



Health Reform Proposals by Presidential Candidates¹

(Comparison of Key Features)

Updated 6/19/07

Feature	Presidential Candidate				
	John Edwards (D)	Mitt Romney (R)	Hilary Clinton (D)	Barack Obama (D)	Rudy Giuliani (R)
Individuals	Individual mandate: Once insurance is affordable, everyone will be expected to take responsibility for themselves and their families by obtaining health coverage either through public programs, through their jobs, or through the regional Health Markets (regional purchasing coalitions)	Individual mandate: All MA residents must have health insurance by July 1, 2007; if resident does not have coverage and does not have waiver, penalty is loss of individual's personal exemption on their tax return (presumably would be expanded nationally)	No individual mandate. Offer Individuals access to larger insurance pools	No individual mandate.	No individual mandate. Eventually wants more people to move from employer-based coverage to the individual market.

¹ John McCain has not yet publicly released a proposal nor has he spoken about his health reform plans.

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Employers	<p>Businesses will be required to either provide a comprehensive health plan to their EEs or to contribute to the cost of covering them through Health Markets</p> <p>Businesses can also choose to purchase care through Health Markets</p>	<p>ERs w/ < 10 EEs must provide “fair and reasonable” contribution to premium of health insurance for EEs</p> <p>ERs will meet “fair and reasonable test” if at least 25% of EEs are enrolled in firm’s health plan and company is making contribution toward it; or if company offers to pay at least 33% of individual’s health insurance premium</p> <p>ERs who do not comply will be assessed annual fair share contribution that will not exceed \$295/EE/yr, which will be paid into Commonwealth Care Trust Fund</p> <p>ERs will be required to pay “surcharge,” which is percentage of actual costs of care for uncovered EEs and their dependents beyond first \$50,000 annually</p>	<p>Offer small businesses access to larger insurance pools.</p>	<p>Require all employers to contribute towards health coverage for their employees or towards the cost of the public plan.</p> <p>Reduce the costs of catastrophic illnesses for employers and their employees by reimbursing employer health plans for a portion of their catastrophic costs they incur above a threshold if they guarantee such savings are used to reduce workers’ premiums.</p>	<p>No employer mandate.</p> <p>Would like more people to move employer sponsored health care to individual market.</p>

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	John Edwards (D)	Mitt Romney (R)	Hilary Clinton (D)	Barack Obama (D)	Rudy Giuliani (R)
Low-Income Assistance	Tax credit to subsidize insurance purchased through Health Markets available on a sliding scale to middle class families and refundable to help families w/out income tax liability	Subsidized premium, no deductible insurance for people earning less than 300% of FPL who are ineligible for Medicaid; small ERs w/ EEs whose earnings qualify may also participate Offers zero premium, no deductible insurance for people earning less than 100% of FPL who are eligible for Medicaid	Not yet specified	Individuals and families who do not qualify for Medicaid or SCHIP, but still need assistance will receive income-related federal subsidies to keep health insurance premiums affordable. They can use the subsidy to buy into the new public plan or purchase a private health care plan.	Not yet specified
Public Program Expansions	Commit the necessary federal resources to allow states to expand Medicaid and SCHIP to service all adults under the FPL and all children and parents under 250% of the FPL	Expands Medicaid to children in families earning up to 300% of FPL and increases Medicaid outreach to those currently eligible but not enrolled	Not yet Specified	Promises to fight to strengthen Medicaid Mandate that all of the 9 million uninsured children have affordable, high quality health coverage. Establish a new public insurance program, available to Americans who neither qualify for Medicaid or SCHIP nor have access to insurance through their employees, as well as to small businesses that	Not yet specified

