

McCain Opposes Mandatory Health Insurance

BY JOYCE FRIEDEN
Senior Editor

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, including additional trust funds for Medicaid payments [for people] who need this kind of coverage."



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."

To expand access to health insurance, 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 important thing about the ... refundable tax credit for employees is for 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." And because the tax credit is refundable, low-income Americans who currently pay no taxes will receive a check for the amount of the credit, he noted.

SEN. MCCAIN

When a reporter pointed out that the average cost of a family health insurance policy 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 and that would be obviously something that I would not approve of." 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."

Sen. McCain also said he hoped the tax credit plan would encourage more people to open health savings accounts (HSAs). "I think they are a good idea; I don't think they've been publicized nearly as much as they should be," he said. "Rightly or wrongly, HSAs are viewed by most Americans as something for rich people. But if you can only use that refundable tax credit for purchasing health insurance or HSAs, I think you may see a stimulus in that; at least, I believe that's a strong possibility."

On another front, 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. Right now, it's a lottery for trial lawyers." He is in favor of damage caps, "but more importantly, I've opposed punitive damages. ... Punitive damages are something that I have not supported in anything."

Sen. McCain also noted that although he is against abortion, "after a lot of agonizing thought and consultation, I believe in stem cell research. I think stem cell research holds great promise in addressing some of these terrible afflictions that face our nation and the world, such as Alzheimer's and Parkinson's."

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Medical Ideals Not Always Easy to Live Up to, Survey Shows

BY JOEL B. FINKELSTEIN
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WASHINGTON — Easier said than done. That may be the take-away message from a study that revealed troubling gaps between physicians' attitudes and behavior when it comes to standards of professionalism.

A national survey of 3,500 primary care and specialist physicians found that 95% said physicians should report incompetent or impaired colleagues. However, only 56% of those who had been in a position to do so, in fact, did.

"It's simply not acceptable that bad physicians aren't being reported to the proper authorities," said Dr. James N. Thompson, president and CEO of the Federation of State Medical Boards, at a press briefing to release the findings.

The survey also showed that 92% of physicians thought they should always report medical errors, but 31% admitted to not doing so on at least one occasion.

"Most physicians are trying to do the

right thing, under increasingly difficult circumstances," said Dr. David Blumenthal, director of the Institute for Health Policy at the Massachusetts General Hospital, Boston, and senior author of the study (Ann. Intern. Med. 2007; 147:795-802). Those circumstances include not only financial pressures, but also the seemingly constant threat of lawsuits.

"I'm neither surprised nor disheartened by the study's outcome. It just shows that doctors are people," said Dr. Ari Silver-Isenstadt, a pediatrician at Franklin Square Hospital Center in Baltimore.

For example, while 96% of physicians said that they should put the patients' welfare above their own financial interests, 84% had accepted food or beverages from drug company representatives. Smaller percentages admitted receiving drug samples, admission to CME events, consulting or speaking fees, travel tickets to sporting events and other industry provided perks.

Physicians may feel they are not influ-

enced by such marketing, but even the appearance of a conflict can undermine patient trust.

"It took me awhile to recognize that I am just as vulnerable as any other Joe to advertising, but given my fiduciary responsibility to my patients, I have to be more vigilant," said Dr. Silver-Isenstadt.

Despite everyday obstacles to professionalism, the authors took it as a hopeful sign that physicians have the right attitude.

"We have to create a health care system that is safe for professionalism," said Blumenthal. That is borne out by the work of both national groups and more local ef-

orts, said Dr. Peter Cohen, a retired anesthesiologist who chairs the physicians health program for the Medical Society of the District of Columbia, which steps in when physicians are abusing drugs or alcohol.

"We have hospitals reporting, patients reporting, colleagues reporting. They know that. ... they are doing both the drug-abusing physician and society a favor, because these people do get into treatment and over 90% return to practice," said Dr. Cohen, also an adjunct professor of law at Georgetown University, Washington.

Medical Error Prevention Kits Online

The Agency for Healthcare Research and Quality offers an array of free online tool kits to help doctors, nurses, hospital managers, patients, and others reduce errors. The kits can be adapted to most health care settings. They include checklists to reconcile medica-

tions when patients are discharged from the hospital, kits for preventing hospital-acquired blood clots, and processes for enhancing communication among caregivers and with patients. For a listing of the 17 tool kits, visit AHRQ at www.ahrq.gov/qual/pips.