



Worse for Women

An Analysis of the Effects Senator McCain's Health Plan Would Have on Women's Access to Health Care

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September 2008

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Introduction and summary

Senator John McCain's health plan would drastically restructure America's health care system, with especially devastating effects on women. The health plan of the Arizona senator and Republican presidential nominee would dangerously destabilize the employer-based health insurance system upon which 160 million non-elderly Americans rely for their health care, steering them instead toward the individual market where basic medical needs often are not covered.

Tens of millions of women would be at risk of losing their current insurance coverage even though they use health care services more frequently than men, suffer chronic illness more often than men, and require maternity care and other reproductive health services. Specifically, under the McCain health plan:

- More than 59 million women who receive their health insurance through their job, or their spouse's job, are at risk of losing that insurance¹
- More than 30 million women with employer-sponsored health insurance who suffer from a chronic condition could lose their coverage, find it harder to obtain coverage, or have to purchase supplemental insurance to cover their chronic condition

In addition, Sen. McCain's health plan would erode important state requirements aimed specifically at protecting women's access to some of their most basic health needs. By permitting plans to cherry-pick their state of residence as well as enabling plans to sell policies without regard to state insurance rules through so-called "association health plans," Sen. McCain's plan would encourage insurers to eliminate coverage of basic health services. These state requirements include:

- **Twenty-nine states** require cervical cancer and Human Papillomavirus screening
- **Sixteen states** require coverage of the HPV vaccine
- **Thirty-one states** require comprehensive drug benefit plans to include contraception
- **Twenty-one states** require coverage of maternity care
- **Forty-nine states** require breast reconstruction

Depending on where a woman lives, the state protections at risk include:

- Direct access to obstetricians/gynecologists
- Annual breast, ovarian, and cervical cancer screening
- Sexually transmitted infection screening
- Prohibitions on gender-based premium rating

- Limited definitions of pre-existing conditions that prevent surgeries like Caesarean sections from limiting women's coverage

Rather than giving women more control over their health care decisions, as Sen. McCain promises to do, his health plan would take away women's ability to access critical health care services.

This is not to say that the current U.S. health insurance system provides the best health coverage to women. Millions of American women are thoroughly familiar with the inadequacies of the current employer-based health care system. Women are more likely to experience interruptions to their employment and to work part-time, often due to increased caregiving duties, and are therefore less likely to have employer-sponsored health insurance.

Women are also more likely to be covered by a spouse or partner's employer-spon-

sored health plan, making their health care coverage vulnerable during times of divorce, retirement, death, or other disruptions. And more women than men work for small businesses that do not offer health insurance to their employees.²

Indeed, our current health care system is broken and needs immediate attention, as the Center for American Progress detailed in its 2005 proposal, and as Planned Parenthood Federation of America outlines in its forthcoming plan. Both of these progressive plans build upon existing state and federal health care protections to offer affordable health coverage to all Americans. But under the guise of "reform," the McCain health plan instead erodes existing avenues for accessing affordable coverage and current health care protections. Instead of providing people with the tools they need to manage their health care decisions, the McCain plan would cut off options that currently exist and would leave people—especially women—worse off than before.

Why women have more at stake under a McCain health plan

- Women are more frequent users of health care services than men
- Women tend to have higher out-of-pocket medical expenses than men
- Women are more likely to be on prescription medication, like hormonal contraception
- Women suffer from chronic illnesses more often than men
- Women are more likely than men to experience certain mental health problems, like anxiety and depression
- Women are more likely to make health care decisions for their families
- Because women are, on average, paid less than men, they are less able to afford premium hikes, larger co-pays, or supplemental coverage
- Women are less likely to benefit from Health Savings Accounts, due to their lower incomes and the decreased likelihood of receiving employer contributions

Over the years, policymakers on the federal and state level, as well as large employers, have provided significant health insurance protections in the group market that provide health security to millions of Americans. States have also enacted a range of consumer protections in the small group and individual markets, although these protections are typically less comprehensive.

States began enacting these laws as insurance companies looked for ways to avoid paying for care. Consumer coverage protections vary by state and may include requirements to cover specific services, prohibitions against denial or revocation of coverage based on health status, limits on excluding coverage for

pre-existing conditions, and outside review of insurance company disputes.

