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Remarks By John McCain On Health Care On Day Two Of The "Call To Action Tour"

April 29, 2008

ARLINGTON, VA -- U.S. Senator John McCain will deliver the following remarks as prepared for delivery at the University of South Florida -- Lee Moffitt Cancer Center & Research Institute, in Tampa, FL, today at 10:00 a.m. EDT:

Thank you. I appreciate the hospitality of the University of South Florida, and this opportunity to meet with you at the Moffitt Cancer Center and Research Institute. Speaker Moffitt, Dr. Dalton, Dean Klasko, thank you for the invitation, and for your years of dedication that have made this a center of hope for cancer victims everywhere. It's good to see some other friends here, including your board member and my friend and former colleague Connie Mack. And my thanks especially to the physicians, administrators, and staff of this wonderful place.

Sometimes in our political debates, America's health-care system is criticized as if it were just one more thing to argue about. Those of you involved in running a research center like this, or managing the children's hospital that I visited yesterday in Miami, might grow a little discouraged at times listening to campaigns debate health care. But I know you never lose sight of the fact that you are each involved in one of the great vocations, doing some of the greatest work there is to be done in this world. Some of the patients you meet here are in the worst hours of their lives, filled with fear and heartache. And the confident presence of a doctor, the kind and skillful attentions of a nurse, or the knowledge that researchers like you are on the case, can be all they have to hold onto. That is a gift only you can give, and you deserve our country's gratitude.

I've had a tour here this morning, and though I can't say I absorbed every detail of the research I certainly understand that you are making dramatic progress in the fight against cancer. With skill, ingenuity, and perseverance, you are turning new technologies against one of the oldest enemies of humanity. In the lives of cancer patients, you are adding decades where once there were only years, and years where once there were only months. You are closing in on the enemy, in all its forms, and one day you and others like you are going to save uncounted lives with a cure for cancer. In all of this, you are showing the medical profession at its most heroic.

In any serious discussion of health care in our nation, this should always be our starting point -- because the goal, after all, is to make the best care available to everyone. We want a system of health care in which everyone can afford and acquire the treatment and preventative care they need, and the peace of mind that comes with knowing they are covered. Health care in America should be affordable by all, not just the wealthy. It should be available to all, and not limited by where you work or how much you make. It should be fair to all; providing help where the need is greatest, and protecting Americans from corporate abuses. And for all the strengths of our health-care system, we know that right now it falls short of this ideal.

Some 47 million individuals, nearly a quarter of them children, have no health insurance at all. Roughly half of these families will receive coverage again with a mother or father's next job, but that doesn't help the other half who will remain uninsured. And it only draws attention to the basic problem that at any given moment there are tens of millions of Americans who lost their health insurance because they lost or left a job.

Another group is known to statisticians as the chronically uninsured. A better description would be that they have been locked out of our health insurance system. Some were simply denied coverage, regardless of need. Some were never offered coverage by their employer, or couldn't afford it. Some make too little on the job to pay for coverage, but too much to qualify for Medicaid or other public programs. There are many different reasons for their situation. But what they all have in common is that if they become ill, or if their condition gets worse, they will be on their own -- something that no one wants to see in this country.

Underlying the many things that trouble our health care system are the fundamental problems of cost and access. Rising costs hurt those who have insurance by making it more expensive to keep. They hurt those who don't have insurance by making it even harder to obtain. Rising health care costs hurt employers and the self-employed alike. And in the end they threaten serious and lasting harm to the entire American economy.

These rising costs are by no means always accompanied by better quality in care or coverage. In many respects the system has remained less reliable, less efficient, more disorganized and prone to error even as it becomes more expensive. It has also become less transparent, in ways we would find unacceptable in any other industry. Most physicians groups and medical providers don't publish their prices, leaving Americans to guess about the cost of care, or else to find out later when they try to make sense of an endless series of "Explanation of Benefits" forms.

There are those who are convinced that the solution is to move closer to a nationalized health care system. They urge universal coverage, with all the tax increases, new mandates, and government regulation that come along with that idea. But in the end this will accomplish one thing only. We will replace the inefficiency, irrationality, and uncontrolled costs of the current system with the inefficiency, irrationality, and uncontrolled costs of a government monopoly. We'll have all the

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problems, and more, of private health care -- rigid rules, long waits and lack of choices, and risk degrading its great strengths and advantages including the innovation and life-saving technology that make American medicine the most advanced in the world.

The key to real reform is to restore control over our health-care system to the patients themselves. Right now, even those with access to health care often have no assurance that it is appropriate care. Too much of the system is built on getting paid just for providing services, regardless of whether those services are necessary or produce quality care and outcomes. American families should only pay for getting the right care: care that is intended to improve and safeguard their health.

