

The original documents are located in Box F54, folder “Older Americans Issues - GRF Statements - Health” of the President Ford Committee Campaign Records at the Gerald R. Ford Presidential Library.

Copyright Notice

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Gerald R. Ford donated to the United States of America her copyrights in all of her husband’s unpublished writings in National Archives collections. Works prepared by U.S. Government employees as part of their official duties are in the public domain. The copyrights to materials written by other individuals or organizations are presumed to remain with them. If you think any of the information displayed in the PDF is subject to a valid copyright claim, please contact the Gerald R. Ford Presidential Library.

HEALTH

Hospital and medical services in America are among the world's best but the cost of a serious and extended illness can quickly wipe out a family's lifetime savings. Increasing health costs are of deep concern to all and a powerful force pushing up the cost of living.

The burden of a catastrophic illness can be borne by very few in our society. We must eliminate this fear from every family.

I propose catastrophic health insurance for everybody covered by Medicare. To finance this added protection, fees for short-term care will go up somewhat, but nobody after reaching age 65 will have to pay more than \$500 a year for covered hospital or nursing home care nor more than \$250 for one year's doctors' bills.

We cannot realistically afford Federally dictated national health insurance providing full coverage for all 215 million Americans. The experience of other countries raises questions about the quality as well as the cost of such plans. But I do envision the day when we may use the private health insurance system to offer more middle income families high quality health services at prices they can afford and shield them also from catastrophic illnesses.

Using the resources now available, I propose improving the Medicare and other Federal health programs to help those who really need more protection: older people and the poor.

To help States and local governments give better health care to the poor I propose that we combine 16 existing Federal programs including Medicaid into a single \$10 billion Federal grant.

Funds would be divided among the States under a new formula which provides a larger share of Federal money to those states that have a larger share of low income families.

I will take further steps to improve the quality of medical and hospital care for those who have served in our armed forces.

President Gerald R. Ford
State of the Union Address
January 19, 1976



NATIONAL HEALTH INSURANCE

THE PRESIDENT: I did not recommend a Government sponsored national health insurance program. I did not for two reasons.

Number one, I don't think that a national Government sponsored health insurance program has worked very well as far as the patient is concerned in any country where it has been tried, and that is particularly true in Great Britain and several other countries, so I don't think it is the best way to improve health care.

Number two, it would be very expensive, and I don't think we could afford it. But, the principal reason I am opposed to it is that it has not worked, and I don't think it will work.

Secondly, the cost would be substantial, and the Federal budget could not afford it at the present time.

Now, we have recommended under Medicare two things: One, that as far as Federal payments to hospitals and doctors, nursing homes, there should be a 7 percent increase in price or cost for hospitals and nursing homes and a 4 percent increase for doctors' bill payments by the Federal Government to the categories.

Now, at the same time, I have seen enough, I have seen a sufficient number of tragedies involving catastrophic illnesses -- and I suspect everybody in this room knows a family or knows a person who has had an extended illness, and if they had any resources, they were gone as they were bedridden with horrendous costs -- hospital, nursing home and doctors for an extended period of time.

(MORE)



HEALTH

Including my health care reforms, I propose to consolidate some 59 separate Federal programs and provide flexible Federal dollar grants to help States, cities and local agencies in such important areas as education, child nutrition, and social services. This flexible system will do the job better and do it closer to home.

To help States and local governments give better health care to the poor I propose that we combine 16 existing Federal programs including Medicaid into a single \$10 billion Federal grant.

Funds would be divided among the States under a new formula which provides a larger share of Federal money to those states that have a larger share of low income families.

I will take further steps to improve the quality of medical and hospital care for those who have served in our armed forces.

Hospital and medical services in America are among the world's best but the cost of a serious and extended illness can quickly wipe out a family's lifetime savings. Increasing health costs are of deep concern to all and a powerful force pushing up the cost of living.

The burden of a catastrophic illness can be borne by very few in our society. We must eliminate this fear from every family.