Under the McCain plan, employer incentives to provide coverage in the group market would erode, while consumer protections in the individual market would be gutted, allowing health insurers to do what they've sought to do for decades—pick and choose who they will insure, avoiding high-risk individuals and costly health conditions. In short, Sen. McCain's plan seeks to maximize the profits of health insurance companies, not maximize health insurance coverage for Americans—especially women. We detail how the McCain plan harms women in the pages that follow.

Current protections

People buy health insurance to cover their basic health care needs, and they expect the plans they purchase to cover their basic health care. Unfortunately, many states must mandate coverage of life-saving screenings and treatments because insurance companies would rather not cover these services. Women in particular rely on state coverage protections for access to many essential services, including:

- Cervical cancer and Human Papillomavirus screening—mandated in 29 states
- Contraceptives—mandated in 31 states
- Maternity care—mandated in 21 states
- HPV vaccine—mandated in 16 states
- Breast reconstruction—mandated in 49 states³

Another insurance industry strategy to reduce the likelihood of attracting high-cost enrollees is to restrict coverage for so-called pre-existing conditions. Some plans, for example, will not cover cancer treatment for women with a history of breast cancer, or heart attacks for women with heart disease. Other plans may charge excessively high premiums to cover these services.

Health plans use a variety of approaches to ensure that they do not enroll people with expensive health care problems in the first place, or to avoid paying for their health care needs if they do offer them coverage. Pre-existing condition exclusions enable an insurer to exclude coverage for a particular medical condition for a limited period of time. “Elimination riders” enable insurers to exclude coverage for a specific condition or body part permanently or for an extended period of time. And another common practice, post-claims underwriting, enables an insurer to investigate a particular claim to determine whether the condition existed before the insurance policy was issued.

Twenty-nine states limit pre-existing condition exclusions to one year or less, so that women with heart disease, for instance, cannot be denied care for heart attacks indefinitely. Eighteen states also regulate what qualifies as a pre-existing condition.⁴ This type of regulation limits the definition of pre-existing conditions to those diagnosed by a health care provider, rather than conjured up by health insurance underwriters, and prohibits insurance companies from denying coverage for undiagnosed conditions even if people “should have known” or suspected that they had the condition.

With some insurance companies outright denying coverage to up to 40 percent of applicants (based on risk factors that may include job and hobbies), five states have taken steps to require that companies issue insurance coverage to anyone who applies (known as “guaranteed issue”).⁵ These states protect coverage for women who give birth by Caesarean section, for example. In some states, these women can be denied coverage, due to the increased odds that they will need another Caesarean if they give birth again.⁶

Other common health conditions that may trigger an outright denial of coverage include diabetes and high blood pressure. In guaranteed-issue states, women with chronic conditions and women of childbearing age have significantly better access to health insurance.

Sen. McCain’s health plan would undo these protections, leaving women in particular at the mercy of health insurers with an eye solely on the bottom line, as we detail in the pages that follow.

The McCain health plan

Sen. McCain's health plan envisions three major changes to the existing health care system. His plan would replace the current tax exclusion for employer-provided health coverage with a refundable tax credit of \$2,500 for individuals and \$5,000 for families to be used for the purchase of health coverage. His plan would permit health insurers to sell policies in any state but abide only by the regulatory structure of the state in which they choose to base themselves. And his plan would encourage new arrangements for purchasing insurance, such as voluntary associations, churches, and professional groups.

Additional policy changes in McCain's plan include encouraging further use of health savings accounts, or HSAs, a tax-preferred account for health expenses typically paired with a high-deductible insurance plan, providing states with greater flexibility to use private insurance within the Medicaid program, and providing additional federal funding to state high-risk pools. Taken together, these proposals represent a radical restructuring of the American health care system.

Today, approximately 60 percent of non-elderly Americans receive their health coverage through an employer-provided health insurance policy.⁷ The McCain plan would undermine this bedrock of the current health coverage system, steering Americans to the individual market and threatening the stability of the employer-based health insurance system. Individuals would pay income taxes and possibly payroll taxes on the value of the employer contribution to their health insurance and receive instead a one-size-fits-all tax credit—essentially a voucher—that could be used to purchase coverage individually or through an employer.

Healthy individuals and families would be likely to find lower-cost (although not necessarily equivalent) coverage in the individual market, while older and sicker employees and their families would be more likely to remain with an employer plan. Employers, who are already struggling with health care premium increases, would therefore be left with a more expensive population to insure. Many employers, faced with a more expensive risk pool and fewer incentives to provide coverage, may stop offering coverage altogether.