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				want to offer insurance to their employees	
Health Plans/ Insurers	<p>Help states create regional Health Markets, non-profit purchasing pools that offer a choice of competing insurance plans; available to all who do not get comparable coverage from jobs or public programs and to ERs that choose to join</p> <p>Require insurers to keep plans open to everyone and charge fair premiums, regardless of preexisting conditions, medical history, age, job, and other characteristics</p>	<p>Commonwealth Health Insurance Connector certifies and offers products to individuals; allows them to purchase insurance using pre-tax dollars and allows for portability as individuals move from job to job; permits more than one ER to contribute to an EE's premium</p> <p>Combines individual and small group market for insured health insurance products w/ intention of making insurance more affordable for people who buy their own</p> <p>MA law permits young adults to remain on their parents' plan up to 2 years after they are no longer considered dependents for tax purposes or until age 25</p> <p>Creates new low-</p>	<p>Offer Individuals and Small Businesses access to larger insurance pools.</p>	<p>Create a National Health Insurance Exchange to reform the private insurance market. Any American could enroll in participating private plans, which would have to provide comprehensive benefits, issue every applicant a policy, and charge fair and stable premiums.</p> <p>No American will be turned away because of illness or pre-existing conditions.</p>	<p>Single-payer system is not the way to improve healthcare system.</p> <p>Need to build based on private insurance, competition, and markets.</p> <p>Supplant state regulations and make it possible for individuals across the country to buy insurance from any company in any state, meaning they could find more cheaper, more basic plans than those now available in their particular state.</p>

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		cost health insurance options for 19-26-year-olds			
Covered Benefits	Health Markets will offer primary and preventive services Plans must offer comprehensive health benefits including full mental health benefits Reduce health disparities	State agency will determine the minimum benefit that qualifies	Not yet specified	Comprehensive benefits. Similar to the FEHBP.	Not yet specified
Cost Control Strategies	No provision	No provision	Allow Medicare to negotiate for lower drug prices and to lower those costs for everyone. Allow the importation of drugs from certain countries to lower costs and let's remove barriers to generic competition. Provide authority for the FDA to approve generic biologics. Reform medical malpractice by introducing National Medical Error Disclosure and Compensation (MEDiC) Act which would encourage physicians, hospitals and	Require hospitals and providers to collect and publicly report measures of health care costs and quality. Investing 10 billion in Health Information Technology over 5 years. Increase competition in the Insurance and Drug Markets through drug re-importation, increased usage of generics, lowering medicare prescription drug benefit costs, and preventing waste an abuse in medicare.	Not yet specified

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			health systems to provide liability protections for physicians who disclose medical errors to patients and offer to enter into negotiations for fair compensation		
Cost/ Financing	Not yet specified	Not yet specified	Cannot achieve the goal of health care for every American if we don't have buy-in from ERs, government, and labor	\$50 billion to \$65 billion annually when fully implemented according to outside experts. In addition, allowing tax cuts on dividends and capital gains and for individuals with annual incomes of more than \$250,000 to expire in 2010 to cover a large part of the cost of the proposal. Increase taxes on inheritances valued at more than \$7 million to help cover the cost of the proposal, according to the memo	Not yet specified
Quality Improvement Measures	Promote evidence-based medicine Disseminate objective information	Not yet specified	Increased focus on Prevention. Invest 3 billion a year in improving	Encourage development of HIT Require hospitals	Not yet specified

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	<p>on medical advances</p> <p>Help doctors implement new advances</p> <p>Establish basic quality benchmarks</p> <p>Reduce errors through electronic prescribing</p> <p>Create a “Consumer Reports” for health care, a universal report card to evaluate hospitals’ effectiveness in treating injuries and diseases</p> <p>Adopt electronic medical records</p> <p>Restrict direct-to-consumer advertising for new drugs; ensure independence of medical device and drug researchers</p> <p>Pay higher rates to plans and providers that provide the very best care, lowering premiums for high-quality plans, and penalizing plans that fail to meet care requirements</p>		<p>Health Information Technology.</p> <p>Coordinate and streamline the care of the chronically ill by creating “Medical Homes” by having access to state-of-the-art chronic care coordination models under federally-funded plans, like Medicare and the Federal Employees Health Benefits (FEHBP) plan</p>	<p>to report on effectiveness, safety, and timeliness of care they provide</p> <p>Improve prevention and management of chronic conditions.</p> <p>Participating hospitals and providers that participate in the new public plan will be required to collect and report data to ensure that the standards for health care quality, health information technology and administration are being met.</p> <p>Require that plans that participate in the new public plan utilize disease management programs.</p> <p>Support providers to put in place care management programs and encourage team care through implementation of medical home type models.</p>	