



2008 Presidential Candidate Health Care Proposals: Side-by-Side Summary

The side-by-side comparison below focuses on important health care issues not necessarily addressed in the candidates' health care reform proposals. It was prepared by the Kaiser Family Foundation with the assistance of Health Policy Alternatives, Inc. The comparisons are based on information compiled from the candidates' Web sites, speeches and campaign debates.

Barack Obama

BIOMEDICAL RESEARCH

Biomedical Research in General

- Supports strengthened funding for biomedical research and would improve coordination of research both within government and across government/private/non-profit partnerships.
- Would double federal funding for cancer research within five years, focusing on the National Institutes of Health and the National Cancer Institute and would provide additional funding for research on rare cancers and efforts to better understand genetic factors that can impact cancer onset and outcomes.
- Indicates the need to ensure translation of scientific progress into better disease prevention, early detection, and treatment.

Stem Cell Research

- Through an Executive Order would expand federal funding for embryonic stem cell research, using stem cells derived from embryos produced for in vitro fertilization that would otherwise be discarded or unused, subject to strict federal guidelines.

CARE COORDINATION AND PREVENTION

Disease Management/Care Coordination

- As part of overall reform, would require providers that participate in his proposed new public plan, Medicare or the Federal Employee Health Benefits Program to use proven disease management programs.
- Supports implementation of programs to encourage team care that will improve coordination and integration of care for those with chronic conditions.

Prevention

- Supports an emphasis on prevention and rewarding primary care.
- Believes individuals and families must have access to essential clinical preventive services, such as cancer screenings and smoking cessation programs. Would require coverage of such services in all federally supported health plans, including Medicare, Medicaid, SCHIP and his proposed National Health Insurance Exchange, made up of many private plans and a public plan option.
- Proposes to increase funding to expand community based preventive interventions.
- Would work with schools to create more healthful environments for children, including assistance with contract policy development for local vendors, grant support for school-based health screening programs and clinical services, increased financial support for physical education, and educational programs for students.
- Supports expanding and rewarding worksite health promotion and prevention interventions.

HEALTH CARE REFORM

General Approach

- Require all children to have health insurance, and employers to offer employee health benefits or contribute to the cost of the new public program. Expand Medicaid and SCHIP and create the National Health Insurance Exchange through which small businesses and individuals without access to other public programs or employer-based coverage could enroll in a new public plan, like Medicare, or in a range of approved private plans.

A detailed comparison of the candidates' health reform plans is available at <http://www.health08.org/sidebyside.cfm>.

Improving Coverage

- Require all children to have health insurance.
- Require large employers to offer coverage or contribute toward the costs of coverage; provide tax credits to small employers that provide coverage to their employees.
- Expand Medicaid and SCHIP.
- Provide income-related subsidies to help individuals buy qualified insurance.
- Create a National Health Insurance Exchange through which individuals could purchase a public plan or qualified private insurance plans; require participating insurers to offer coverage on a guaranteed issue basis and charge a fair and stable premium that is not rated on the basis of health status.

Cost Containment and Quality Improvement

- Invest \$50 billion toward adoption of electronic medical records and other HIT.
- Improve prevention and management of chronic conditions.
- Promote generic drugs, allow drug reimportation, and allow Medicare to negotiate directly with drug companies.
- Require hospitals and providers to publicly report measures of health care costs and quality.
- Invest in comparative effectiveness research.
- Adopt medical malpractice reforms.

HEALTH INFORMATION TECHNOLOGY

Health Information Technology (HIT)

- Believes the use of HIT should be a requirement for participating in government health programs.
- Supports a government investment of \$10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records.
- Would phase-in requirements for full implementation of HIT and ensure that patients' privacy is protected.

HIV/AIDS/GLOBAL HEALTH

HIV/AIDS

Domestic

- Proposes the creation of a National HIV/AIDS Strategy to decrease new HIV infections and improve health outcomes for Americans living with HIV/AIDS.
- Supports expanding Medicaid coverage to more low-income people living with HIV/AIDS and supports the Ryan White Program.
- Would focus on eliminating disparities in the epidemic's impact, particularly in minority communities.
- Supports comprehensive sex education, expanding access to HIV testing, increasing federal funding for science-based HIV prevention programs, and federal funding for needle-exchange to prevent the spread of HIV.