According to a recent analysis by the Tax Policy Center, this approach would cause 20 million people to lose employer-sponsored coverage over 10 years.⁸ This would leave millions of Americans with expensive health conditions to seek coverage in the individual insurance market. Moreover, Sen. McCain's \$2,500 individual tax credit and \$5,000

family tax credit would fail to keep up with the rising cost of health care, since the credit is pegged to the overall inflation rate, rather than increases in health care premiums. Initial coverage gains would thus be lost over time as the tax credits lose their value.

Today, within the boundaries established by state insurance regulations, insurers in the individual market rely on medical underwriting and other exclusionary practices to avoid covering people who are likely to need expensive services. In some states, insurers may deny coverage altogether for people with pre-existing conditions. In many others, insurers may permanently exclude coverage for an applicant's known or suspected health problem, and in some cases may retroactively cancel coverage if the enrollee turns out to have a health problem that was not discovered prior to selling them a policy.⁹

Sen. McCain's plan would do nothing to improve individuals' access to insurance plans within the individual market. Instead, his plan would exacerbate the problem by creating a "national marketplace" for health insurance, which would enable insurers to locate in states with nominal market regulations and do business according to these minimal rules—even while selling policies in states with significant consumer protections. This means that individuals who live in states that guarantee a right to purchase coverage, limit or prohibit pre-existing condition exclusions, and limit the degree to which insurers can increase premiums for sicker applicants, could still be subject to these practices.

With these changes, the McCain plan would enable insurance companies to cut essential benefits such as contraceptives,

Pap smears, and maternity care from their health plans; to charge more for access to these types of essential services; and to deny individuals coverage that will meet their needs.

Sen. McCain's plan would also affect individuals and families who receive their coverage through small employers. Almost half of uninsured Americans work for, or are dependents of employees who work for, small businesses.¹⁰ Sen. McCain's plan to enable insurers to sell policies across state lines would affect not only individuals and families seeking coverage in the individual market, but also the state-level insurance regulations that currently protect small businesses and their employees.

He would also create associations or organizations through which small businesses and self-employed individuals can purchase insurance, which in theory would allow small businesses to band together, spread risk among more individuals, and use their bargaining power to purchase health insurance for their employees and dependents, presumably at a lower rate than they otherwise could obtain on the small group or individual market, respectively. This proposal is substantially similar to legislation introduced in the Congress over the past few years, with support from Sen. McCain, to establish association health plans or small-business health plans, which would be able to purchase insurance in a deregulated small group market.¹¹

These plans would be exempted from a large body of insurance laws and regulations regarding mandated benefits, consumer protections, grievance and appeals procedures, prohibitions on discrimination, and fair marketing practices.¹² These so-called Association Health Plans, or

AHPs, could bifurcate the small group insurance market, offering well-priced coverage to businesses with young and healthy employees, but charging exorbitant premiums to older and sicker groups. Ultimately, insurance coverage for small businesses left in the state-regulated market would become more unstable and less affordable over time, threatening both insurance carriers' viability in the state-regulated small group market and the coverage utilized by millions of Americans.¹³

A Mercer Risk, Finance and Insurance Consulting study analyzing the impact of AHPs on premiums found that health insurance premiums would increase by 23 percent for small employers that continued to purchase coverage in a state-regulated market.¹⁴ The small group market simply could not sustain such premium hikes and continue to offer meaningful, comprehensive coverage to small business employees.

Finally, the McCain plan would result in a greater proportion of health care costs being born by individuals and families. Because policies sold in the individual market typically feature less comprehensive benefits and higher cost-sharing

requirements than policies sold in the large-group market, individuals and families who enroll in these plans will find themselves paying a greater share of their overall health care spending.¹⁶

To the degree that the McCain plan also encourages greater use of health savings accounts, and the high-deductible plans they are paired with, this costly dynamic will only accelerate. HSAs allow individuals to save money for their out-of-pocket medical expenses. These contributions are tax deductible and earnings accrue tax-free so long as they are used for qualifying medical expenses. Under McCain's plan for health insurance, those who spend less on their health insurance than the proposed tax credit can deposit any remaining balance into their HSAs. But by encouraging greater use of HSAs, McCain transfers financial risks related to chronic illness and other costly health conditions to individuals and families.

