do we have a system to knock on doors, to walk—

The President. Absolutely. And that's exactly what our—

Q. Where can I send her?

The President. Well, first of all, I happen to think—and I don't want—look, I'm not going to tell you your business, but I think it's your responsibility to help your mom. And I think a lot of parents—a lot of children should help their moms. And I think you really ought to take a look at the different options for her. I mean, the best grassroots outreach is child to parent. There's other outreach; you're right. The church is outreach. Again, I don't know the particulars in the neighborhood. I can—if you can get us the area in which she lives, we can find a group that's very much involved in helping people like your mom. I appreciate it.

But that's the whole—her—she's got a great point. In order to—we've got to explain this to as many people as we can. And I fully understand that it's confusing. That's why I started off the talk, "It can be confusing to people." But when you work through the different options and look at the steps and have somebody explain it to you, in the end, it is a really good deal.

Now, if she doesn't choose to be a part of Part D, that's a choice that you and she and others will make. But it is—it has proven to be a cost-effective decision for our seniors. The typical senior has their drug bill cut in half. That's across America. If your mom qualifies, she will get more than 95 percent of her drug bills paid by the Government.

And so thanks for bringing it up.

Health Care Reform

Q. Back here.

The President. Oh, yes.

Q. We still have millions of underinsured or uninsured citizens in the United States, and what are you going to do about that?

The President. Right. No, there's no question that's an issue. And one of the reasons why is because health care costs are going up, and there are ways to address health care costs. One of them is information technology. Another one is legal reform. A lot of doctors are getting sued. And when they get sued, they practice defensive medicine in order to protect them in the courts. And by practicing defensive medicine, it causes costs to go up. Transparency in pricing is another way to make sure consumers have got the capacity to make rational decisions for themselves.

Some of the people who are not insured are younger Americans who choose not to be insured. It's like, I kind of remember that period of time. I thought I was never going to get sick, and so I thought I'd save some money.

A lot of people who are insured—or uninsured—are working uninsured, and they tend to work for small businesses. And small businesses have trouble being able to purchase insurance—so they get the insurance. And one idea to help small businesses is to allow them to pool risk across jurisdictional boundaries. In other words, let the restaurateur in Texas and the restaurateur in Maryland join in a risk pool so as to make insurance more affordable for small businesses. Health savings accounts are a way to help small businesses be able to afford insurance.

Now, if you're poor, you're going to get help through Medicaid. There is an insurance plan. If you're a—if you're somebody in this country who needs primary care, we've got community health centers all across America, places where people can get good health care, not in the emergency rooms of our hospitals.

So there is a variety of ways to deal with a very difficult issue. And you're right; it's an issue that the country must address. Thanks for bringing it up.

Yes, sir.

Medicare Prescription Drug Benefits

Q. No one's quite said this, this way, I don't think, sir. Speaking as one resident

here, among a very diverse group, that it is an honor and a privilege to be visited by the President of all 300 million of us and the leader of the free world.

The President. Thank you, sir.

Q. Welcome.

The President. Thank you.

Q. I do have a question. When this law was passed with your encouragement—almost immediately after the bill was enacted by Congress, the chief auditor at Medicare came out and spoke on TV and said that he had compiled a projected cost significantly higher than what Congress had been told. And he was threatened with immediate dismissal if he allowed that information to come out. Is that—did that man speak the truth? And if so, why would you not want facts like that to come out to the American people?

The President. Actually, what's happened, sir, is that the estimated cost is 20 percent lower than bodies that tried to estimate the cost. And the reason why is, is because the program has worked better than anticipated, and it has been better than anticipated. And I think you'll be reflected in our budgets.

Well, they estimated, for example, the average premium was going to cost \$37 a month, and it's down to \$25 a month. In other words, it's working. And I think that's important for people to understand. And there's been a lot of estimates about the cost of the program, but what really matters is the actual costs. And it looks like the dollars are going to be lower than we thought, which is good news—good news—and more importantly, lower to the seniors than we thought. And that's the most important news of all. The most important news to you is, this is a good deal for you, the consumer, the person we're trying to help. And we think it is. And people ought to look at it. I don't know if you've looked at, but you ought to, if you haven't. Thank you.

Yes, ma'am.

Electronic Medical Records

Q. Yes, you mentioned a little while ago about chips—I mean about medical records. Today in *The Post*, they were talking about people getting chips implanted with their medical records. And it sounded good to me.

