



COMPARISON OF MAJOR UNINSURED PROPOSALS: 2008 DEMOCRATIC PRESIDENTIAL CANDIDATES*

	BCBSA	John Edwards (D-NC)	Sen. Hillary Clinton (D-NY)	Sen. Barack Obama (D-IL)	Gov. Bill Richardson (D-NM)	Sen. Joe Biden (D-DE)
Overview	Two-part uninsured proposal based on voluntary incentives: 1. Enhance health care value/quality; and 2. Expand coverage through enhanced tailored solutions.	Regional “Health Care Markets” (purchasing pools) would offer a new Medicare-type option alongside private plans. The proposal also includes an employer “play or pay” mandate, an individual mandate, tax credits and major insurance reform.	A “Health Choices Menu” offers a FEHBP-style program that includes private plans as well as a Medicare-type option. Also includes a large employer “pay or play” mandate, an individual mandate, tax credits and major insurance reform.	The proposal includes: a National Health Insurance Exchange (a purchasing pool) that would offer a new public health plan as well as private options; an employer “play or pay” mandate; an individual mandate for children; sliding scale subsidies; and major insurance reforms.	The proposal establishes a new FEHBP-style buy-in program. It also would allow early retirees to buy into Medicare and includes an employer “play or pay” mandate, an individual mandate, tax credits and major insurance reform.	The proposal establishes FEHBP-style buy-in program; expands SCHIP to at least 300% FPL; allows all families to buy into SCHIP on a sliding scale; Medicare buy-in for ages 55-64
MANDATES						
Employer mandate	No	Yes, “play or pay”	Yes, “play or pay” for large employers	Yes, “play or pay”	Yes, “play or pay” but exempts small “hard pressed” employers	No
Individual mandate	No	Yes, for “affordable coverage”	Yes	Yes, for children	Yes, phased-in by end of first term	No
NEW GOVERNMENT PROGRAMS						
Government sponsored health plan	No	Yes, this Medicare-type plan would compete alongside private plans in Health Care Markets.	Yes, a new public plan option similar to Medicare would be offered through FEHBP and compete with private plans.	Yes, a new public plan would be offered in the National Health Insurance Exchange.		Yes, “allows all families to buy into SCHIP with sliding scale premiums”; allows buy-in to Medicare for those ages 55-64.

* This analysis is limited to candidates that have released comprehensive details proposals to date

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EMPLOYER INCENTIVES						
Employer Tax Credits	Yes, for small employers with low wage workers	No	Yes, for small employers	No	No	For small employers buying into FEHBP-style program, "firms with a high proportion of low-wage workers would get a larger subsidy than those with high wage workers"
INDIVIDUAL INCENTIVES						
Individual Tax Credits • Eligibility	Yes, for: <ul style="list-style-type: none"> Those whose premium exceeds a certain percentage of income (e.g. 5%) Unemployed workers 	Yes, for: <ul style="list-style-type: none"> Those buying coverage through "Health Care Markets" purchasing pools 	Yes, for: <ul style="list-style-type: none"> Those whose premiums exceed a certain percentage of income. 	<ul style="list-style-type: none"> Income related subsidies for those buying through the National Health Insurance Exchange 	Yes, for: <ul style="list-style-type: none"> "Americans who need help affording coverage" (including ER coverage) 	<ul style="list-style-type: none"> Income related premiums for new FEHBP-style program
Tax Deductibility of Individual Insurance	Yes, for those without access to ER coverage	No	No	No	No	No
MINIMUM BENEFIT PACKAGE						
Minimum Benefit Package Specifications	No	Yes, "comprehensive benefits" in all plans sold through "Health Care Markets" purchasing pools	Yes, "Health Menu" would have "same benefits as Congress" with priority on prevention	Yes, benefits similar to FEHBP for all coverage sold through "National Health Insurance Exchange" purchasing pool	Specifies only that insurers must cover standard set of proven preventive services	New FEHBP buy-in program will reflect same plan offerings as current FEHBP; Insurers participating in federal programs must cover preventive care

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MARKET REFORMS						
High Risk Pools <ul style="list-style-type: none"> Increased funding 	Yes <ul style="list-style-type: none"> To cover 50% of annual losses 	No	No	No	No	No
Encouragement of Purchasing Pools <ul style="list-style-type: none"> Scope 	No	Yes (“Health Care Markets”) offering private plans and Medicare type option to: <ul style="list-style-type: none"> Individuals not insured by employers, public programs Employers (may buy coverage for workers through Health Care Markets or offer own plans) 	Yes, includes FEHBP-style buy-in proposal for: <ul style="list-style-type: none"> Businesses, employees, uninsured individuals and early retirees States could band together to offer “the same type of choices” in a region. 	Yes (“National Health Insurance Exchange”) offering public and private plans to: <ul style="list-style-type: none"> “All Americans” 	Yes, includes FEHBP-style buy-in proposal for: <ul style="list-style-type: none"> Individuals Self-employed Small businesses 	Yes, includes FEHBP-style buy-in for: <ul style="list-style-type: none"> Uninsured Individuals Small businesses
Rating/Guarantee Issue Rules	No	Yes	Yes	Yes	Yes	To access the federal reinsurance pool, insurers in the individual market must guarantee issue their coverage.
Reinsurance	No	No	Tax credit/reinsurance for public and private retiree health plans to help offset catastrophic expenditures.	Federal reinsurance program for employers	No	Creates a federal reinsurance pool to reimburse employers, insurers or associations for 75% of costs >\$50K per active worker or retiree. FEHBP program will offer

