

## Feature Article

**Making a Choice**

Information about John McCain's and Barack Obama's healthcare plans is readily available for nurses to consider before Election Day

By Kate Hartner

The political landscape is vastly different today than it was just a few months ago. Instead of more than a half dozen candidates for U.S. president, the field has narrowed to two: Barack Obama, a Democratic senator from Illinois, and John McCain, a Republican senator from Arizona.

While voters have a simpler choice to make, those who work in healthcare can look to the candidates' plans and find significant differences. In a nutshell, both candidates acknowledge the U.S. healthcare system is broken, i.e., expensive, inefficient and riddled with incongruent care leading to poor quality. Each man, however, seeks a solution by vastly different route.

## Candidates' Proposals

McCain champions choice for healthcare consumers as the best way to bring about change. Patient decision-making control, portability and competition are key elements in his plan, which aims to open the health insurance market.

Those seeking insurance could shop for their own plan, purchasing from anywhere in the country (not just the plan their employer chooses). This could be accomplished by a tax credit (\$2,500 for individuals, \$5,000 for families) given to those seeking coverage. If any extra monies remain, it would be placed in a health savings account (HSA).

The tax breaks currently given to employers or employees for healthcare coverage would be removed under McCain's plan to encourage individual coverage.

The plan, "Straight Talk on Health System Reform," on McCain's Web site ([www.johnmccain.com](http://www.johnmccain.com), click on Issues, then Healthcare) states the following regarding HSAs: "When families are informed about medical choices, they are more capable of making their own decisions and often decide against unnecessary options. HSAs take an important step in the direction of putting families in charge of what they pay for."

## Another Perspective

On the other side of the issue, Obama, who explains the program on his Web site ([www.barackobama.com/issues/healthcare](http://www.barackobama.com/issues/healthcare)), would expand coverage eligibility for a national health plan similar to that which members of Congress utilize.

Under this plan, basic healthcare will be available to all, premiums would be lowered through negotiations with insurance companies, efficiency and quality in care would be reported and monitored, and subsidies provided for those who need assistance.

Employers would be encouraged by Obama to either provide "meaningful" coverage on their own or contribute funds to the national plan. Small businesses, however, are exempt from this requirement and will likely receive a tax credit for providing healthcare to employees. The political landscape is vastly different today than it was just a few months ago. Obama proposes to pay for the national plan by lowering costs for chronic disease management, uncoordinated care and other inefficiencies. He plans to encourage the use of electronic medical records and preventive care. Obama's Web site explains: "Too little is spent on prevention and public health. The nation faces epidemics of obesity and chronic disease as well as new threats of pandemic flu and bioterrorism. Yet, despite all of this, less than 4 cents of every healthcare dollar is spent on prevention and public health."

#### ANA Stance

Neither plan provides universal coverage or a single-payer system, which the American Nurses Association calls for in its Health System Reform Agenda, updated from the 2005 reform policy.

"ANA believes healthcare is a basic human right," the ANA agenda reads. "Thus, ANA reaffirms its support for a restructured healthcare system that ensures universal access to a standard package of essential healthcare services for all citizens and residents. .

"Ultimately, ANA supports a single-payer mechanism as the most desirable option for financing a reformed healthcare system."

#### Better Option?

Charlene Harrington, PhD, RN, professor of sociology and nursing in the Department of Social and Behavioral Sciences at the University of California, San Francisco, agrees the single-payer system is ideal.

"A lot of nurses support single payer. I do, too, but I don't think it's realistic. The public is not ready to go that comprehensive," she said. Given the choices between the candidates, she said she feels Obama's plan is the best option.

"Obama's health plan is quite detailed and seems to make more sense," Harrington said. "Just using tax reductions [like in McCain's plan] doesn't help anybody because they can't pay the premiums."

The differences between the plans seem to be rooted in the difference of the candidates and their assessment of healthcare overall.

