THE MCCAIN HEALTH CARE PLAN: PUTTING THE INTERESTS OF INSURANCE COMPANIES AHEAD OF AMERICAN FAMILIES

Middle class families know that our health care system works better for insurance companies than working Americans. Since President Bush has taken office, health care costs have risen 3.7 times faster than average wages, and 45 million Americans lack health insurance today.¹ Rather than standing up to health insurance companies to reduce health care costs, John McCain’s plan would tax employee health care benefits for the first time, send individual health care tax credits directly to insurance companies, and give even more power to the insurance industry.

John McCain’s plan starts with taxing the employer-based health insurance benefits for the first time that nearly 160 million Americans rely on for coverage.² Expert analysis has found that while some individuals would benefit from the health care tax credits offered by McCain, the added tax would mean that 20 million Americans would lose their health insurance benefits.

The McCain plan also undermines state-level insurance protections by deregulating the insurance industry and allowing insurance companies to sell policies across state lines. John McCain has promised to get rid of the “worst excesses of state-based regulation” – which for families across the country means limits on insurance company discrimination against American families, access to lifesaving preventive care, and coverage of essential services for people with diabetes, mental illness and children with hearing issues. Instead of families buying only insurance that meets their state insurance guidelines, under the McCain plan, insurance companies would be able to escape state protections and sell insurance from states that have less health care protections for their families.

Under the McCain plan, these important protections for Americans would be at risk:

Mandatory External Review of Insurance Company Decisions. 44 states and the District of Columbia protect the right of individuals to have insurance company denials of coverage or care reviewed by an independent agency.³
**Banned Insurance Company Payments to Doctors for Withholding Covered Care.** 32 states ban the practice of insurance companies on the individual market providing financial incentives to doctors for withholding covered care. John McCain’s plan would undermine this basic protection, even though he even sponsored a Patient’s Bill of Rights in 2001 that would ban this practice across the country.¹

**Coverage of Breast and Cervical Cancer Screenings.** 49 states and the District of Columbia require insurance companies to cover breast cancer screenings and 28 states and the District of Columbia require coverage of cervical cancer screenings.²

*Yellow denotes states that cover only breast cancer screenings, and red denotes states that cover both.*
Mandatory Coverage of Vaccinations. 29 states and the District of Columbia require insurance companies to cover childhood vaccinations. Under John McCain’s plan, insurance companies could avoid covering childhood vaccinations in the name of cutting costs.

Coverage of Diabetes Care. 45 states and the District of Columbia require insurance companies to cover diabetes care and education. 8 percent of Americans battle diabetes every day, and John McCain’s plan would make it harder for individuals to obtain the support they need to control this chronic disease.
**Ability of Women to Access Their OB-GYN Without a Specific Referral.** 36 states and the District of Columbia, allow women to access routine OB-GYN services without prior referral from their primary care provider. And 22 states and the District of Columbia, allow women to choose their OB-GYN as their primary care provider. Although Senator McCain’s 2001 Patient’s Bill of Rights proposal would have guaranteed these protections for women across the country, his presidential campaign proposal would allow insurance companies to avoid this important regulation.

*Red denotes direct access to OB-GYNs and OB-GYNs as primary care provider, yellow denotes states that allow direct access to OB-GYNs, green denotes states that allow OB-GYNS to be primary care providers.*

**Access to Lifesaving Clinical Cancer Trials.** Today, less than five percent of patients with cancer participate in clinical trials, despite their importance in advancing cancer research and development of effective new treatments. 25 states seek to ensure more patients have access to these important treatments by requiring insurance companies to cover routine costs in many types of clinical trials.
**Ensure Continuity of Care.** 37 states and the District of Columbia allow at least some patients to continue to receive care from their doctor, even if the doctor has been removed from the insurance plan.\(^{15}\) This basic protection ensures that pregnant women or people with terminal illness in many states are able to rely on the doctor they know and trust. John McCain’s plan would allow insurance companies to avoid this regulation, and potentially force individuals to see new doctors in times of need.

**Easy Access to Ongoing Care from a Specialist.** 26 states and the District of Columbia require insurance companies on the individual market to provide coverage for specialist care, without prior individual approval, for patients who require ongoing treatments from specialists.\(^{16}\) McCain’s plan would allow insurance companies to avoid this protection, and create more red tape from patients suffering from chronic diseases.
Mental Health Coverage. 43 states and the District of Columbia require insurance companies to cover at least some mental health services.\footnote{Kaiser State Health Facts, March 2008, http://www.statehealthfacts.org/comparetable.jsp?ind=368&cat=7}