



Health Reform Plans of 2008 Presidential Candidates

	Hillary Clinton	Barack Obama	John Edwards	Chris Dodd	Bill Richardson	Rudy Giuliani	Mitt Romney	John McCain
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 automatically enroll all Americans who don't opt into private insurance into a Universal HealthMart plan based on FEHBP, as well as promote cost containment strategies.	Would expand Medicaid and SCHIP, lower eligibility age of Medicare to 55, mandate young adults be allowed to stay on parents' plan, and allow individuals to purchase FEHBP plan.	Would implement a tax exemption towards purchase of health insurance and bolster the use of HSAs.	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 through
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.	No total price tag attached.
# Covered	All Americans.	Seeks near universal coverage.	All Americans.	All Americans.	All Americans.	Plan does not yet contain proposals to cover the uninsured.	Seeks to expand coverage to an unspecified level.	Seeks to expand coverage to an unspecified level.

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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".	All individuals will be covered under HealthMart, automatically enrolled via W4 or at point-of-care.	All individuals will be responsible for obtaining coverage.	Opposes an individual mandate.	No.	No.
Exceptions	Not addressed.	Not addressed.	Special exemptions will be available in case of extreme financial hardship or religious beliefs.	Individuals may choose to opt-out in favor of purchasing other private insurance.	Not addressed.	Not addressed.	Permits states to set mandates according to their need.	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.	Requires businesses to contribute to Universal HealthMart "based on their ability to pay." Subsidies will be available in a fashion similar to individual subsidies.	Employers will be responsible for their "fair share" of premium costs, with sliding scale requirements based on the size of the business.	Opposes an employer mandate.	No, but permits states to set mandates according to their need.	No.

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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 keep Medicare intact and allow HHS to negotiate the price of Part D drugs.</p> <p>Medicaid also kept intact.</p>	<p>Would expand Medicaid and SCHIP and advocate “Express Lane” eligibility to allow states to use data from other public programs to enroll uninsured children.</p> <p>Would allow individuals as young as 55 to join Medicare.</p> <p>Would allow HHS to negotiate the price of Part D drugs.</p> <p>Would also target overpayments to Medicare Advantage plans.</p>	<p>Medicaid also kept intact.</p>	<p>Would give states increased flexibility in administering the Medicaid program.</p>	<p>Give states incentives to experiment with use of private insurance under Medicaid.</p> <p>Require states to develop a “risk adjustment” bonus to low-income families to supplement tax credits and Medicaid funds.</p>
Insurance Tax Credits (con’t next page)	<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</p>	<p>Not addressed.</p>	<p>New federal refundable credit will create sliding scale subsidy towards insurance purchased through Health Care Markets</p>	<p>Not addressed.</p>	<p>A tax credit will be available on a sliding scale to those individuals who need assistance purchasing coverage.</p> <p>Would also eliminate the tax</p>	<p>Tax exemptions up to \$7,500 per individual and \$15,000 per family towards purchase health insurance and other medical spending.</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</p>

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Insurance Tax Credits (con't)	for households earning more than \$250,000 per year. Additional tax credits will be offered to small businesses that offer coverage to their employees and retiree health plans to offset the costs associated with catastrophic and chronic care.				shelter for high risk plans. Would create a Heroes Health Card to allow veterans access to health care when they cannot access the nearest VA facility.			choose multi-year policies that cost less than the full credit may deposit the remaining funds in a health savings account. Would finance plan by eliminating the provision that allows employers to deduct cost of 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.	Low-income Individuals will be eligible for a government subsidy towards their share of HealthMart premiums based on a sliding scale.	See <i>tax credit</i> . Would also offer relief to Americans who have medical expenses-related credit card debt.	Supports the use of vouchers or further tax refunds to low-income individuals but has not provided details.	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> .
Insurance Market Reform (con't next page)	Would allow businesses and individuals to purchase insurance through a Health Choices Menu, based on FEHBP options. Will also	Would create a National Health Insurance Exchange to pool individuals and businesses who wish to purchase private insurance	Would allow states to create regional Health Care Market purchasing pools, including at least one public plan modeled on	Would create Universal HealthMart based on FEHBP, creating a variety of plan options for individuals to	Would allow individuals to purchase into the FEHBP program in favor of existing coverage. Young adults up to	Would allow use of money remaining from exemption after use towards paying premium in health savings account.	Would give states incentives to deregulate the insurance market. Will expand the maximum value of HSAs and create	Would allow individuals to purchase insurance across state lines. Would also allow individuals to