"Nurses want to see a comprehensive health plan and McCain is not talking about trying to expand to a comprehensive plan, he's talking about the affordability of coverage," Harrington continued. "Obama talks about the problems of premiums, coverage and small business, and Obama says he would pass legislation that would require insurance companies to take people with pre-existing conditions," she said.

#### Counterpoint

**Genevieve M. Clavreul, PhD, RN**, healthcare management consultant in Pasadena, CA, has a different opinion. She believes McCain's healthcare plan is the best choice.

"We need more transparency in healthcare [like in McCain's plan]; that's one of the things we have to push," **Clavreul** said. "If you went to a store, you wouldn't buy something without knowing the cost, but you go into a hospital and don't know the cost [of healthcare services]." McCain's plan would create that transparency by making information available on treatment options and costs of care.

**Clavreul** supports options that increase patient choice. "I like the principle [McCain champions in his plan] of giving people money to pay for insurance," she added.

She said healthcare should not be seen as a catch-all for services. "We should have coverage for catastrophic injury at an affordable rate," **Clavreul** said. "People expect insurance to pay everything, but car insurance would not pay for an oil change. I think it would really control costs if people were expected to pay out of pocket for visits to the doctor for colds, etc."

Born in France, she has seen a version of socialized medicine in action. A movement toward more government involvement, like in Obama's plan, is something to avoid. "I am totally against socialized medicine because I know it doesn't work," she said, pointing to a heat wave that struck Europe in 2003 and killed thousands who were insured but did not receive basic care. Universal health coverage is also a strain on the economy, **Clavreul** said.

"I think the nurse would see a cut in pay if we went to single payer because the money would not be there," she said.

#### At the Polls

There's no doubt healthcare has gained ground in the 2008 election, ranking third behind the economy and the war in Iraq in a February Kaiser Family Foundation poll. In addition, 3,500 nurses, surveyed between March and June of 2008, ranked healthcare as the top issue in the election. Costs for healthcare also have risen to 16 percent of the GDP in 2007 (or \$2.3 trillion in expenditures) compared to a 3 percent inflation rate, according to the U.S. Department of Health and Human Services, and continue to go up.

Clearly, the impetus for change is upon the healthcare industry.

"A candidate's health plan has to have some direction in terms of lowering cost, expanding coverage and access," said Robin Remsburg, PhD, APRN-BC, FAAN, director of the School of Nursing and associate dean of the College of Health and Human Services at George Mason University, Washington, DC. "Whatever they do, nursing has got to be involved and know what's going on."

"Either way [the election goes] nurses are going to have to help translate that to the care patients are getting," Remsburg said. "There are four areas nurses should be looking for [when choosing a candidate]: what they say about patient care, chronic illness, disease management and care coordination."

These elements will directly affect nursing practice and what is funded or reimbursed. For instance, "care coordination has huge implications for nurses and what they do to improve the care for the chronically ill, which is currently not covered," Remsburg said. There is also not much reimbursement currently for preventive care in either candidate's plan, she added.

"The candidates have talked about quality outcomes and transparency. I don't know how they are going to achieve that, but nurses have got to be involved in defining quality - payers, providers, patients and families all have different perspectives. We also need to continue to understand how nursing affects outcomes," Remsburg said.

"There are some missing elements," she continued. "Neither [candidate's plan] addresses the population growth and the huge burden that will create. It's a little disconcerting neither one is talking about that. And neither one is talking about the aging workforce."

#### Get Out the Vote

Overall, Remsburg sees a "need for simplification of healthcare. Anything along those lines would be a relief to healthcare providers and patients," she said. "I don't know if we are ready for a national healthcare insurance plan, but I think nurses certainly believe everyone is entitled to healthcare.

"Nurses know what the issues are. They ought to be speaking to representatives when they have the opportunity," she added. "They know better than anyone what's broken and how to fix it."

Kate Hartner is a former senior associate editor at ADVANCE.