



**COMPARISON OF MAJOR UNINSURED PROPOSALS: 2008 REPUBLICAN PRESIDENTIAL CANDIDATES\***

	<b>BCBSA</b>	<b>Rudy Guiliani (R-NY)</b>	<b>Mike Huckabee (R-AR)</b>	<b>John McCain (R-AZ)</b>	<b>Mitt Romney (R-MA)</b>
<b>Overview</b>	Two-part proposal based on voluntary incentives: 1. Enhance health care value/ quality; and 2. Expand coverage through enhanced tailored solutions.	Provides families without employer coverage with a \$15,000 tax deduction to buy their own insurance, expand HSAs, and allow the purchase of health insurance across state lines.	Favors moving from an employer-based to an individual-based system. Focuses on preventive care, state-based access initiatives, tax credits and deductions, HSA expansion, and portability.	Provides all individuals with a tax credit replacing tax exclusion for existing employer-sponsored benefits. Allows the purchase of health insurance across state lines, supports AHPs, and expands HSAs.	“Federalist” approach rewards states that reform markets with federal dollars to help low-income, provide full tax deductibility of health insurance, change Medicaid into a block grant program, and enhance HSAs.
<b>MANDATES</b>					
<b>Employer mandate</b>	No	No	No	No	No
<b>Individual mandate</b>	No	No	No	No	No
<b>EMPLOYER INCENTIVES</b>					
<b>Employer Tax Credits</b>	Yes, for small employers with low wage workers	No	No	No	No
<b>Other Employer Incentives</b>		No	No	No	No
<b>INDIVIDUAL INCENTIVES</b>					
<b>Individual Tax Credits</b>	Yes, for: <ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Those whose premium exceeds a certain percentage of income (e.g. 5%)</li> <li>• Unemployed workers</li> </ul>	Yes, for lower income (no details)	Yes, for lower income (no details)	Yes, provides all individuals with tax credit (\$2,500 for individuals / \$5,000 for families) replacing tax exclusion for existing employer-sponsored benefits.	Yes, indirectly by redirecting federal funds to states to create sliding scale subsidies:
<b>Tax Deductibility of Individual Insurance</b>	Yes, for those without access to ER coverage	Yes, tax deduction of up to \$15,000 for families without	Yes, for all individuals	Would eliminate current employee tax exclusion.	Yes, including premiums and out of pocket expenses.

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

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		employer coverage; \$7500 for individuals			
<b>MINIMUM BENEFIT PACKAGE</b>					
<b>Minimum Benefit Package Specifications</b>	No	No	No	No	State programs would include "insurance product standards"
<b>MARKET REFORMS</b>					
<b>High Risk Pools</b> <ul style="list-style-type: none"> <li>Increased funding</li> </ul>	Yes <ul style="list-style-type: none"> <li>To cover 50% of annual losses</li> </ul>	No position	No position	No position	No position
<b>Encouragement of Purchasing Pools</b> <ul style="list-style-type: none"> <li>Scope</li> </ul>	No	No	No	Allows individuals to get insurance through any organization or association that they choose (i.e., supports AHPs)	No
<b>Rating/Guarantee Issue Rules</b>	No	No	No	No	No, federal incentives to deregulate market.
<b>Other</b>	No	Allows people to buy health insurance across state lines if state mandates prevent affordable coverage	<ul style="list-style-type: none"> <li>Advocates portable insurance</li> <li>Emphasizes state's and private sector's role in developing market-based solutions to reduce costs and improve quality</li> <li>Encourages healthy lifestyles and chronic disease management;</li> </ul>	Proposes nationwide insurance markets. States develop ways to give additional help to those who face particularly expensive care.	Federal incentives (i.e., access to low-income subsidy funds) for states to reform markets, lower premiums, and expand choices. Specifically identifies benefit mandates, guaranteed issue, community rating, and direct access to specialists as increasing insurance costs.

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			employers should give "exercise breaks" and "well-leave" instead of "sick-leave"		Considering allowing purchase of health insurance across state lines (but recognizes problems with that idea).
<b>GOVERNMENT PROGRAM EXPANSIONS</b>					
<b>Medicaid/SCHIP</b>					
<ul style="list-style-type: none"> <li>Expansion</li> <li>Buy-in to ER coverage</li> <li>Improved outreach</li> </ul>	<ul style="list-style-type: none"> <li>Yes, adults to 100% FPL</li> <li>Yes, required</li> <li>Yes (e.g., broker incentives)</li> </ul>	No, would encourage Medicaid reform through block grants to states.	No position. Generally against government-run healthcare and favors state-led access initiatives.	<ul style="list-style-type: none"> <li>No</li> <li>Yes -- states should allow Medicaid and SCHIP funds to be used for private insurance</li> <li>Promotes parental responsibility to cover children with existing options</li> <li>Requires any state receiving Medicaid to develop a financial "risk adjustment" bonus to high-cost and low-income families to supplement tax credits and Medicaid funds</li> </ul>	Transforms Medicaid into state block grant program and give states full flexibility to restructure program. States could use block grant funds to purchase private coverage for low-income uninsured.
<b>OTHER ACCESS INITIATIVES</b>					
<ul style="list-style-type: none"> <li>Grants for state initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	Block grants to encourage states to innovate, reduce	No specific position. Generally favors state-based access	<ul style="list-style-type: none"> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>Federal funds for states that deregulate/reform</li> </ul>

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<ul style="list-style-type: none"> <li>• Education campaign</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<p>health care costs, enroll the uninsured and address adverse selection issues.</p> <ul style="list-style-type: none"> <li>• No</li> <li>• Expand HSAs; allow individuals who don't use full deduction to place excess in HSAs</li> </ul>	<p>initiatives.</p> <ul style="list-style-type: none"> <li>• No</li> <li>• Expand HSAs by eliminating the minimum deductible requirement</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Expand and encourage HSAs; allow individuals who don't use full tax credit to place excess in HSAs</li> <li>• Permit veterans to receive care outside the VA system</li> </ul>	<p>markets</p> <ul style="list-style-type: none"> <li>• Expand HSAs by eliminating the minimum deductible requirement</li> <li>• Redirect existing uncompensated care funds to help low-income uninsured buy private health insurance</li> </ul>
<b>VALUE/COST MEASURES</b>					
<ul style="list-style-type: none"> <li>• Comparative Effectiveness</li> <li>• Prevention/Healthy Living Focus</li> <li>• Adopt Health IT</li> <li>• Rx Drug Reform</li> <li>• Malpractice Reform</li> <li>• Pay for Performance</li> <li>• Increased quality/ cost transparency</li> <li>• Medicare Advantage Cuts</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> <li>• Yes</li> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• No position</li> <li>• Yes</li> <li>• No position</li> <li>• No position</li> <li>• No position</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• No</li> <li>• Yes</li> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> <li>• No</li> </ul>

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<b>IMPACT/FINANCING</b>					
Projected Cost / Funding	N/A	None available, but stated reforms can be implemented "through tax cuts, not tax hikes."	N/A	N/A	Full impact unknown, but states no new spending or taxes are required. Tax/ HSA changes estimated to reduce health spending by 6.2% and encourage 2-6 million uninsured to purchase private coverage

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