



Health Reform Plans of 2008 Presidential Candidates

	Hillary Clinton	Barack Obama	John Edwards	Rudy Giuliani	Mitt Romney	John McCain	Mike Huckabee
Overview	Would allow individuals to choose either a private plan through FEHBP or a public plan similar to Medicare to achieve universal coverage. Plan also contains cost containment, quality improvement, and public health initiatives.	Would create both a national health plan and create connector-style pooling options for private coverage. Plan also contains cost containment, quality improvement, and public health initiatives.	Would create new connector-style pooling options for private and public coverage, expand existing public programs, and create tax incentives to assist individuals. Plan also contains cost containment, quality improvement, and public health initiatives.	Would implement an income exclusion for purchase of health insurance for individuals without employer-sponsored insurance, bolster the use of HSAs and provide a tax credit to low-income individuals.	Would use federal tax deduction and empower states to enact state-by-state reforms towards expanding coverage, as well as promote quality improvement strategies.	Would expand access through individual and family tax credits and lower costs and improve quality.	Would shift coverage towards consumer-purchased care by establishing tax deductions or credits for individuals and families, as well as increasing use of HIT and preventive medicine.
Projected Cost	Estimates \$110 billion in savings.	No total price tag attached.	No total price tag attached.	No total price tag attached.	No total price tag attached.	No total price tag attached.	No total price tag attached.
# Covered	All Americans.	Seeks near universal coverage.	All Americans.	Not addressed.	Seeks to expand coverage to an unspecified level.	Seeks to expand coverage to an unspecified level.	Does not advocate a federal proposal to seek universal coverage.

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Individual Mandate	All individuals will be required to obtain and maintain health coverage.	No, but would mandate that all children have health insurance (below the age 25).	Yes, all Americans must obtain health care once “insurance is affordable”. Individuals would be required to demonstrate proof of insurance when filing federal income tax returns.	Opposes an individual mandate.	No.	Opposes an individual mandate.	Not addressed.
Exceptions	Not addressed.	Not addressed.	Special exemptions will be available in case of extreme financial hardship or religious beliefs.	Not addressed.	Permits states to set mandates according to their needs.	Not addressed.	Not addressed.
Employer Mandates	Requires large firms to provide coverage or contribute towards the cost of coverage. Small businesses offered tax credits towards providing coverage.	Requires employers to offer coverage or contribute a percentage of payroll towards the national public plan. Would offer federal reinsurance to employers towards a percentage of catastrophic care costs above a certain threshold.	Requires employers to offer coverage or contribute to the cost of coverage through established Health Care Markets. Businesses may alternatively purchase insurance through Health Care Markets.	Opposes an employer mandate.	No, but permits states to set mandates according to their needs.	No.	Advocates shifting from employer-based to consumer-purchased health insurance.

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Public Program Expansion (e.g., Medicaid, SCHIP)	<p>Would strengthen SCHIP and Medicaid by seeking to enroll as many who are eligible as possible.</p> <p>Would target overpayments to Medicare, HMOs, and other managed care insurers as a cost-savings strategy.</p>	<p>Creates a new public insurance program available to all Americans who do not qualify for Medicaid or SCHIP or have access to ESI.</p> <p>Would also expand Medicaid and SCHIP eligibility.</p>	<p>Would expand Medicaid to cover all adults under FPL and SCHIP to cover all children and parents under 250% FPL.</p>	<p>Would offer low-income tax credit to be used with Medicaid employer contributions and other sources.</p>	<p>Would give states increased flexibility in administering the Medicaid program.</p>	<p>Would give states incentives to experiment with use of private insurance under Medicaid.</p> <p>Would require states to develop a “risk adjustment” bonus to low-income families to supplement tax credits and Medicaid funds.</p>	<p>Not addressed.</p>
Insurance Tax Credits	<p>New individual refundable tax credit to ensure premiums do not surpass a certain percentage of income.</p> <p>Would cap tax exclusion offered towards employer-purchased insurance for households earning more than \$250,000 per year.</p> <p>Additional tax credits will be offered to small businesses that</p>	<p>Not addressed.</p>	<p>New federal refundable credit will create sliding scale subsidy towards insurance purchased through Health Care Markets.</p>	<p>An income exclusion of up to \$7,500 per individual and \$15,000 per family towards the purchase of health insurance for people with out employer-sponsored insurance.</p> <p>Would provide tax credits for low-income individuals.</p>	<p>A federal tax deduction for qualified medical expenses, namely premiums and out-of-pocket costs, will be created.</p>	<p>A tax credit of \$2,500 and \$5,000 for low-income individuals and families, respectively, would be available towards the purchase of private insurance. Individuals that choose multi-year policies that cost less than the full credit may deposit the remaining funds in a health savings account.</p> <p>Would finance plan by eliminating</p>	<p>Supports health insurance tax deductions for individuals and families.</p> <p>Would presumably phase out the tax exclusion for employer-sponsored coverage.</p> <p>Low-income families would receive a tax credit instead of a tax deduction towards premiums.</p>