My dog has one. [*Laughter*] And I bet your dogs have them.

The President. Now, I don't know if our dogs—I don't think—we're not quite that sophisticated yet. Barney might not like it. [*Laughter*]

Q. I guess my question is, in the future, if we want people to have this, would it be possible, or thinking that far ahead, that when a child is born, a chip is implanted and you keep feeding information into it through—

The President. I don't know. That's an interesting question. I, frankly, haven't heard of that. Do you have any—maybe the Secretary—maybe it's time for the Secretary to step in. [*Laughter*]

I think the point is this—I think the point is, is that there is the capacity to carry in a very small object a lot of data that can be downloaded in other medical facilities in order to facilitate a flow of information that enables people to get good health care in a cost-effective way. I don't know about implantations or not. But nevertheless, I do think that the idea of having a medical chip that is on a card, or it can be anywhere—you got one, doc? No, I thought you were searching for—[*laughter*].

Q. We have one at Erickson.

The President. Yes, sir.

India

Q. Mr. President, I just want to take the opportunity to thank you for your farsighted policy in India, of assisting them in their civilian nuclear program.

The President. Oh, thank you, sir.

Q. I was at Tarapur 40 years ago, when General Electric inaugurated the first nuclear plant in India. And I think it's going to go a long way towards keeping our friendship with that important country in Asia. Thank you very much.

The President. Well, thanks for bringing that up. He's referring to a trip I just took to India and Pakistan and Afghanistan. And we were working on an agreement with India to encourage India and help India develop its civilian nuclear power industry. And one—a couple of reasons why one would do that: One, when India's demand for fossil fuels goes up, it causes the price of our fossil

fuels to go up. And so, therefore, to encourage them to use a renewable source of energy that doesn't create greenhouse gas, this makes a lot of sense.

Secondly, India has been a—is a nonproliferator, has proven to be a nonproliferator for the past 30 years. In other words, they've got a record that, in my judgment, should cause the Congress to pass old law to treat them as a new partner. Thirdly, India wants to be a part of international agreements that will help deal with proliferation.

And so I thank you for your comments. I appreciate you saying that.

Yes, sir.

Pakistan

Q. It was particularly courageous, in view of the fact that Pakistan is one of our allies in the war on terrorism, and of course, it's going to affect their attitude to some extent.

The President. Well, I appreciate you saying that. The good news is that, as I said in the speech there in India, we now—I think Indians understand it's good for the United States to be friendly with Pakistan, and the Pakistanis understand it's good for the United States to be friendly with India—which is, as you know, a change of, kind of, the relationship of the United States with those two countries.

I had a good visit with President Musharraf, who is dedicated to routing out Al Qaida if they hide in his country, and we really appreciate his dedication. And at the same time, he's dedicated toward advancing democracy. So it was a great visit. Thanks for bringing it up.

Yes, ma'am—oop, you again. [*Laughter*]

Electronic Medical Records

Q. You mentioned about privacy, Mr. President.

The President. Yes.

Q. It's very well to say privacy on our electronics. You know there's no such a thing as real privacy. Something leaks out all the time somewhere.

The President. I'd say that. [*Laughter*]

Q. Did you ever think, or think in your bill some way that the insurance companies cannot use it against us? Because that's the

fear—that’s the fear, that an insurance company will say, “Uh-oh, we won’t touch you,” and you know——

The President. Preexisting conditions——

Q. That’s right—or something that you developed along the way.

The President. I think there’s laws that protect you on that. It’s a different issue from them looking at your records. One is to say, “Well, you’ve got a preexisting condition; therefore, we won’t insure you.” That’s different from them taking a look at your records.

Q. Because you get these conditions later on as you go along in life.

The President. Right. I understand. The good news about the current Medicare program is that they’ll take care of you as you are.

Q. Here’s an electronic card.

The President. Let’s see that card. I don’t see very well. [*Laughter*]

Q. [*Inaudible*]

The President. They did? Great. Thanks. That’s what—the card, yes.

Yes, sir. The mic disappeared on you. Sorry.

Energy/Environment

Q. Thank you. Since we’re talking about health care, I wonder if we couldn’t address the health care of the world—in particular, the issue of greenhouse gases.

The President. Sure.