When families are informed about medical choices, they are more capable of making their own decisions, less likely to choose the most expensive and often unnecessary options, and are more satisfied with their choices. We took an important step in this direction with the creation of Health Savings Accounts, tax-preferred accounts that are used to pay insurance premiums and other health costs. These accounts put the family in charge of what they pay for. And, as president, I would seek to encourage and expand the benefits of these accounts to more American families.

Americans need new choices beyond those offered in employment-based coverage. Americans want a system built so that wherever you go and wherever you work, your health plan is goes with you. And there is a very straightforward way to achieve this.

Under current law, the federal government gives a tax benefit when employers provide health-insurance coverage to American workers and their families. This benefit doesn't cover the total cost of the health plan, and in reality each worker and family absorbs the rest of the cost in lower wages and diminished benefits. But it provides essential support for insurance coverage. Many workers are perfectly content with this arrangement, and under my reform plan they would be able to keep that coverage. Their employer-provided health plans would be largely untouched and unchanged.

But for every American who wanted it, another option would be available: Every year, they would receive a tax credit directly, with the same cash value of the credits for employees in big companies, in a small business, or self-employed. You simply choose the insurance provider that suits you best. By mail or online, you would then inform the government of your selection. And the money to help pay for your health care would be sent straight to that insurance provider. The health plan you chose would be as good as any that an employer could choose for you. It would be yours and your family's health-care plan, and yours to keep.

The value of that credit -- 2,500 dollars for individuals, 5,000 dollars for families -- would also be enhanced by the greater competition this reform would help create among insurance companies. Millions of Americans would be making their own health-care choices again. Insurance companies could no longer take your business for granted, offering narrow plans with escalating costs. It would help change the whole dynamic of the current system, putting individuals and families back in charge, and forcing companies to respond with better service at lower cost.

It would help extend the advantages of staying with doctors and providers of your choice. When Americans speak of "our doctor," it will mean something again, because they won't have to change from one doctor or one network to the next every time they change employers. They'll have a medical "home" again, dealing with doctors who know and care about them.

These reforms will take time, and critics argue that when my proposed tax credit becomes available it would encourage people to purchase health insurance on the current individual market, while significant weaknesses in the market remain. They worry that Americans with pre-existing conditions could still be denied insurance. Congress took the important step of providing some protection against the exclusion of pre-existing conditions in the Health Insurance Portability and Accountability Act in 1996. I supported that legislation, and nothing in my reforms will change the fact that if you remain employed and insured you will build protection against the cost of treating any pre-existing condition.

Even so, those without prior group coverage and those with pre-existing conditions do have the most difficulty on the individual market, and we need to make sure they get the high-quality coverage they need. I will work tirelessly to address the problem. But I won't create another entitlement program that Washington will let get out of control. Nor will I saddle states with another unfunded mandate. The states have been very active in experimenting with ways to cover the "uninsurables." The State of North Carolina, for example, has an agreement with Blue Cross to act as insurer of "last resort." Over thirty states have some form of "high-risk" pool, and over twenty states have plans that limit premiums charged to people suffering an illness and who have been denied insurance.

As President, I will meet with the governors to solicit their ideas about a best practice model that states can follow -- a Guaranteed Access Plan or GAP that would reflect the best experience of the states. I will work with Congress, the governors, and industry to make sure that it is funded adequately and has the right incentives to reduce costs such as disease management, individual case management, and health and wellness programs. These programs reach out to people who are at risk for different diseases and chronic conditions and provide them with nurse care managers to make sure they receive the proper care and avoid unnecessary treatments and emergency room visits. The details of a Guaranteed Access Plan will be worked out with the collaboration and consent of the states. But, conceptually, federal assistance could be provided to a nonprofit GAP that operated under the direction of a board that included all stakeholders groups -- legislators, insurers, business and medical community representatives, and, most importantly, patients. The board would contract with insurers to cover patients who have been denied insurance and could join with other state plans to enlarge pools and lower overhead costs. There would be reasonable limits on premiums, and assistance would be available for Americans below a certain income level.

This cooperation among states in the purchase of insurance would also be a crucial step in ridding the market of both needless and costly regulations, and the dominance in the market of only a few insurance companies. Right now, there is a different health insurance market for every state. Each one has its own rules and restrictions, and often guarantees inadequate competition among insurance companies. Often these circumstances prevent the best companies, with the best plans and lowest prices, from making their product available to any American who wants it. We need to break down these barriers to competition, innovation and excellence, with the goal of establishing a national market to make the best practices and lowest prices available to every person in every state.

Another source of needless cost and trouble in the health care system comes from the trial bar. Every patient in America must have access to legal remedies in cases of bad medical practice. But this vital principle of law and medicine is not an invitation to endless, frivolous lawsuits from trial lawyers who exploit both patients and physicians alike. We must pass medical liability reform, and those reforms should eliminate lawsuits directed at doctors who follow clinical guidelines and adhere to patient safety protocols. If Senator Obama and Senator Clinton are sincere in their conviction that health care coverage and quality is their first priority, then they will put the needs of patients before the demands of trial lawyers. They can't have it both ways.

