

will be possible only if nearly everyone is insured. The reason is that if spending limits cause providers to withhold some beneficial care because it costs too much, they will tend to do so selectively, favoring strong payers (the insured) over weak ones (the uninsured). In a world with effective spending limits, being uninsured would take on a whole new and terrifying meaning. Societal revulsion toward the resulting inequalities and deprivation would threaten the entire cost-control effort. Thus, the added near-term spending resulting from extending coverage to the uninsured not only is justifiable in its own right but also is a precondition for sustained cost control.

Other ideas regarding ways to achieve savings abound: increasing patients' cost sharing, unshackling Medicare to allow it to use its spending clout and regulatory influence, changing physicians' norms through education

and financial incentives, implementing delivery reforms such as providing patients with medical homes and improving disease management, increasing use of information technology, instituting reforms of insurance markets, and many others. None of these measures will yield dividends easily or early, and hopes for their payoffs are often greatly exaggerated. Most promise one-time savings only, not a reduction in the long-term rate of spending growth. All would be realized against the background of technological advances and population aging that will continue to increase health care spending at rates well in excess of income growth. Implementation of the measures would not meet the budget challenge posed by the rapid growth of health care spending. But the dividends from repeated one-time savings add up and are well worth pursuing. That all these changes would take decades to become fully effective only adds

to the urgency of initiating them promptly.

No potential conflict of interest relevant to this article was reported.

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1. Address delivered to the annual meeting of the Retirement Research Consortium, August 7, 2008. (Accessed October 10, 2008, at http://crr.bc.edu/events/2008_conference_agenda_and_papers.html.)

2. Murphy KM, Topel RH, eds. *Measuring the gains from medical research: an economic approach*. Chicago: University of Chicago Press, 2003.

3. Cutler DM, Rosen AB, Vijan S. The value of medical spending in the United States, 1960–2000. *N Engl J Med* 2006;355:920-7.

4. Center for the Evaluation of Value and Risk in Health, Tufts Medical Center. *Cost effectiveness analysis registry*. (Accessed October 10, 2008, at <https://research.tufts-nemc.org/cear/default.aspx>.)

5. Fuchs VR, Garber AM. Health and medical care. In: Aaron HJ, Lindsay JM, Nivola PS, eds. *Agenda for the nation*. Washington, DC: Brookings Institution Press, 2003:145-81.

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ELECTION 2008: THE CANDIDATES' POSITIONS

Reproductive Freedom and the Next President

Eli Y. Adashi, M.D., and Darrell M. West, Ph.D.

In a dramatic speech on the floor of the U.S. Senate in July 2006, Senator Barack Obama (D-IL) described a visit from a constituent whose 2-year-old son, Ryan, had cerebral palsy, which had severely impaired the development of his speech and motor skills. Invoking the many children like Ryan, Obama argued that human embryonic stem-cell research is crucially important and that federal funding for such research is needed. Speaking the following day, Senator John McCain (R-AZ) stat-

ed, by contrast, that human embryonic stem-cell research raises “serious ethical and moral concerns” and that it should receive federal funding only insofar as it relies on embryos that were “originally created for reproductive purposes and [are] now frozen or slated for destruction by in vitro fertilization clinics.”

This disagreement reflects the evolution of the national debate about “reproductive freedom.” Whereas election campaigns once focused on abortion as the pri-

mary element of reproductive freedom, candidates now find themselves addressing a broader array of arguably related issues, including the use of human embryos for stem-cell research and whether such research should receive federal funding; the extension of eligibility for the State Children's Health Insurance Program (SCHIP) to unborn “children” (but not pregnant women), in keeping with a 2002 federal redefinition of “child” as “an individual under age 19, including the period from

conception to birth”; and the assurance of access to family-planning services and comprehensive sex education both in the United States and abroad. Also under discussion are the Partial-Birth Abortion Ban Act and requirements for parental notification or consent for minors to obtain abortions.

Moreover, what had been a circumscribed, if ideological, debate over the Supreme Court decision in *Roe v. Wade*, which legalized abortion, has expanded to encompass multiple shades of political gray. Some “prolife” Republicans favor the option of abortion in cases of rape, incest, or risk to the life of the mother. Yet others, such as the Republican Majority for Choice and the Women in the Senate and House (the WISH List), espouse an agenda that is indistinguishable from that of prochoice Democrats. The Democrats for Life of America, in turn, advocate for a prolife Democratic plank and prolife Democratic candidates.

Judging by their voting records and positions articulated on the Senate floor, on the primaries trail, and on campaign Web sites, the 2008 presidential candidates differ substantially in their views about these reproductive issues (see table). Senator Obama supports a woman’s right to choose to terminate her pregnancy, favors unfettered access to family-planning services and comprehensive sex education at home and abroad, and endorses federal funding for the use of human embryos for stem-cell research. Obama opposes requiring parental notification or consent for minors to obtain abortions, the extension of SCHIP eligibility to include “the period from conception to birth,” and the Partial-Birth Abortion Ban Act.

