

Candidates' health plans reflect differing visions: The proper role of government

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Campaign prescriptions to reform the U.S. health-care system, as outlined by presidential candidates John McCain and Barack Obama, reflect their contrasting views on the proper role of government.

Individual Christians' views on which plan more closely reflects biblical principles of justice and charity—and whether either will work at all—may depend on how they view the proper role of government.

One thing is certain: like the industry they seek to reform, the proposals of both of the White House hopefuls are massive and complex.

McCain's plan focuses on using market forces to drive down health-care costs, thereby shrinking the number of Americans who do not have health insurance by several million.

Obama envisions a stronger government role in expanding access to health insurance for the working poor, as well as placing more responsibility on consumers, the insurance industry and employers for reforming the system.

"Without question, there are two distinct approaches on display by McCain and Obama," said Kevin Schmiesing, a research fellow with the Acton Institute, in an e-mail interview. The Michigan-based institute is a Christian think tank that generally favors free-market views.

"To their credit, both recognize that no single element of reform is going to save the day; instead, the platform of each contains a number of reform proposals operating on a number of different fronts," Schmiesing said.

“Both recognize the need to control costs, to address the problem of the uninsured and to improve the quality of delivery. Yet McCain’s proposals, on the whole, are striving for a system characterized by more competition, more choice and more freedom, while Obama’s tend toward greater government intervention.”

The Republican senator from Arizona would give an annual tax credit of \$2,500 to individuals and \$5,000 to families. The funds would go to purchase health insurance. Any funds left over after insurance is purchased could be deposited in health-savings accounts to reimburse taxpayers for any deductibles or other noncovered health expenses. [To fund the tax credit, the McCain plan would raise \$3.6 trillion over ten years by treating employer-paid health benefits as taxable income.]

McCain aims to reduce the cost of insurance with several incentives—such as allowing insurers to sell their products across state lines—that would increase competition and consumer choice.

The plan of the Democratic senator from Illinois focuses more on a mixture of market reforms and government subsidies, aiming to reduce the number of uninsured Americans far more dramatically. It would expand the State Children’s Health Insurance Program (SCHIP) to increase the number of children from lower-middle-class families who would be eligible. It also would expand Medicaid.

Obama’s plan would help people who are self-employed and those who are not covered by their employers but earn too much for SCHIP or Medicaid by making available affordable coverage similar to that offered to members of Congress.

Finally, Obama’s plan would create a National Health Insurance Exchange for private insurers. Insurers participating in the exchange would have to meet certain standards for deductibles and services, could not turn away customers with preexisting conditions and would be regulated in other ways by the government.

Schmiesing prefers McCain’s plan because he distrusts government’s ability to improve the situation through subsidies and regulation. The core of the problem with the current health-care system, he asserted, is that it is overused.

“People need to be encouraged to consume just the amount of health care they really need—or can personally afford—and not any more,” he said. “This is what we naturally do in every other area of our lives. This can only be accomplished by returning responsibility for payment directly to the consumer—not routing it through

a third party, be that an employer or a government.”

But critics of the free-market approach to the health-care crisis have argued that health care is not like other goods and services. “The commodity-based approach to health care is fundamentally flawed,” says the Human Right to Health Program, a coalition that advocates for universal health care.

“It restricts access to health care to those who can afford to buy it and assumes that prices will be reasonable because supply and demand are linked,” says the coalition’s position paper. “With most products, consumers limit their demand based on price. But in the case of health care, demand is not price sensitive. When you are sick you don’t have a choice.”

Schmiesing acknowledged that McCain’s plan would give fewer people access to affordable, high-quality health care. But he said churches and other private organizations should make up the difference. “Some people on the margins of society will simply never be able to afford the level of health care that they need,” he said.

One person who agrees is Scott Morris, a physician and United Methodist minister who founded the Church Health Center in Memphis, Tennessee, in 1987.

The ecumenical organization operates a clinic that serves about 36,000 patients a year in one of the nation’s poorest metropolitan areas. It aims its services at the working poor, and it couples clinical care with programs that use faith communities as vehicles for encouraging better health practices among vulnerable populations.

Morris thinks that neither candidate’s plan is likely to make it intact through Congress, regardless of which party is in charge. “The politics of it is brutal, and poor people have very little power in this mix,” he said. “Somebody has to foot the bill. Health care in America is very expensive.” *—Robert Marus, ABP*