Global

- Supports U.S. global AIDS efforts; supported the reauthorization of the President's Emergency Plan for AIDS Relief and supports an increased commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

More information on the candidate's position on HIV/AIDS/Global Health is available at http://www.health08.org/issue_globalhealth_hiv aids.cfm

| Global Health |
|---|
| <ul style="list-style-type: none">• Through his broader global development plan, would double foreign assistance to \$50 billion by 2012, and coordinate and consolidate foreign assistance initiatives into a restructured USAID.• Supports increased U.S. investment in the health infrastructures of developing countries so they can better address public health challenges, including infectious diseases and basic health care; and supports debt cancellation for these countries. |
| LONG-TERM CARE |
| General Approach |
| <ul style="list-style-type: none">• Would work to give seniors and people with disabilities choices about their care, consistent with their needs, and not biased towards institutional care.• Would work to reform the financing of long- term care to protect seniors and families from impoverishment and debt.• Supports the Community Living Assistance Services and Supports Act, which would create a national insurance program to provide people with functional needs the financial assistance to pay for the supports and services that would enable them to live independently in their communities.• Would work to improve the quality of elder care, including training more nurses and health care workers in geriatrics. |
| Long-Term Care Insurance |
| <ul style="list-style-type: none">• Has called for an investigation by the Government Accountability Office about the long-term care insurance industry.• Would take steps to strengthen oversight of the industry, ensure claims processes are consistent and fair, and guarantee that benefit packages offer the financial protection promised. |
| MEDICAID/STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) |
| General Approach |
| <ul style="list-style-type: none">• Through comprehensive health reform efforts, would ensure that Medicaid and SCHIP continue to serve their critical safety net function. |
| Eligibility and Enrollment |
| <ul style="list-style-type: none">• Supports expanding eligibility for Medicaid and SCHIP. |
| Benefits |
| <ul style="list-style-type: none">• Would require coverage of essential clinical preventive services, such as cancer screenings and smoking cessation programs in Medicaid and SCHIP. |
| Quality and Provider Payment |
| <ul style="list-style-type: none">• Supports state efforts to constrain Medicaid costs, such as negotiating for low drug prices, and implementing disease management and quality initiatives. |
| Financing |
| <ul style="list-style-type: none">• Campaign has not addressed. |
| State Flexibility |
| <ul style="list-style-type: none">• As part of comprehensive reform, would allow states to continue to experiment, provided they meet the minimum standards of the national plan. |
| Medicaid Fraud |
| <ul style="list-style-type: none">• Would empower the HHS Inspector General to fight fraud, implement anti-fraud measures in CMS contracting, expand the scope of Medicare and Medicaid audits, strengthen the federal False Claims Act, encourage states to go after fraud, and increase funding for Justice Department prosecutors and FBI agents to fight fraud. |

MEDICAL MALPRACTICE

Medical Malpractice

- Opposes tort reform that caps jury awards in malpractice cases.
- Would promote new models for addressing physician errors to improve patient safety and the physician–patient relationship to reduce malpractice litigation.
- Supports stronger enforcement of anti–trust laws, including repeal of the anti–trust exemption for malpractice insurance, to prevent liability insurers from overcharging physicians.

MEDICARE

General Approach

- Is committed to the long–term strength of the Medicare program and believes Medicare should be addressed only as part of the entire health care system, not separately.

Financial Solvency

- Supports the elimination of the “Medicare trigger” which requires Presidential and Congressional action when general revenue contributions to Medicare are projected to exceed 45% of program costs.

Provider Payment Reform

- Advocates that providers who treat patients enrolled in Medicare as well as other public health insurance plans (e.g., the Federal Employees Health Benefit Program and his proposed National Health Insurance Exchange) should be rewarded for achieving performance thresholds on outcome measures.
- Supports bundling Medicare provider payments in certain circumstances but not as a requirement.

Medicare Prescription Drug Coverage

- Would allow the government to negotiate drug prices for Medicare Part D.
- Would improve drug benefits by closing the gap (i.e., “doughnut hole”) in coverage.
- Would promote drug price transparency by requiring Medicare drug plans to send their enrollees a full list of their drugs and fees they paid the previous year to help them determine which plans can better reduce their out–of–pocket costs and improve their health.

Medicare Advantage (MA)

- Supports eliminating excessive Medicare Advantage plan subsidies and paying Medicare Advantage plans the same amount it would cost to treat the same patients under traditional Medicare.

Medicare Fraud

- Would empower the HHS Inspector General to fight fraud, implement anti–fraud measures in CMS contracting, expand the scope of Medicare and Medicaid audits, strengthen the federal False Claims Act, encourage states to go after fraud, and increase funding for Justice Department prosecutors and FBI agents to fight fraud.