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Insurance Tax Credits (con't)	offer coverage to their employees and retiree health plans to offset the costs associated with catastrophic and chronic care.					the provision that allows employers to deduct cost of employee health insurance from federal taxes.	
Individual Subsidy	See <i>tax credit</i> .	Individuals will be eligible for income-based subsidy towards national health plan premium or a private health care plan.	See above.	Supports the use of a "health insurance credit" that can be used with Medicaid, employer contributions or other sources.	Low-income individuals will be eligible for federal subsidies to assist in purchasing private insurance. States will have flexibility to implement appropriate administrative programs and eligibility requirements.	See <i>tax credit</i> .	See <i>tax credit</i> .
Insurance Market Reform (con't next page)	Would allow businesses and individuals to buy insurance through a Health Choices Menu, based on FEHBP. Will also allow states to contract and negotiate similar options to create regional pools. A public option modeled on Medicare will also be available to	Would create a National Health Insurance Exchange to pool individuals and businesses who wish to purchase private insurance directly. Exchange will also become <i>de facto</i> regulator of private insurance by creating standards for plan participation.	Would allow states to create regional Health Care Market purchasing pools, including at least one public plan modeled on Medicare. All Market plans must include mental health benefits. Market coverage will be available to anyone who does not have comparable	Would allow individuals to purchase insurance across state lines in instances where state regulations have rendered coverage "unaffordable." Would allow use of money remaining from exemption after use towards paying premium in	Would give states incentives to deregulate the insurance market. Would increase the maximum value of HSAs by eliminating the minimum deductible requirement and create federal tax deduction for qualified medical expenses, namely	Would allow individuals to purchase insurance across state lines. Would also allow individuals to purchase portable health coverage through any association or organization of their choosing.	Advocates shift from employer-based system to consumer-purchased health insurance. Advocates making health insurance more portable and expanding the use of health savings accounts.

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Insurance Market Reform (con't)	<p>compete against private options, but will not be financed through the Medicare trust fund.</p> <p>Would create a "guaranteed issue" system and prohibit differential benefits or costs for "high-risk" individuals. Would also require "automatic renewal" of plans.</p> <p>Would boost transparency to reduce hidden administrative and marketing costs to "require insurers to compete on low costs and high quality."</p>	<p>National Health Plan benefits would be modeled after FEHBP and be guaranteed issue.</p> <p>Will also examine insurance plan mergers to prevent unjustified premium increases.</p>	<p>coverage through their employer or a public program. Employers may also purchase a Market plan for their employees.</p> <p>Would create "guarantee issue" requirement for all insurers and require plans to offer preventive and chronic care benefits.</p> <p>Would move to end FEHBP coverage for members of Congress if universal health care legislation is not passed by July 2009.</p>	<p>health savings account.</p> <p>Provides block grants to states to improve the insurance market and reduce the number of uninsured.</p>	<p>premiums and out-of-pocket costs.</p>		
Medical Liability (con't next page)	<p>Not addressed.</p>	<p>Would strengthen antitrust laws to control the cost of malpractice insurance.</p> <p>Would also promote new models for addressing</p>	<p>Not addressed.</p>	<p>Would reform the legal system to "eliminate frivolous lawsuits" and "end defensive medicine."</p>	<p>Would place federal caps on non-economic and punitive damage awards in medical malpractice cases.</p> <p>Would also encourage states to engage in</p>	<p>Use tort reform to reduce lawsuits and excessive damage awards.</p> <p>Develop a safe harbor to protect providers that follow proper safety guidelines.</p>	<p>Advocates medical liability reform.</p>