Sen. McCain's health plan, considered in its entirety, could propel large and small businesses to toss their employees into the individual health insurance market but fail to provide enough tax savings to enable individuals and families to pur-

Sources of private coverage

The private health insurance market relies on two sources of coverage—group coverage and individual coverage. In 2006, 60 percent of non-elderly Americans had group coverage through an employer, while approximately 5 percent purchased coverage themselves in the individual market. Within the group market, large employers often “self-fund,” while small employers typically purchase coverage from a licensed insurer or HMO. Self-funded employers are exempt from state benefit mandate requirements or premium rating rules, but small employers—typically those with 50 or fewer workers—generally purchase policies that must be compliant with state insurance law. Policies sold in the individual market must also comply with state insurance rules, but state-level protections in the small-group market are often more comprehensive than those governing the individual market.¹⁵

chase adequate health insurance—or to guarantee that they could find coverage at all. In addition, insurance companies could limit their financial exposure by reducing the scope of coverage they offer while charging more for that coverage. Individuals and families with modest incomes, ongoing health problems, and basic health needs would be left on their own. For women, consequences would be particularly devastating.

30 million women with chronic illness could be harmed by a move to the individual insurance market

The McCain plan threatens the adequacy and availability of health coverage for all people with chronic illness as it shifts Americans from employer coverage into the individual market. This wholesale switch is particularly problematic for women. Women suffer more from chronic health problems—nearly 4 in 10 women have a chronic condition that requires ongoing medical attention, compared with 30 percent of men.¹⁷

More specifically, more than 30 million women with employer-sponsored health coverage have at least one chronic condition.¹⁸ These women, whose conditions range from high blood pressure and heart disease to diabetes and a previous cancer diagnosis, are most threatened by Sen. McCain's effort to eviscerate the employer-based insurance system. They are more likely to be charged higher-than-average premiums—even if they have had continuous insurance coverage—and more likely to face significant limits on their health benefits. The McCain plan puts them at real risk of becoming uninsured or underinsured.

Sen. McCain has proposed new federal funding for “Guaranteed Access Plans” to provide a safety net for people with chronic illness who would be forced to seek coverage in the individual insurance markets. The details of this proposal are sketchy, but it appears to be modeled on the existing high-risk pools operated by many states. These pools currently provide coverage to roughly 200,000 individuals—falling far short of the 30 million women who may need to seek coverage through this alternative.

These pools offer coverage to people who are “medically uninsurable,” but at a price. Premiums typically range between 125 and 200 percent of standard market rates, with significant deductibles and cost-sharing, and benefits are often limited. Sometimes, the condition that makes an individual “medically uninsurable” is subject to a pre-existing condition exclusion in the high-risk pool—meaning that the condition that makes someone turn to the high-risk pool will still not be covered. And benefits that are standard in employer plans, particularly those important to women, are often limited as well in the high-risk pool. The Mississippi high-risk pool, for example, completely excludes maternity coverage, while other states cover only “major complications” or require enrollees to purchase an additional maternity rider.¹⁹

Women would be harmed by the loss of consumer protections

Under the McCain plan, women's access to essential health care would be in jeopardy. His health plan would dramatically dilute the protections enacted by many states to ensure adequate health care coverage for their residents. His proposal to

establish a national marketplace for health insurance would effectively deregulate the individual and small group insurance markets and remove consumer coverage protections, thus reducing women's access to health insurance and health care services. The McCain plan would also limit protections against denial-of-coverage practices, higher premiums, or exclusion of certain benefits based on gender, age, job status, and health by health insurers.

Insurance companies could sell plans across the country that deny coverage altogether to high-cost cases, impose pre-existing condition exclusions, and exclude the services women need. Healthier individuals, regardless of their state of residence, could move to cheaper (albeit less comprehensive) plans based in states with fewer protections. Plans based in states with more rigorous insurance regulations would be left with sicker, more expensive patients—and higher rates.

In the end, many women of childbearing age, women with chronic conditions, and women with other health problems would lose access to coverage and care. More than 20 percent of women in fair or poor health are already without access to health insurance.²⁰ If McCain's plan is implemented, more women could face these same access barriers.