MENTAL HEALTH PARITY

Mental Health Parity

- Supports mental health parity laws and believes that serious mental illnesses must be covered on the same terms and conditions as are applicable to physical illnesses and diseases.
- Supports requirements for private and public insurance plans to include coverage of all essential medical services, including mental health care.
- Would improve mental health care at every stage of military service—recruitment, deployment, and reentry into civilian life.

PRESCRIPTION DRUGS

Reimportation

- Would allow reimportation of prescription drugs from other developed countries if the drugs are safe and prices are lower outside the U.S.

Generic Drugs

- Supports policies to promote increased use of generic drugs in Medicare, Medicaid, and the Federal Employees Health Benefit Program.
- Supports policies to prohibit brand drug manufacturers from keeping generics off of the market.

| |
|---|
| Drug Prices |
| <ul style="list-style-type: none">• Would allow the government to negotiate prices of prescription drugs for Medicare Part D and for people enrolled in a new public insurance plan to be established under the Obama health plan. |
| RACIAL AND ETHNIC DISPARITIES |
| Racial and Ethnic Disparities |
| <ul style="list-style-type: none">• Supports addressing health disparities by increasing access to coverage, expanding the capacity of the safety net, requiring collection of racial and ethnic patient data, promoting prevention and public health, implementing patient navigation programs, setting goals for improving health plans and provider performance, and promoting a diverse health workforce.• Supports research into racial and ethnic disparities in health outcomes. |
| TRANSPARENCY AND COMPARATIVE EFFECTIVENESS |
| Transparency |
| <ul style="list-style-type: none">• Supports requiring full transparency regarding quality and costs.• Would require hospitals and providers to collect and publicly report measures of health care costs and quality, including data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, and disparities in care.• Would require health plans to disclose the percentage of premiums that go to patient care as opposed to administrative costs. |
| Comparative Effectiveness |
| <ul style="list-style-type: none">• Proposes an independent institute to guide reviews and research on comparative effectiveness, so that Americans and their doctors would have the accurate and objective information they need to make decisions for their health and well-being. |
| VETERANS' HEALTH ISSUES |
| Funding for Veterans' Health Care |
| <ul style="list-style-type: none">• Would fully fund the Department of Veterans Affairs (VA) so it has all the resources it needs to serve the veterans who need it, when they need it.• Would establish a VA Actuary and Planning Division to avoid future budget shortfalls.• Would meet early in the budgeting process each year with congressional leaders and the leading Veterans' Service Organizations (VSOs) to ensure the VA budget is always given "must-pass" status. |
| Veterans' Access to Health Care |
| <ul style="list-style-type: none">• Would issue an executive order reversing the ban on VA health care enrollment of certain groups of veterans, including "Priority 8" veterans.• Would expand and strengthen Vet Centers which provide counseling for mental health care, sexual trauma and substance abuse, vocational and employment assistance, VA claims and benefits information, help for homeless veterans, and social service and health care referrals. |
| Special Health Care Needs of Veterans |
| <ul style="list-style-type: none">• Would improve mental health care at every stage of military service—recruitment, deployment, and reentry into civilian life• Would recruit more health professionals, improve screening, offer more support to families and make post traumatic stress disorder (PTSD) benefits claims fairer and more accurate by providing better training and guidance to personnel.• Would establish standards of care for Traumatic Brain Injury (TBI), require pre- and post-deployment screenings and improve case management.• Supports expansion of PTSD and TBI centers of excellence.• Would improve care for polytrauma vision impairment, prosthetics, spinal cord injury, aging, and women's health.• Supports encouraging students specializing in vision care and rehabilitation to work in the VA.• Would halt the military's practice of discharging service members for having a service-connected psychological injury. |
| Health Care for Retired Veterans |
| <ul style="list-style-type: none">• Campaign has not addressed. |

WOMEN'S HEALTH

Reproductive Health

Contraception

- Would work to reduce unintended pregnancy by guaranteeing equity in contraceptive coverage, providing sex education, increasing funding for Title X, and offering rape victims accurate information about emergency contraception.

Abortion

- Would make preserving a women's right to choose under Roe v. Wade a priority and would oppose any constitutional amendment to overturn that decision.
- Believes state-level "partial-birth" abortion bans should include an exception for cases where the pregnant woman's health is in jeopardy.
- Does not believe mental stress qualifies as an exception to the prohibition on late-term abortion.
- Does not support current ban on use of federal funds for abortion.

International Issues

- Would overturn "Mexico City" policy barring federal funding assistance to non-governmental organizations that perform abortions or provide abortion counseling.
- Would reinstate funding for United Nations Family Planning Agency.

Sex Education

- Supports comprehensive sex education programs that teaches about abstinence and contraception.

Adoption

- Supports encouraging adoptions as a proper role of government.