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Insurance Market Reform (con't)	<p>allow states to contract and negotiate similar options for regional pooling.</p> <p>A public plan option modeled on Medicare will also be available to compete against private options, but will not be financed through the Medicare trust fund.</p> <p>Would create a "guaranteed issue" system by allowing anyone to join a plan and prohibit differential benefits or costs for "high-risk" individuals. Would also require "automatic renewal" of plans</p> <p>Would also boost transparency to reduce hidden administrative and marketing costs to "require insurers to compete on low costs and high quality."</p>	<p>directly. Exchange will also become <i>de facto</i> regulator of private insurance by creating standards for plan participation.</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>Medicare. All Market plans must include mental health benefits. Market coverage will be available to anyone who does not have comparable 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>choose from. Coverage will be automatic unless an individual opts to continue coverage through their employer.</p> <p>Insurance plans will be prohibited from basing premiums on pre-existing medical conditions.</p>	<p>age 25 must be allowed to keep family coverage.</p> <p>Insurance plans will be prohibited from designing premiums or barring coverage based on pre-existing medical conditions.</p> <p>Insurers will be required to spend at least 85% of revenues on health services rather than administration. Will also require insurers and providers to standardize forms.</p>		<p>federal tax deduction for qualified medical expenses, namely premiums and out-of-pocket costs.</p>	<p>purchase portable health coverage through any association or organization of their choosing.</p>

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<p>HIT & Quality (con't)</p> <p>endorse new quality measures. Would modify federal reimbursement system to reward providers that use coordinated care 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>(con't next page)</p>	<p>program to receive federal funds.</p> <p>Providers will be incentivized to develop medical TCs</p>							

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HIT & Quality (con't)			health care services to better inform patients of quality and cost of services provided by doctors and hospitals.					
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>HealthMart plans will reward individuals who make healthy choices (i.e. not smoking and weight loss) and utilize the integrated care model used by the VA to manage chronic disease.</p>	<p>Would place emphasis on covering up-front care, promoting coordination of care and disease management, and require insurers to cover a basis set of preventive services.</p> <p>Would also incentivize Americans to make healthy choices to prevent chronic disease.</p>	<p>Has stated that placing purchasing power in hands of consumer will incentivize wellness.</p>	<p>Not addressed.</p>	<p>Improve treatment and management of chronic disease.</p> <p>Reform Medicare reimbursement to promote doctors that provide services related to prevention and care coordination.</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 education on diseases with rising incidence</p>
(con't next page)								

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Wellness and Prevention (con't)								rates by emphasizing the importance of health, nutrition and exercise.
FDA	Would reduce existing restrictions on generic drug approvals, increase funding 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.	Would allow Americans to reimport pharmaceuticals if proven safe and prices are lower 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.	Would restrict DTC ads for new drugs and strengthen FDA's post-marketing surveillance authority. Would also tighten conflict-of-interest rules for advisory panel membership.	Would allow HHS to negotiate the price of Part D drugs.	Advocates increased use of generic drugs. Would allow HHS to negotiate the price of Part D drugs.	Not addressed.	Not addressed.	Ease approval of generic drugs and biologics and establish a system to allow safe drug reimportation.

FPL = Federal Poverty Level

2007 HHS Poverty Guidelines

100% FPL =

Individual \$10,210

Family of 4 \$20,650

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