McCain's proposal to deregulate the individual and small group insurance markets would exacerbate the growing underinsurance problem. As of 2007, an estimated 25 million insured people between ages 19 and 64 were underinsured—a 60 percent increase over 2003.²¹ When essential preventive health care is not covered, and individuals do not have cash on hand to pay for care out-of-pocket, then needed services may be

delayed and care will ultimately become more expensive. The cost for one year of the popular oral contraceptive Ortho Tri-Cyclen Lo, for example, is \$672,²² while the cost of pregnancy care and delivery is significantly higher—an uncomplicated pregnancy may cost over \$9,500, while the cost for a pregnancy with complications can run over \$200,000.²³

There are 43 million women of reproductive age in the United States who are currently sexually active, but do not wish to become pregnant. Ensuring access to basic birth control would have a huge impact on women's health and income security, as well as significantly decrease the need for abortion. Today, 31 states have mandated coverage of contraception when other prescription drugs are covered.

In the case of cervical cancer, screening can reduce the number of new cases and the number of resulting deaths by 80 percent.²⁴ Yet in 2005, approximately 13 million women reported not having a Pap test during the last three years.²⁵ Twenty-nine states now mandate coverage of cervical cancer and HPV screening, and many states are moving to require coverage of the HPV vaccine as well, since nearly all cases of cervical cancer are associated with HPV.²⁶ In 2008, an estimated 11,000 new cases of cervical cancer will be diagnosed.²⁷ Coverage for screening services means that cancer can be detected earlier, leading to increased survival rates and potentially lower treatment costs. But Sen. McCain's plan would ultimately make it more difficult for women to access preventive Pap tests, vaccines, and cervical cancer treatment.

Moreover, under McCain's proposal millions of American women would have to fend for themselves for breast and cervi-

cal cancer screening, well-child care and immunizations, contraception, emergency services, diabetes supplies, and mental health services, among other important health care services. The reason: more individuals would be subject to benefit packages that are not comprehensive, do not meet their needs now or in the future, and result in higher out-of-pocket costs.

Sen. McCain's proposal to deregulate the individual and small group insurance markets would disproportionately harm women for a number of reasons. For example, more women than men work for small businesses that do not offer coverage—and those without another source of employer-sponsored coverage must purchase health insurance on their own. And women typically earn less money than men—among full-time workers, women earn only 78 cents for every dollar that men earn—and already pay higher out-of-pocket costs than men as a share of their income.²⁸ Accordingly, women would have a harder time supplementing stripped-down benefit plans with additional coverage or having to pay more cost-sharing to obtain basic health care services.

Sen. McCain's proposal would be especially harmful to women because they typically use more health care services than men. Women's reproductive health needs require them to get more frequent examinations and use more prescription drugs, such as contraception, than men.²⁹ They are also more likely than men to have a chronic condition requiring ongoing treatment.³⁰

In addition, women are more likely to experience certain mental health problems, including anxiety and depression, at higher rates than men.³¹ Under Sen. McCain's plan, insurers or AHPs would

not have to accept all applicants in the individual market, nor all small businesses, so women who purchase their own coverage may have difficulty finding an affordable policy, while companies with “more women, who use more services, or with sicker individuals may be left out or charged unaffordable premiums.”³²

Women will be especially hit hard by a deregulated insurance market because so many state-benefit protections and provider-access guarantees were enacted as a result of differences in the way women use the health care system and their health care needs. Dozens of state laws have been enacted that protect and improve women's health, including those that guarantee direct access to obstetricians and gynecologists, protect women from discrimination by requiring health plans to include contraceptive coverage in an otherwise comprehensive drug benefit, provide coverage for annual breast, ovarian, and cervical cancer screening, as well as sexually transmitted infections screenings, and prevent premium rating based on gender. Sen. McCain's proposal would eliminate these and other protections that have helped women get the health care they need and the fair treatment they deserve.