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Medical Liability (con't)		physician errors that improve patient safety and reduce the need for malpractice litigation.			additional medical liability reforms.		
HIT & Quality	<p>Invest \$3 billion to grant financial incentives to providers who adopt and implement HIT.</p> <p>Grant federal recognition to and incentivize use of physician-driven certification programs to promote lifelong learning,</p> <p>Invest \$125 million in a private-public consensus-based organization, such as NQF, to set national priorities for, develop, and endorse new quality measures. Would modify federal reimbursement system to reward providers that use coordinated care</p>	<p>Invest \$10 billion over five years to promote broad adoption of standards-based HIT.</p> <p>Providers that participate in the public plan will be required to collect and report quality data.</p> <p>Plans participating in federal programs, including national plan, must utilize a proven disease management program to receive federal funds.</p> <p>Providers will be incentivized to develop medical homes and coordinate chronic care.</p>	<p>Supports the implementation of HIT while ensuring privacy rights are protected.</p> <p>Provide resources to hospitals to adopt automated Rx dispensers, develop systems to promote physician-patient communication such as computerized patient reminder systems, and obtain handheld devices.</p> <p>Promote evidence-based medicine by establishing a best practices organization to conduct data derived from Medicare and the Health Care Markets.</p>	<p>Accelerate implementation of electronic health records, exchange networks, and standards setting in HIT, especially as it pertains to improving rural access to quality care.</p> <p>Make data on the quality, price and performance of doctors and hospitals available to patients.</p> <p>Reduce FDA bureaucracy so that new drugs get to the market sooner.</p>	<p>Improve quality and enhance transparency through competitive forces.</p> <p>Advocates examining successes and failures of state "lab experiments" in health reform.</p>	<p>Require pharmaceutical companies and providers to make prices available to patients.</p> <p>Prevent Medicare from paying for preventable medical errors or mismanagement.</p> <p>Develop national standards for measuring treatments and outcomes.</p> <p>Promote the use of HIT.</p> <p>Use telemedicine and community Health clinics where providers are limited.</p> <p>Has endorsed exploring the idea of paying</p>	<p>Advocates adoption of electronic medical records.</p> <p>Advocates private-sector initiatives to lower cost of health services.</p> <p>Advocates examining successes and failures of state "lab experiments" in health reform.</p>
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HIT & Quality (con't)	<p>and other quality-based initiatives, such as models that treating the “individual as a whole” and not on specific illness.</p> <p>Also establish a Best Practices Institute, with private and public funding, to compare effectiveness of alternative treatments, develop outcome measures, and disseminate protocols and treatments.</p> <p>Proposes new funding to address nurse faculty workforce shortages and link quality-improvement initiatives to nursing education.</p>	<p>New transparency rules on providers, hospitals, and plans.</p> <p>Would develop and disseminate best practices information and realign reimbursement system to incentive providers to meet quality-performance thresholds.</p> <p>Would establish independent comparative effectiveness institute to guide reviews and research.</p>	<p>Support handheld devices and electronic medical records.</p> <p>Develop partnerships between academic medical centers and federal agencies to improve quality of care delivered. Restructure Medicare reimbursement system and utilize within Market plans to reward efficient, high-quality care.</p> <p>Create “Consumer Reports” for health care services to better inform patients of quality and cost of services provided by doctors and hospitals.</p>			<p>physicians according to time spent with patients.</p>	

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Wellness and Prevention	<p>Creates a National Prevention Initiative to reduce the incidence of obesity and other chronic conditions that impose high human and financial costs. Would require health plans that conduct business with the federal government to cover high-priority preventive services based on recommendations from a task force.</p> <p>Also aims to reduce and eliminate racial and ethnic disparities in health and care provided.</p>	<p>Promote worksite prevention interventions, such as flu vaccines, nutritious foods, and exercise facilities.</p> <p>Will require federal programs to cover benefits that promote healthy lifestyles such as cancer screenings and smoking cessation programs.</p> <p>Also aims to reduce and eliminate racial and ethnic disparities in health and care provided.</p>	<p>Health Care Market plans must offer primary and preventive services and offer incentives to patients who take advantage. Plans must also encourage greater management of chronic disease.</p> <p>Also aims to reduce and eliminate racial and ethnic disparities in health and care provided.</p>	<p>Has stated that placing purchasing power in hands of consumer will incentivize wellness.</p> <p>Allow patients to use HSA dollars to improve access to user-friendly tools to manage chronic illness.</p> <p>Would tie Medicaid payments to promoting prevention and tracking childhood obesity.</p>	Not addressed.	<p>Improve treatment and management of chronic disease.</p> <p>Reform Medicare payment and do not compensate providers for preventable medical errors or mismanagement.</p> <p>Promote the use of retail health clinics.</p> <p>Stress personal responsibility to prevent chronic diseases and adhere to treatment guidelines when diagnosed.</p> <p>Promote disease education by emphasizing the importance of health, nutrition and exercise.</p>	Places a strong emphasis on preventive care.
FDA (con't next page)	Would reduce existing restrictions on generic drug approvals, increase funding	Would allow Americans to reimport pharmaceuticals if proven safe and prices are lower	Would restrict DTC ads for new drugs and strengthen FDA's post-marketing surveillance	Advocates enacting reforms that would ensure timely access to the most-effective drug treatments	Not addressed.	Ease approval of generic drugs and biologics and establish a system to allow safe drug reimportation.	Not addressed.

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FDA (con't)	to the Office of Generic Drugs, and create a pathway for biogenerics approval. Would also allow HHS to negotiate Part D drug prices and boost oversight of drug advertising (including limiting DTC ads), marketing, and excesses.	than domestic equivalents. Would increase use of generic drugs in federal programs and prevent brand companies from subsidizing against generic competition. Would also allow HHS to negotiate Part D drug prices.	authority. Would also tighten conflict-of-interest rules for advisory panel membership.	and competition to reduce costs.			

FPL = Federal Poverty Level

2007 HHS Poverty Guidelines

100% FPL =

Individual \$10,210

Family of 4 \$20,650

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