Q. The entire—well, I’m one of the scientists who believes that—and many of us do—that the greenhouse gases have been caused by us, and that it’s about time that the United States took serious actions on the prevention of further greenhouse gases.

The President. I exactly agree with you, sir, and that’s exactly what we’re doing. I think you’re right. I thought the prescription to the Kyoto plan was the wrong way to go. On the other hand, I do know we can use technologies to achieve exactly that objective.

For example, second-generation nuclear power. It’s a renewable resource. It doesn’t emit, as you know, greenhouse gases. It’s one of the reasons why I work with India and trying to help China, as well, to be able to develop a civilian nuclear power industry

without—with guarantees against proliferation, in order to protect the environment.

The other day, in the State of the Union address, I said, we’re too addicted to oil, and we need to get off oil. There are alternative ways to do that. Plug-in hybrid batteries is a new technology that’s coming, and I think will help deal with emissions. The use of ethanol—ethanol made from sugar, of course, is a technology that works. But hopefully, we’ll be able to have some breakthroughs to be able to use saw grass or wood chips to manufacture ethanol in order to be able to not only make us less dependent on foreign sources of energy but also to be good stewards of the environment.

Ultimately, hydrogen-powered automobiles will help make a huge difference. We’re spending about a billion—\$200 million or so to research that. Solar technology is another area where there’s some great potential breakthroughs. I went to a plant in Michigan the other day and saw these new roofing materials that got photovoltaic cells, a part of them.

And so I agree with you. I think it’s very important for us to use technology to help protect the environment and, at the same time, achieve an important economic and national security objective, which is no dependence on oil.

It’s a—all right. Yes, sir.

Transparency of Health Costs

Q. Mr. President.

The President. Thank you, sir.

Q. Glad to have you here.

The President. Thanks.

Q. Thank you very much. I have two questions. The first question deals with a resident that’s here—was unable to be here, but she’s having—the resident is having a problem trying to get enrolled in Medicare B. And all of the time that she’s had problems, the person has had a problem getting on the computer, getting anything resolved, and so on and so forth.

The President. Okay.

Q. And that’s——

Secretary of Health and Human Services Michael O. Leavitt. I’ll get the name, and we’ll take care of it.

Q. Okay. The second question——

The President. That's easy. [Laughter]

Q. The second question deals with what are we doing at the Federal level to get some uniformity in terms of the billing in hospitals so that we don't have the wide dispersion between hospital billing as a result of someone having insurance and someone who does not have insurance and the whole bit. And that's been going on for years, because I was in a hospital, ran a part of it, and I know that there's a great dispersion in that.

The President. No, I appreciate that. Do you want to take that on, Mike?

Secretary Leavitt. Sure. Last night I was in a hotel, and on the back of the hotel door, there was a price: \$449 a night. Now, you'll be pleased to know, Mr. President, that I didn't pay that—[laughter]—and we didn't pay that because the Government had created a Government rate. It was only \$130 a night, and they slid the bill under the door.

A lot of insurance companies do the same thing and create special prices for the people that are insured with them. What the President has recently done is, he's told every insurance company, every employer, and every provider in the country, "You ought to tell people what you're charging." People deserve, people have a right to know what they're being charged and the kind of quality they're getting. And that's an initiative of the President. And very shortly, I believe you'll start to see that kind of disclosure.

Q. Thank you.

The President. This guy has got a great question because really what he's talking about is transparency in pricing. When you go buy a car, you know exactly what they're going to charge you. [Laughter] Well, sometimes you don't know. [Laughter] Well, you negotiate with them. [Laughter] Well, they put something on the window that says price. [Laughter] His point is, is that the more you know about price, the better you can make better decisions, and I appreciate that.

Listen, you're paying me a lot of money to work, and so I think I'm going to have to head back home. But I'm honored. Got any more questions, I'll be glad to answer them.

Electronic Medical Records

Q. I have one.

The President. Okay, yes, please. Thank you.

Q. I'd like to ask you about the medical records. They're not infallible, and we like to have paper backup. Recently had an experience here in Riderwood; went for a blood check. Records were down because the power was down, and they couldn't connect to the computer. They need—most places have paper backup, and I think if you don't have a complete record, it's not going to work as greatly as it does.

The President. No, that's really a kind of redundancy in the process to make sure that if there's a power outage, that there's not an emergency caused by that. No, that's a really good point. Thanks.