Women would be harmed by widespread adoption of health savings accounts

The McCain plan promotes HSAs as a strategy for reducing our nation's health care costs, but there is little evidence to support these promises. Since HSAs were established in 2003, enrollment has grown but the overall impact on health care costs is minimal. Healthier and wealthier individuals have benefited

most from these plans as HSAs provide the biggest tax benefits to higher-income individuals who can use these accounts as a tax-preferred savings vehicle. In 2005, the average income of those utilizing HSAs was around \$139,000.³³

In order to open an HSA, an individual or family must be enrolled in a high-deductible health plan, or HDHP in insurance parlance, with a minimum deductible of \$1,100 for an individual or \$2,200 for a family.³⁴ Nearly half of those holding a HDHP have not opened an HSA—often because they cannot afford it.³⁵ While employers may contribute to their employees' HSAs, many do not. A 2007 survey found that nearly half of small and large employers offering HSA-eligible HDHPs did not contribute to their employees' HSAs.³⁶

Because women are less likely than men to obtain health insurance through their job—38 percent of women versus 49 percent of men have employer-sponsored coverage—women are further disadvantaged in receiving any assistance to build their HSAs. Without an HSA to help cover the significant cost-sharing in an HDHP, women and their families may not be able to access essential health care services.

Individuals with health problems are much more likely to spend a significant share of their income on out-of-pocket health care expenses. Those with HDHPs and HSAs are more than two-and-a-half times more likely to pay 5 percent or more of their income toward medical costs than people in traditional, comprehensive insurance plans.³⁷ This is a critical issue for women, who on average have greater health care expenses than men. Women are more likely than

men to see a health care provider regularly, more likely to suffer from chronic conditions requiring regular care, and more likely than men to use prescription drugs regularly.³⁸

Health care costs are already a barrier for many women in accessing the health care services they need. A quarter of women report that they have delayed or gone without care they needed due to cost, and people in HDHP/HSA plans are twice as likely to report delaying or avoiding care compared to people with comprehensive coverage.^{39 40} Moving more women and families to HDHP/HSA plans with significantly higher cost sharing could result in poorer overall health as families are forced to postpone or forgo needed care due to cost.

Finally, there is little evidence to show that HSAs would reduce health care spending. A 2006 GAO study reported that few HSA enrollees actually researched the cost of services before accessing care. Insurance companies offering HDHPs with HSAs purport to offer important information to help individuals and families make informed health care decisions. Yet many people report that the tools offered by their insurance companies do not provide the information needed to make fully informed health care decisions.⁴¹

Women are the primary decision makers when it comes to their families' health care, but HDHPs' significant cost barriers and the lack of critical information on provider quality and costs prevent women from making informed decisions. Rather than putting families in charge of their health care, the McCain plan takes away women's ability to make the best health care decisions for their families.

Conclusion

Sen. McCain's health plan promises a radical restructuring of our current health care system. Rather than expanding coverage, it would:

- Place more than 30 million women with chronic illness at risk of losing their employer-sponsored health insurance
- Steer people into an unregulated national market, where they would experience coverage denials and pre-existing condition exclusions
- Erode hard-fought state protections, including guarantees for critical preventive services
- Increase health insurance premiums and out-of-pocket costs, which could reduce access to needed care

Women would be hit especially hard under the McCain plan. Women are more frequent users of health care, in part because they experience chronic illness more often than men and because they are more likely than men to require prescription drugs, such as oral contraceptives. Women are more vulnerable to cost barriers to care and coverage because they earn less than men on average, work more for small businesses that do not offer coverage, and are more vulnerable to losing health insurance due to job or relationship changes.

Finally, women are more likely to lose coverage or care under McCain's radical proposals. Specifically, women could lose guaranteed coverage of birth control and maternity care, they could be rejected for insurance because of a prior Caesarean section, they could be charged additional premiums if they have a history of breast cancer, and they could be denied lifesaving mammograms and HPV screenings.

Our health care system is broken and needs immediate attention. But any reform should build upon, not erode, existing protections. The McCain plan would eliminate those protections and cut off options that currently exist and leave people—especially women—worse off than before.

The health care crisis—and the opportunity to address it—will be waiting for the next president. Health care costs are climbing, insurance coverage is falling, and the quality of care is hit or miss. Sen. McCain's plan would exacerbate all of these problems, but there are solutions.

Health system reforms that reorient the health system toward proven prevention and the management of chronic diseases can save money as well as lives. The performance of the health care system can be improved with better information about what works and what we pay for it. And ensuring coverage for everyone will give cost-control tools the necessary traction to reduce system costs.

Sen. McCain's plan would only offer the opportunity of quality health care to the very healthy and very wealthy while ensuring everyone else pays more for less. Women deserve more. They deserve comprehensive, affordable, quality health care that serves all their health needs, not just the bare minimum health insurance companies see fit to cover.

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