I propose catastrophic health insurance for everybody covered by Medicare. To finance this added protection, fees for short-term care will go up somewhat, but nobody after reaching age 65 will have to pay more than \$500 a year for covered hospital or nursing home care nor more than \$250 for one year's doctors' bills.

We cannot realistically afford Federally dictated national health insurance providing full coverage for all 215 million Americans. The experience of other countries raises questions about the quality as well as the cost of such plans. But I do envision the day when we may use the private health insurance system to offer more middle income families high quality health services at prices they can afford and shield them also from catastrophic illnesses.

Using the resources now available, I propose improving the Medicare and other Federal health programs to help those who really need more protection: older people and the poor.

President Gerald R. Ford
State of the Union Address
January 19, 1976

NATIONAL HEALTH INSURANCE

THE PRESIDENT: I do not believe that we can, at the present time, embark on a broad Government organized, financed and directed health insurance program. I believe, however, that we should immediately, as I indicated in the State of the Union address, move to what is best known as catastrophic insurance for those who have extended illnesses, whose resources are drained and who have no means whatsoever of adequate health care, doctor care, hospital or nursing home care.

I think we must take first things first, make the program work and move from there after we are sure that program is operating properly.

PRESIDENT FORD
FEBRUARY 8, 1976
UNIVERSITY OF NEW HAMPSHIRE
DURHAM, NEW HAMPSHIRE



REMOVED

NATIONAL HEALTH INSURANCE

THE PRESIDENT: I do not believe that we can, at the present time, embark on a broad Government organized, financed and directed health insurance program. I believe, however, that we should immediately, as I indicated in the State of the Union address, move to what is best known as catastrophic insurance for those who have extended illnesses, whose resources are drained and who have no means whatsoever of adequate health care, doctor care, hospital or nursing home care.

I think we must take first things first, make the program work and move from there after we are sure that program is operating properly.

PRESIDENT FORD
FEBRUARY 8, 1976
UNIVERSITY OF NEW HAMPSHIRE
DURHAM, NEW HAMPSHIRE



HEALTH

I think it is the greatest tragedy. As a matter of fact, there are about three million of those people who are today under Medicare. Three million out of 24 million. I have recommended that the Federal Government institute a program to take care of catastrophic illnesses and how would it be done.

It would be done by saying that no patient would pay more than \$500 a year for hospital or nursing home care or no more than \$250 a year in doctor bills. That is a national ceiling and after that, Medicare would take care of the total cost.

The individual under Medicare would make his payments as he is doing it today. I think it is the right thing to do. It takes care of a critical, crucial problem that I have seen; some real tragedies all over the country.

PRESIDENT FORD
FEBRUARY 13, 1976
THE BAHIA MAR HOTEL
FORT LAUDERDALE, FLORIDA.



MEDICARE

Those who don't qualify won't be taking money that you should have. In the field of health care, the Federal Medicare program in 1976 will provide more than \$17 billion for the health care of 24 million older and disabled Americans, about 1 million 400 thousand right here in the great State of Florida.

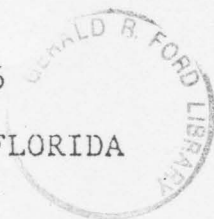
I have proposed major improvements in the Medicare program to make it serve you better. One of the most important improvements is the creation of a system of health insurance that would pay all but a very small fraction of the catastrophic cost of complex or extended care and treatment.

Let me put it this way. There is no reason that older Americans should have to go broke just to get well or stay well in the United States of America. Under my proposal the individuals' contribution would go up slightly, but consider what the increase would provide.

Nobody eligible for Medicare would have to pay more than \$500 a year for hospital or nursing home care, and this does not mean that you pay the first \$500 of your total cost. You would pay only 10 percent of the total cost, or \$500, whichever is less, and the maximum annual cost to you for covered doctor's services would be \$250, or 20 percent, whichever is less.

Medicare would pay the rest, whether it costs \$1,000 or \$10,000 or \$50,000. It is a good program, and we are going to make it.

PRESIDENT FORD
FEBRUARY 14, 1976
WILLIAMS PARK
ST. PETERSBURG, FLORIDA



MEDICARE

Those who don't qualify won't be taking money that you should have. In the field of health care, the Federal Medicare program in 1976 will provide more than \$17 billion for the health care of 24 million older and disabled Americans, about 1 million 400 thousand right here in the great State of Florida.