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						reinsurance as well as "bonus" for plans that enroll older and less healthy workers.
Other Restrictions/ Requirements	No	<ul style="list-style-type: none"> • 85% minimum loss ratio • Minimal cost-sharing for preventive and chronic care • Review of the anti-trust exemption for insurers • "Truth in insuring" disclosures • An updated patients' bill of rights • "Putting the burden on health plans" in cases where patients unknowingly use out of network providers. 	<ul style="list-style-type: none"> • Minimum loss ratios • Prohibits benefit carve-outs for the high risk • Seeks to reduce insurer administrative/ marketing costs • Requires insurers to cover "high priority" preventive services 	<ul style="list-style-type: none"> • Minimum loss ratios in certain markets • Minimal preventive care cost-sharing • Justification for above average premium increases for "National Health Insurance Exchange" plans • Allowing up to age 25 on parent plans 	<ul style="list-style-type: none"> • 85% minimum loss ratio • Allowing up to age 25 on parent plans 	<ul style="list-style-type: none"> • Prohibits insurers or employers from collecting genetic information or using it in making decisions regarding pricing or providing coverage. • Participating insurers in federal programs must cover preventive care and shift to "paperless" uniform billing and claims forms.
GOVERNMENT PROGRAM EXPANSIONS						
Medicaid/SCHIP						
<ul style="list-style-type: none"> • Expansion 	<ul style="list-style-type: none"> • Yes, adults to 100% FPL 	<ul style="list-style-type: none"> • Yes, to 250% FPL for kids/parents 	<ul style="list-style-type: none"> • Yes, to poor childless adults 	<ul style="list-style-type: none"> • Yes, but no details 	<ul style="list-style-type: none"> • Yes, to lower income children and adults 	<ul style="list-style-type: none"> • Yes, expands eligibility to at least 300% of FPL; allows all families to buy into SCHIP on sliding scale; extends coverage to at least age 21
<ul style="list-style-type: none"> • Buy-in to ER coverage 	<ul style="list-style-type: none"> • Yes, required 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • No 	

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<ul style="list-style-type: none"> Improved outreach Medicare	<ul style="list-style-type: none"> Yes (e.g., broker incentives) 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> Yes (auto enroll) Buy-in to Medicare for ages 55-66 	<ul style="list-style-type: none"> Yes (auto enroll) Buy-in to Medicare for ages 55-64
OTHER ACCESS INITIATIVES						
<ul style="list-style-type: none"> Grants for state initiatives Education campaign Other 	<ul style="list-style-type: none"> Yes Yes 	<ul style="list-style-type: none"> No No Support for safety net/reducing health disparities 	<ul style="list-style-type: none"> No No Continued support for safety net providers (e.g., community health centers and public hospitals) 	<ul style="list-style-type: none"> No No Support for safety net/reducing health disparities Flexibility for state experiments, as long as meet minimum standards of national plan 	<ul style="list-style-type: none"> No No Limits on interest rates for personal medical debts Increase access for veterans Appears to eliminate tax advantages of HSA-plans 	<ul style="list-style-type: none"> No No Implements training programs for new health professionals
VALUE/COST MEASURES						
Comparative Effectiveness	√	√	√	√	√	√
Prevention/ Healthy Living	√	√	√	√	√	√
Adopt Health IT	√	√	√	√	√	√
Rx Drug Reform	√	√	√	√	√	√
Malpractice	√	√	√	√	Not specified	Not specified

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Reform						
Pay for Performance	√	√	√	√	√	Not specified
Increased Quality/ Cost Transparency	√	√	√	√	√	Not specified
Medicare Advantage Cuts	No	√	√	√	√	Not specified
IMPACT/ FINANCING						
Projected Cost / Funding	N/A	\$90-120 billion/year Would finance by eliminating tax cuts for those over \$200K and other tax changes	Access initiative estimated to cost \$110 B annually, financed through specific initiatives, including: <ul style="list-style-type: none"> • Repealing the Bush tax cuts to those making over \$250,000; • Limiting the tax exclusion for employer-provided health benefits to those making over \$250,000; • Cutting Medicare Advantage payments the levels of FFS Medicare; and • Reducing disproportionate share payments 	\$50-\$65 billion/year Would finance by eliminating tax cuts for those over \$250K, and other tax changes	\$104-110 billion per year estimated to be covered entirely through proposals to streamline health administration and invest in prevention	\$80 - \$110 billion per year, financed through specific initiatives, including: <ul style="list-style-type: none"> • Rolling back tax cuts for the top 1 percent • Eliminating tax breaks on capital gains and dividends • Ending tax loopholes for hedge fund managers and private equity partners