Women's Health Research

- Would invest in research to examine gender and health disparities.

Caregiving and Leave Policies

- Would expand the Family and Medical Leave Act to cover businesses with 25 or more employees (compared with 50 or more employees as required under current law) and to cover more purposes including allowing workers to take leave for elder care needs; allowing parents up to 24 hours of leave each year to participate in their children's academic activities; allowing leave to be taken for purposes of caring for individuals who reside in their home for 6 months or more; and covering leave for employees to address domestic violence and sexual assault.
- Would require employers to provide seven paid sick days per year.

SOURCE

Biomedical Research

<http://www.barackobama.com/issues/additional/#science>

http://www.barackobama.com/pdf/issues/healthcare/Fact_Sheet_Cancer_FINAL.pdf

Care Coordination and Prevention

<http://www.barackobama.com/issues/healthcare/>

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2587

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2098

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2549 (Note: Obama representative says is not speaking for campaign; McCain representative says she is speaking as a surrogate)

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2596

Health Care Reform

For a more detailed comparison of the candidate's health reform proposals, please visit the health reform side by side here: <http://www.health08.org/sidebyside.cfm>

<http://www.barackobama.com/issues/healthcare/>

<http://www.health08.org/candidates/obama.cfm>

http://www.barackobama.com/pdf/Obama08_HealthcareFAQ.pdf

Health Information Technology

<http://www.barackobama.com/issues/healthcare/>

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2587

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2098

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2596 (Note: Obama representative says is not speaking for campaign; McCain representative says she is speaking as a surrogate)

HIV/AIDS

<http://www.barackobama.com/pdf/AIDSFactSheet.pdf>

http://www.cgdev.org/doc/blog/obama_strengthen_security.pdf

http://www.barackobama.com/2007/11/30/world_aids_day_statement.php

<http://my.barackobama.com/page/community/post/stateupdates/gG5kJV>

Long-Term Care

<http://www.barackobama.com/issues/socialsecurity/>

<http://www.barackobama.com/issues/FactSheetSeniors.pdf>

<http://www.barackobama.com/issues/disabilities/>

http://obama.senate.gov/press/080723-obama_joins_sen_3/

http://www.ncpssm.org/presidential_questionnaire/

Medicaid/State Children's Health Insurance Program (SCHIP)

<http://www.barackobama.com/issues/healthcare/>

<http://technorati.com/videos/youtube.com%2Fwatch%3Fv%3DF-Wa17gDYEE>

Medical Malpractice

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

<http://content.nejm.org/cgi/content/full/354/21/2205>

<http://www.aafp.org/online/en/home/policy/federal/presidentialrace/positions/obama.html#Parsys0023>

Medicare

<http://www.barackobama.com/issues/socialsecurity/>

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2587

<http://technorati.com/videos/youtube.com%2Fwatch%3Fv%3DF-Wa17gDYEE>

<http://www.reuters.com/article/pressRelease/idUS200373+25-Mar-2008+BW20080325>

http://www.ncpssm.org/presidential_questionnaire/

Mental Health Parity

http://www.presidency.ucsb.edu/papers_pdf/78545.pdf

<http://www.barackobama.com/issues/healthcare/>

Prescription Drugs

<http://www.barackobama.com/issues/healthcare/>

http://www.kaisernetwork.org/health_cast/uploaded_files/052907_h08_obama_transcript.pdf

http://www.huffingtonpost.com/2007/09/13/mashup-transcript-barack_n_64321.html

Racial and Ethnic Disparities

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

Transparency and Comparative Effectiveness

<http://www.barackobama.com/issues/healthcare/>

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2587

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2098

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2549 (Note: Obama representative says is not speaking for campaign; McCain representative says she is speaking as a surrogate)

http://www.kaisernetwork.org/health_cast/health2008hc.cfm?hc=2596

Veteran's Health

<http://www.barackobama.com/issues/veterans>

Women's Health

<http://www.barackobama.com/issues/healthcare/>

<http://www.barackobama.com/pdf/ObamaBlueprintForChange.pdf>

<http://www.barackobama.com/issues/family/>

http://www.relevantmagazine.com/life_article.php?id=7591

<http://blogs.wsj.com/washwire/2008/07/17/mccain-speaks-out-against-abortion/>

<http://www.rhrealitycheck.org/blog/2007/12/21/sen-barack-obamas-reproductive-health-questionnaire>

http://s3.amazonaws.com/apache.3cdn.net/8a738445026d1d5f0f_bcm6b5l7a.pdf

Last Modified: October 22, 2008

© 2008 The Henry J. Kaiser Family Foundation