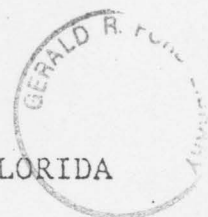
I have proposed major improvements in the Medicare program to make it serve you better. One of the most important improvements is the creation of a system of health insurance that would pay all but a very small fraction of the catastrophic cost of complex or extended care and treatment.

Let me put it this way. There is no reason that older Americans should have to go broke just to get well or stay well in the United States of America. Under my proposal the individuals' contribution would go up slightly, but consider what the increase would provide.

Nobody eligible for Medicare would have to pay more than \$500 a year for hospital or nursing home care, and this does not mean that you pay the first \$500 of your total cost. You would pay only 10 percent of the total cost, or \$500, whichever is less, and the maximum annual cost to you for covered doctor's services would be \$250, or 20 percent, whichever is less.

Medicare would pay the rest, whether it costs \$1,000 or \$10,000 or \$50,000. It is a good program, and we are going to make it.

PRESIDENT FORD
FEBRUARY 14, 1976
WILLIAMS PARK
ST. PETERSBURG, FLORIDA



SOCIALIZED MEDICINE

QUESTION: In view of all the news items about social medicine in Britain, do you feel that socialized medicine in the United States could succeed without being a burden to the taxpayers?

THE PRESIDENT: I think any nationalized medical system, anything comparable to that which they have had in Great Britain and in a number of countries won't work and I would vigorously oppose it.

Pres. Gerald Ford
Mary E. Sawyer Municipal Auditorium
LaCrosse, Wisconsin
March 27, 1976



SOCIALIZED MEDICINE

QUESTION: In view of all the news items about social medicine in Britain, do you feel that socialized medicine in the United States could succeed without being a burden to the taxpayers?

THE PRESIDENT: I think any nationalized medical system, anything comparable to that which they have had in Great Britain and in a number of countries won't work and I would vigorously oppose it.

Pres. Gerald Ford
Mary E. Sawyer Municipal Auditorium
LaCrosse, Wisconsin
March 27, 1976



President Ford Committee

1261 STREET, N.W., SUITE 250, WASHINGTON, D.C. 20004 (202) 457-6989

RURAL HEALTH CONCERNS

There is a serious and growing disparity between the health of the 56 million Americans who live in rural America and that of the general population. Physician and dentist shortages are more acute in rural America, emergency medical services are less available, occupational injury and accident rates are far higher and comprehensive health and public health services are less available.

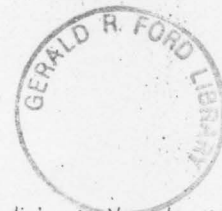
For far too long rural health problems have been ignored. Rural health care was lost sight of in the general breakdown of all rural services resulting from the great migration of our population from farm to city during the first half of this century. In the last decade this migration came to a halt and to some extent was reversed. From 1970-1973, the growth rate for rural areas actually exceeded the growth rate for metropolitan areas, thus compounding the problem.

The Secretary of Health, Education, and Welfare has designated 1,400 counties and regions as critical health manpower shortage areas where there are too few doctors, dentists, nurses and other health professionals to properly serve the population. Most of these are in rural areas.

Let me affirm, in our Nation's Bicentennial year--which celebrates to such a great extent the positive values of our rural heritage--that we shall make a major commitment to the improvement of health care in our rural communities.

I call upon all our people, rural and urban alike, to support the goal of improving the quality of rural life through better health.

President Gerald R. Ford
Proclamation of National Rural
Health Week, 1976
April 2, 1976



NATIONAL HEALTH INSURANCE

THE PRESIDENT: Let me add one other point. I have, however, recommended a national -- not a national but a catastrophic health insurance program for Medicaid and Medicare people. There are roughly 25 million Americans who come under Medicare and Medicaid who are -- about three million of them have in one way or another a catastrophic illness where the costs are high because of long hospital or nursing home care, or the costs are high because of operations or medical care.