Barack Obama’s and John McCain’s Positions on Reproductive Freedom.*		
Position or Voting Record	Senator Obama	Senator McCain
Supports <i>Roe v. Wade</i>	Yes	No
Supports parental notification or consent requirements for abortions for minors	No†	Yes
Supports extension of SCHIP eligibility to include “the period from conception to birth”	No	Yes
Supports federal funding of human embryonic stem-cell research	Yes	Yes (if only frozen embryos destined for destruction are used)
Supports the Partial-Birth Abortion Ban Act	No‡	Yes (except when the life of the mother is in danger)
Supports unfettered access to family-planning services and comprehensive sex education at home and abroad	Yes	No
NARAL Pro-Choice America rating of prochoice voting record, 2005–2007	100%	0%
NRLC rating of prolife voting record, 2005–2007	0%	75%

* NARAL denotes the National Abortion Rights Action League, NRLC National Right to Life Committee, and SCHIP the State Children’s Health Insurance Program.

† Senator Obama voted “present,” as opposed to “no,” on a related bill in the Illinois State Senate; a majority of “yes” votes was required for passage.

‡ Senator Obama voted “present,” as opposed to “no,” in the Illinois State Senate; a majority of “yes” votes was required for passage.

Senator McCain opposes a woman’s right to choose and objects to unfettered access to family-planning services and comprehensive sex education. McCain supports the Partial-Birth Abortion Ban Act, favors the extension of SCHIP eligibility to include “the period from conception to birth,” endorses requirements for parental notification or consent for minors to obtain abortions, and espouses the barring of organizations that perform abortions from receiving grants from the Department of Health and Human Services. He does, however, back federal funding for human embryonic stem-cell research that uses only frozen embryos destined for destruction.

This constellation presents voters with a stark choice. Reproductive freedom is effectively on the line, given the strong likelihood that the next president will be selecting like-minded nominees to the Supreme Court. McCain’s positions appear to accord with those enunciated by President George W. Bush, with the exception of the matter of human embryonic stem-cell research. Obama’s convictions appear to be in keeping with the traditional values of the Democratic party. Nevertheless, there is much that remains unknowable. Leaders, after all, may evolve, and their worldviews may change. Will McCain, a 26-year veteran of the U.S. Congress, toe the conservative line on all as-

pects of reproductive freedom if elected, especially if he chooses not to seek a second presidential term? It would appear that McCain is at odds with the Republican party's platform not only in his support of limited human embryonic stem-cell research but also in his leaning toward exceptions to abortion restrictions in cases of rape, incest, or a threat to the life of the mother.

In Obama's 8 years in the Illinois State Senate and 4 in the U.S. Senate, he has had more limited opportunities to vote on these issues, and his positions have had less time to evolve. His future actions may therefore be less predictable than those of many past nominees. Would Obama issue an executive order, as expected, rescinding the Mexico City Policy, which currently prohibits foreign

recipients of U.S. family-planning funding from providing, or even counseling clients about, abortions (except in cases of rape, incest, or a threat to the life of the mother)? Would he restore U.S. funding to the United Nations Population Fund, and would he work with Congress to ensure the federal funding of human embryonic stem-cell research? We don't know for certain.

Even if we were guaranteed full knowledge of a candidate's position on past and current controversies, the way in which a new president will handle issues that arise in the future is a matter of pure conjecture. As the life sciences continue to advance, new light is shed on early human development and the thorny question of when life begins. Insofar as the scientific horizons are un-

knowable, the questions of which programs or research the federal government should fund and what restrictions, if any, should be placed on emerging areas of research remain unanswerable. Practitioners of the life and health sciences who are concerned about these issues, like all Americans, will have to vote their consciences while relying on the voting records and public statements of the candidates — and, as is often the case, a hefty dose of imprecise extrapolation.

No potential conflict of interest relevant to this article was reported.

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ELECTION 2008: OPINION AND ANALYSIS

Moving Forward on Reproductive Health

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Reproductive health policy has been mired in debates over abortion and sexuality, leaving unresolved a cluster of reproductive health problems. For a country of such wealth and technical prowess, the United States has long fared poorly in this key public health domain. The litany of grave public health problems is as familiar as it is long: elevated rates of pregnancy-associated deaths, infant deaths, low-birth-weight newborns and preterm births, adolescent pregnancies, sexually transmitted infections, and unintended pregnancies.¹ Some of these rates have actually increased in recent years, and all are far

higher than those in other developed countries. Moreover, these problems are concentrated among disadvantaged groups, and the disparities have persisted or worsened in the past three decades.

How, then, might a new presidential administration move forward? Reframing this cluster of issues in terms of public health — a field that favors pragmatic, evidence-based approaches over ideology — might lead to real progress toward improving women's health. When these issues are viewed from such a perspective, certain themes emerge.

First, reproductive health requires the availability of scientific-

ally accurate information regarding all stages of life. The recent debate over a proposed federal regulation that would redefine common contraceptives as forms of abortion highlights but one example of the current administration's damaging distortion of science. Other examples have involved persistent governmental publication of false or misleading information suggesting that contraception or abortion is associated with breast cancer and mandates that health care professionals provide women with misleading or inaccurate information concerning fetal development before delivering abortion services.² Government at