We also know from experience that coordinated care -- providers collaborating to produce the best health outcome -- offers better quality and can cost less. We should pay a single bill for high-quality disease care, not an endless series of bills for pre-surgical tests and visits, hospitalization and surgery, and follow-up tests, drugs and office visits. Paying for coordinated care means that every single provider is now united on being responsive to the needs of a single person: the patient. Health information technology will flourish because the market will demand it.

In the same way, clinics, hospitals, doctors, medical technology producers, drug companies and every other provider of health care must be accountable to their patients and their transactions transparent. Americans should have access to information about the performance and safety records of doctors and other health care providers and the quality measures they use. Families, insurance companies, the government -- whoever is paying the bill -- must understand exactly what their care costs and the outcome they received.

Families also place a high value on quickly getting simple care, and have shown a willingness to pay cash to get it. If walk-in clinics in retail outlets are the most convenient, cost-effective way for families to safely meet simple needs, then no policies of government should stand in their way. And if the cheapest way to get high quality care is to use advances in Web technology to allow a doctor to practice across state lines, then let them.

As you know better than I do, the best treatment is early treatment. The best care is preventative care. And by far the best prescription for good health is to steer clear of high-risk behaviors. The most obvious case of all is smoking cigarettes, which still accounts for so much avoidable disease. People make their own choices in this country, but we in government have responsibilities and choices of our own. Most smokers would love to quit but find it hard to do so. We can improve lives and reduce chronic disease through smoking cessation programs. I will work with business and insurance companies to promote the availability and use of these programs.

Smoking is just one cause of chronic diseases that could be avoided or better managed, and the national resources that could be saved by a greater emphasis on preventative care. Chronic conditions -- such as cancer, heart disease, high blood pressure, diabetes and asthma -- account for three-quarters of the nation's annual health-care bill. In so many cases this suffering could be averted by early testing and screening, as in the case of colon and breast cancers. Diabetes and heart disease rates are also increasing today with rise of obesity in the United States, even among children and teenagers. We need to create a "next generation" of chronic disease prevention, early intervention, new treatment models and public health infrastructure. We need to use technology to share information on "best practices" in health care so every physician is up-to-date. We need to adopt new treatment programs and financial incentives to adopt "health habits" for those with the most common conditions such as diabetes and obesity that will improve their quality of life and reduce the costs of their treatment.

Watch your diet, walk thirty or so minutes a day, and take a few other simple precautions, and you won't have to worry about these afflictions. But many of us never quite get around to it, and the wake-up call doesn't come until the ambulance arrives or we're facing a tough diagnosis.

We can make tremendous improvements in the cost of treating chronic disease by using modern information technology to collect information on the practice patterns, costs and effectiveness of physicians. By simply documenting and disseminating information on best practices we can eliminate those costly practices that don't yield corresponding value. By reforming payment systems to focus on payments for best practice and quality outcomes, we will accelerate this important change.

Government programs such as Medicare and Medicaid should lead the way in health care reforms that improve quality and lower costs. Medicare reimbursement now rewards institutions and clinicians who provide more and more complex services. We need to change the way providers are paid to focus their attention more on chronic disease and managing their treatment. This is the most important care for an aging population.

There have been a variety of state-based experiments such as Cash and Counseling or The Program of All-Inclusive Care for the Elderly (PACE) that are different from the inflexible approaches for delivering care to people in the home setting. Seniors are given a monthly allowance that they can use to hire workers and purchase care-related services and goods. They can get help managing their care by designating representatives, such as relatives or friends, to help make decisions. It also offers counseling and bookkeeping services to assist consumers in handling their programmatic responsibilities.

In these approaches, participants were much more likely to have their needs met and be satisfied with their care. Moreover, any concerns about consumers' safety appear misplaced. For every age group in every state, participants were no more likely to suffer care-related health problems.

Government can provide leadership to solve problems, of course. So often it comes down to personal responsibility -- the duty of every adult in America to look after themselves and to safeguard the gift of life. But wise government policy can make preventative care the standard. It can put the best practices of preventative care in action all across our health-care system. Over time that one standard alone, consistently applied in every doctor's office, hospital, and insurance company in America, will save more lives than we could ever count. And every year, it will save many billions of dollars in the health-care economy, making medical care better and medical coverage more affordable for every citizen in this country.

Good health is incentive enough to live well and avoid risks, as we're all reminded now and then when good health is lost. But if anyone ever requires further motivation, they need only visit a place like the Moffitt Center, where all the brilliance

and resourcefulness of humanity are focused on the task of saving lives and relieving suffering. You're an inspiration, and not only to your patients. You're a reminder of all that's good in American health care, and we need that reminder sometimes in Washington. I thank you for your kind attention this morning, I thank you for the heroic work you have done here, and I wish you success in the even greater work that lies ahead.

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