I think we ought to help those people who are tragically hurt by these catastrophic illnesses, but it is a limited program to help those who see their savings gone and who are forced by these tremendous costs to, in effect, go on welfare.

PRESIDENT FORD
APRIL 9, 1976
SAN ANTONIO CIVIC CENTER
SAN ANTONIO, TEXAS



NATIONAL HEALTH INSURANCE

THE PRESIDENT: Let me add one other point. I have, however, recommended a national -- not a national but a catastrophic health insurance program for Medicaid and Medicare people. There are roughly 25 million Americans who come under Medicare and Medicaid who are -- about three million of them have in one way or another a catastrophic illness where the costs are high because of long hospital or nursing home care, or the costs are high because of operations or medical care.

I think we ought to help those people who are tragically hurt by these catastrophic illnesses, but it is a limited program to help those who see their savings gone and who are forced by these tremendous costs to, in effect, go on welfare.

PRESIDENT FORD
APRIL 9, 1976
SAN ANTONIO CIVIC CENTER
SAN ANTONIO, TEXAS



NATIONAL HEALTH INSURANCE

THE PRESIDENT: I did not recommend to the Congress in the State of the Union Message, nor do I intend to in 1976, any national health insurance program. I don't think we can afford it during a budget year where we are trying to save money. I don't think we have it finalized to a degree that it is acceptable.

I think any plan that has been put together so far does not fit in with our understanding or our beliefs for the patient-doctor relationship. I just don't believe that the United States ought to embark on a program of that kind.

PRESIDENT FORD
APRIL 10, 1976
EL PASO CIVIC CENTER
EL PASO, TEXAS



NATIONAL HEALTH INSURANCE

THE PRESIDENT: I did not recommend to the Congress in the State of the Union Message, nor do I intend to in 1976, any national health insurance program. I don't think we can afford it during a budget year where we are trying to save money. I don't think we have it finalized to a degree that it is acceptable.

I think any plan that has been put together so far does not fit in with our understanding or our beliefs for the patient-doctor relationship. I just don't believe that the United States ought to embark on a program of that kind.

PRESIDENT FORD
APRIL 10, 1976
EL PASO CIVIC CENTER
EL PASO, TEXAS



MEDICARE

Being in poor health for a long time is bad enough without having to worry about the ruinous economic effect of long-term illness. I have suggested a plan to insure that older Americans will receive medical and hospital care they need without going broke in the process.

Under this suggestion, Medicare patients in hospitals or nursing homes would never have to pay more than \$500 a year for medical care or ten percent of their total hospital bills, whichever is less, for covered doctors services. The maximum would be \$250 or 20 percent of the total, whichever is less. Medicare would pay the rest, whether it costs \$1,000 or \$10,000.

I want ~~to~~ see America's older citizens live their lives in dignity and in security and in the very best possible care. So to the Sisters of Mercy, who have given more than a century of service to the sick and to the disabled in America. They have shown countless times that the quality of mercy blesses both those who receive it and those who give it.

PRESIDENT FORD
MAY 7, 1976
BERGAN-MERCY HOSPITAL
OMAHA, NEBRASKA



MEDICARE

Being in poor health for a long time is bad enough without having to worry about the ruinous economic effect of long-term illness. I have suggested a plan to insure that older Americans will receive medical and hospital care they need without going broke in the process.

Under this suggestion, Medicare patients in hospitals or nursing homes would never have to pay more than \$500 a year for medical care or ten percent of their total hospital bills, whichever is less, for covered doctors services. The maximum would be \$250 or 20 percent of the total, whichever is less. Medicare would pay the rest, whether it costs \$1,000 or \$10,000.

I want to see America's older citizens live their lives in dignity and in security and in the very best possible care. So to the Sisters of Mercy, who have given more than a century of service to the sick and to the disabled in America. They have shown countless times that the quality of mercy blesses both those who receive it and those who give it.

PRESIDENT FORD
MAY 7, 1976
BERGAN-MERCY HOSPITAL
OMAHA, NEBRASKA

