

McCain Opposes Mandating Health Insurance Coverage

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For Sen. John McCain (R-Ariz.), having health insurance is desirable but not mandatory.

"I don't think there should be a mandate for every American to have health insurance," the Republican presidential hopeful said at a forum on health care policy sponsored by Families USA and the Federation of American Hospitals. "I think one of our goals should be that every American own their own home, but I'm not going to mandate that. ... I feel the same way about health care. If it's affordable and available, then it seems to me it's a matter of choice amongst Americans," he said.

As Sen. McCain sees it, health insurance is something many people decide they don't want. "The 47 million Americans that are without health insurance today, a very large portion of them are healthy young Americans who simply choose not to" sign up for it, he said at the forum, which was underwritten by the California Endowment and the Ewing Marion Kauffman Foundation. He added, however, that some people with chronic illnesses and other preexisting conditions do have problems accessing insurance, "and we have to make special provisions for them."

Sen. McCain, who is serving his fourth term in Congress, said his priority as president would be to rein in health care costs. "I'm not going to force Americans to do it; I don't think that's the role of government," he said. "But if we can bring down costs, as I believe we can ... I'm absolutely convinced more and more people will take advantage of [health insurance]. The panacea isn't all just health care costs, but unless you address health care costs, you're never going to solve the other aspects of the health care crisis."

One way to control costs at the federal level is to not pay for medical errors involving Medicare patients, Sen. McCain said in an interview after the forum. "Right now we pay for every single procedure—the MRI, the CT scan, the transfusion, whatever it is. [Instead], we should be paying the provider and the doctor a certain set amount of money directly related to overall care and results. That way we remove the incentives now in place for overmedicating, overtaxing, and overindulging in unnecessary procedures. I also think it rewards good performance by the providers."

Sen. McCain is proposing a refundable tax credit of \$2,500 per individual and \$5,000 per family to help the uninsured buy health insurance policies. To pay for the tax credits—which would cost the government an estimated \$3.5 trillion over 10 years—he proposes abolishing the tax deduction that employees currently take

when they pay premiums on their employer-sponsored health plans. He would, however, leave intact the deduction that employers currently take on their portion of the premiums as an incentive for employers to continue offering coverage.

The "refundable tax credit for employees [allows] them to go out and make choices," Sen. McCain said during the forum. "When it's their money and their decision, I think they make much wiser decisions than when it's provided by somebody else." Low-income Americans who currently pay no taxes will receive a check for the amount of the credit, he noted.

When a reporter pointed out that the average cost for family health insurance is more than \$12,000 per year—far higher than the amount of the proposed family tax credit—Sen. McCain said the credit still would be beneficial. "One thing it does is if someone has a gold-plated health insurance policy, they'll start to pay taxes [on those premiums] and it may make them make different decisions about the extent and coverage of their health insurance plan," he said. "Another thing it does that I think is very important is that for low-income people who have no health insurance today, at least now they've got \$2,500, or \$5,000 in the case of a family, to go out and at least start beginning to have [it]."

Sen. McCain admitted that the tax credit plan "is not a perfect solution, and if not for the price tag involved, I'd make it even higher. But according to the Congressional Budget Office, by shifting the employee tax aspect of it, you save \$3.5 trillion over a 10-year period, and I think that would have some beneficial effect at reducing the overall health care cost burden that we're laying on future generations." The senator said he did not have an estimate of how many uninsured people would be able to buy health insurance coverage because of the tax credit.

Sen. McCain said he does not support outlawing the "cherry-picking" that some health plans do to make certain they insure mostly healthy people. Outlawing cherry-picking "would be mandating what the free enterprise system does." Instead, he favored broadening the high-risk pools that states use to provide coverage for some of their uninsured residents. "I would rather go that route than mandate that health insurance companies under any condition would have to accept a certain level of patients. ... One reason is that we have seen in the past that [insurance companies] have a great ability to game the system."