Q. Thank you.

The President. I guess, is there a—

Secretary Leavitt. Working on it. [Laughter]

The President. Working on it. [Laughter]
Yes, sir. Working on it. [Laughter]

India/Nuclear Technology

Q. Mr. President, there are some—and I guess I would include myself—who have different views about the Indian agreement, because they're concerned about the effect that the agreement will have on the capacity of India to stimulate its own production of nuclear weapons—

The President. No, I understand.

Q. —by helping them. But I would go beyond that and ask you, while you're still President, to consider one aspect of this whole nuclear question. I guess I'm one of the three standing—left standing Americans who helped—who did the negotiation of the nonproliferation treaty. And the basic bargain there was that other countries would give up their nuclear weapons if we, the nuclear powers, would engage in a program of nuclear disarmament.

Now, I'm aware of all of the agreements that have taken place. I'm aware of the negotiations that you had with Mr. Putin. The point is that we cannot expect that agreement, that basic agreement to hold if the United States, particularly, goes on acting as—and has the position that we might initiate a nuclear war if it is necessary.

And I would ask you just to think about the time—while you're still President, taking the one position that only one American President has taken, and that is President Johnson, to consider a "no first-use" policy to help the prospect of nuclear proliferation in the long run.

The President. Well, thank you. Thank you very much. Thanks for your contribution, by the way. I appreciate it.

Part of the Indian deal is to actually get them to formally join some of the institutions that you helped—your work created. And you're right. I did do an agreement with President Putin—thanks for noticing—where we're—both of us are reducing nuclear stockpiles. But I'll take your words to heart and think about it. Thank you. No commitment standing right here, of course. [*Laughter*]

Well, I'm thrilled to be here. Thank you all for your time. I would hope that people would take a look—just take a look. And if you need help, there are people here who will help you. And if you're watching on TV, ask your son or daughter or ask your neighbor or ask a person that has signed up whether or not it's worthwhile. And I think you'll find this is a program that's—it's a good program.

I appreciate you letting me have a chance to come by and visit with you. Thanks for the town hall meeting. Thanks for the good questions. God bless you all.

NOTE: The President spoke at 1:50 p.m. at Riderwood retirement community. In his remarks, he referred to Richard S. Foster, Chief Actuary, Centers for Medicare & Medicaid Services; President Pervez Musharraf of Pakistan; and President Vladimir Putin of Russia.

Remarks at a Celebration of Hungarian Contributions to Democracy

March 15, 2006

Thank you all. Please be seated. Mr. Speaker, thank you for having me here in this beautiful Capitol to celebrate the 50th anniversary of the Hungarian Revolution.

I appreciate being here with the mayor of our city, Mayor Williams. Good to see you, Mr. Mayor. I appreciate Chairman Hyde.

Mr. Chairman, it's good to see you. I thank the members of the diplomatic corps, most particularly, Ambassador Walker. I've heard of him before. [*Laughter*] Ambassador Simonyi—thank you all. Members of Congress, most particularly a beacon for—a steadfast beacon for liberty is how I'd like to define my friend Tom Lantos.

I've come today to—not only to thank our strong ally, the Government of Hungary and the people of Hungary, but I've come to thank my friend Tom Lantos, and his wife, Annette, for never letting anybody forget that freedom is precious and necessary in our world.

The Hungarian example is an example of patience and an example of the fact that freedom exists in everybody's soul. It's an example that tyranny can never stamp out the desire to be free. It's an example that—of a country that, once becomes free, joins with other freedom-loving countries to keep the peace.

I've come to remind the people of Hungary, they've got a great friend in America. I want to thank, by the way, the Hungarian Americans who are here with us today. You've made a significant contribution to our country.

You know, it's an interesting world in which we live. There's an argument about—in some places—about whether or not freedom is universal, whether or not freedom is okay for some parts of the world but not others. I believe freedom is universal. I believe the example of Hungary proves that freedom is universal. I believe everybody desires to live in freedom. I believe there's an Almighty, and I believe the Almighty God's gift to each person in this world is liberty. And I believe the United States, and I believe Hungary, and I believe other free nations have the responsibility to help other people realize their freedom as well.

You know, one of the interesting examples of Europe that I try to explain to our people is that for 100 years, there were war, where a lot of people lost their lives and a lot of Americans lost their life. But today, Europe is at peace. Europe is whole, free, and at