The senator said in an interview that he favors reforms to the malpractice system. "I would like to see that any medical provider or doctor who stayed within medical guidelines would then not be sued." ■

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SEN. MCCAIN

POLICY & PRACTICE

ED Visits by Elderly Increase

The number of emergency department visits among elderly persons could almost double from 6 million in 2003 to almost 12 million by 2013, according to an analysis using National Hospital Ambulatory Medical Care Survey data from 1993 to 2003. The overall rate of admission in patients aged 65-74 years increased 34% during the study period (Ann. Emerg. Med. 2007 Dec. 7 [Epub doi:10.1016/j.annemerg med. 2007.09.011]). The visit rate for elderly blacks rose 90% but did not increase significantly for other races. Researchers used admission rate and number of medications administered to gauge the acuity of the visit and found the absolute admission rate increased as did the number of visits in which three or more medications were given, suggesting "older Americans are having more true emergencies, rather than using the ED for convenience." The authors added that, given the aging population, policy makers need to be mindful that ignoring the trend will result in a "serious increase in the problem of ED crowding."

Center Takes on Nursing Shortage

A new think tank will address the burgeoning nursing shortage and its impact on patient care. The Center to Champion Nursing in America will focus on increasing funding for nursing education, expanding nurse representation on hospital boards, and informing policy makers and the public about the profession. The shortage is projected to hit 1.1 million by 2020, according to a statement from the Robert Wood Johnson Foundation, which gave the AARP a grant to establish the center. A study in 2005 by the foundation and Harvard School of Public Health, Boston, found that 60% of Americans considered a shortage of nurses a major factor in poor care in hospitals, two-thirds cited nurses' working conditions as a reason for poor-quality care, and 80% said nursing quality affected their choice of hospital. "If we are going to improve the quality of hospital care and nursing care, we need to find ways to fill the pipeline," said Dr. Risa Lavizzomourey, RWJF president and CEO.

DEA Accused of Electronic Stalling

The Drug Enforcement Administration, which prosecutes crimes involving illicit use of controlled substances, has been criticized for stalling implementation of a national electronic prescribing system for controlled substances. At a Senate Judiciary Committee hearing on e-prescribing, Sen. Sheldon Whitehouse (D-RI) cited the DEA's tardiness in developing regulations for such a system and its reluctance to commit to a deadline for completing the regulations as the main reasons. Currently, doctors write prescriptions for controlled substances but can prescribe noncontrolled substances electronically, though most doctors use a "pen-and-paper regime" for all prescriptions, said Sen. Whitehouse, who argued that e-prescribing for all medications could save as much as \$20

billion a year. Joseph T. Rannazzisi, a deputy assistant administrator for the DEA, told the committee that the agency is concerned an electronic system would be susceptible to abuse.

FDA Can't Fulfill Mission

Three members of the Food and Drug Administration's Science Board issued a damning report on the state of the agency, saying that it "suffers from serious scientific deficiencies and is not positioned to meet current or emerging regulatory responsibilities." The authors wrote that the agency has become unable to fulfill its mission because of the increasing demands and a lack of resources, meaning that "American lives are at risk," adding that the agency needs "substantial and sustained additional appropriations." The report was written by Gail Cassell, Ph.D., vice president of scientific affairs at Eli Lilly & Co.; Dr. Allen D. Roses, the Jefferson Pilot Corp. Professor of Neurobiology and Genetics at Duke University, Durham, N.C.; and Dr. Barbara J. McNeil, head of the health care policy department at Harvard Medical School, Boston.

Access Reduced by Cost

Forty million Americans can't get access to needed health care, and 20% said the main reason was because they could not afford the services, according to a December report by the Centers for Disease Control and Prevention. "Health, United States," 2007, is a compilation of pertinent data gathered by the CDC's National Center for Health Statistics. According to the report, in 2005, 1 in 10 people aged 18-64 years had not been able to get prescription drugs in the past year because of the cost. Another 10% said they had delayed necessary medical care because of cost issues. The report also found that 30% of 18- to 24-year-olds were uninsured, and another 30% of that age group did not have a usual source of medical care; 10% of 45- to 64-year-olds did not have a usual source of care.

Agency's Approval Plan Flawed

The Food and Drug Administration is considering new guidance that would allow drug companies to use journal articles to promote "potentially dangerous uses" of drugs and medical devices without prior FDA review and approval, according to a top lawmaker. Rep. Henry Waxman (D-Calif.), who chairs the House Committee on Oversight and Government Reform, urged the agency in a letter to reconsider its draft guidance, which the congressman said was nearly finalized. "[It] ... would, in effect, allow drug and device companies to short-circuit FDA review and approval by sponsoring drug trials that are carefully constructed to deliver positive results and then using the results to influence prescribing patterns," he said. "This undercuts the prohibition on marketing of unapproved uses of drugs and devices." He asked the FDA for detailed information on the policy's development.

—Renée Matthews