

COST CONTAINMENT

A SUMMARY OF CALIFORNIA AND NATIONAL REFORM PROPOSALS

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California Proposals for Universal Coverage

Governor Arnold Schwarzenegger's Plan, ABX1 2^{1,2}

Cost Containment: Prevention and Wellness

- Incentives/Rewards: All plans, including those that are subsidized, must offer “Healthy Action Incentive/Rewards Program” (p. 38)
 - Includes a health appraisal to determine risk factors and a follow up appointment to review appraisal notes and to discuss recommended actions;
 - Includes incentives (e.g. reduced premiums, co-payments and coinsurance) and rewards (e.g., services not covered by plan, gym membership, weight management programs, etc.) for actions, including future appraisals, screenings, participating in healthy lifestyle programs, etc.³
- Disease Management: California Diabetes Program to promote diabetes management and prevention, particularly for Medi-Cal patients (p. 60)⁴
- Evidence-Based Medicine: Evidence-based guidelines for chronic diseases
- Education: Collection and reporting of smoking cessation benefits provided by largest 10 insurers in order to help prevent tobacco use, with one year analysis of awareness, utilization, and smoking-related indicators of beneficiaries (p. 61)
 - Also, increase efforts to reduce smoking by increasing capacity of services available from California Smokers' Helpline
- Community Makeover Grants: Community makeover grants⁵ to local health departments for active living and healthy eating programs; coordination of city, county and school collaborations for active living and healthy eating; fostering competitive grants for programs to promote physical activity among children, access to healthy foods, and better use of community recreation facilities; and culturally and linguistically appropriate educational materials (p. 61)

¹ CalHealthReform.org, Major Proposals, 2007, available from <http://calhealthreform.org/content/view/16/32/>; Internet; accessed 24 November 2007.

² California State Senate, ABX1 2 Amended, 08 November 2007, available from http://info.sen.ca.gov/cgi-bin/postquery?bill_number=abx1_2andsess=CURandhouse=Bandsite=sen; Internet; accessed 01 November 2007.

³ Rewards involving the reduction of the premium must be standardized and uniform for all groups and subscribers and will be offered only after the successful completion of a specified program or practice.

⁴ Information on diabetes management and prevention will be distributed to the public and to providers. This includes the distribution of screening guidelines, tools and protocols, as well as information for culturally and linguistically appropriate lifestyle coaching and self-management for those with pre-diabetes and diabetes. In addition, technical assistance will be given to Medi-Cal and participating providers on the scope of benefits to provide based on evidence and for data collection and evaluation.

⁵ Based on total available funding and/or proportion of the statewide population.



- With tracking and analysis of obesity-related measures, including active living, healthy eating, and community environment indicators to determine cost/effectiveness
- Including public campaign about obesity prevention as “California living”
- Support for schools to provide healthy foods
- Support for employers to implement wellness policies and programs into benefits and worksites

Cost Containment: Other Aspects

- Administration Cap: 85% of premiums on patient care
- Quality: Health Care Cost and Quality Transparency Committee to provide a plan to the secretary on collecting and reporting quality (i.e., safety/errors) and performance (i.e., cost/efficiency, utilization, health outcomes)
 - Including publishing risk-adjusted reports on outcomes of percutaneous coronary interventions by anonymous hospitals and physicians (p. 65)
 - Including pay for performance (P4P)
- HIT: Promotion of personal health records (PHRs), e-prescribing (including developing a pilot for Medi-Cal), and electronic notices⁶
- Scope of Practice: Increase number of professionals physicians can supervise and remove requirement that medical assistant needs authorization and supervision of nurse practitioners (NPs), nurse midwives, or physician assistants (PAs) to administer medication (p. 24)

Assembly Speaker Fabian Núñez’s and Senate Pro Tem Don Perata’s Plan, ABX1 1^{7,8} California Health Care Reform and Cost Control Act

Cost Containment: Prevention and Wellness

- Community Makeover Grants: Community makeover grants to local health departments for active living and healthy eating with specified guidelines, data reporting requirements and an associated media campaign about obesity prevention (p. 43)⁹
 - For infrastructure supporting active living; coordinating collaboration between city, county and school partners for active living and healthy eating; conducting competitive grants for programs promoting physical activity for children, improved access to healthy foods; better use of community recreation facilities;

⁶ Sent with permission to last known email, or if bounces, to last mailing address. Accessible via website.

⁷ CalHealthReform.org, Major Proposals, 2007, available <http://www.calhealthreform.org/content/view/58/52/>; Internet; accessed 24 November 2007.

⁸ California State Senate, ABX1 2 Amended, 08 November 2007, available from http://info.sen.ca.gov/cgi-bin/postquery?bill_number=abx1_1&sess=CURandhouse=Bandsite=sen; Internet; accessed 01 November 2007.

⁹ Awarded in proportion to funding and/or proportion of the statewide population.



and improved access to culturally and linguistically appropriate educational materials

- Incentives/Rewards: Requires all plans to offer at least one benefit package with a “Healthy Action Incentives and Rewards” (p. 37)
 - Includes health risk appraisals with a follow up appointment discussing appraisal and recommendations
 - Includes incentives (e.g., approved discounts on co-payments or premiums for nonsmokers, individuals demonstrating weight loss, or those in a disease management program) and rewards (e.g., uncovered services, gym memberships) for enrollees to be more engaged in their care and make healthy choices, including getting risk appraisals, screening, and immunizations
- Evidence-Based Medicine: Agency to review and develop best practices for chronic diseases, with a focus on obesity and diabetes prevention and smoking cessation
 - CA Diabetes Program to provide information and assistance for the prevention and treatment of diabetes; Comprehensive Diabetes Services Program for Medi-Cal beneficiaries¹⁰
 - Track and evaluate obesity related measures including active living, healthy eating, and community environment indicators
 - Summarize and report (available online) on the smoking cessation benefits of the ten largest plans in CA and expand services through the CA Smokers’ Helpline, plus evaluate changes in awareness of beneficiaries and providers of benefits, utilization of benefits, and smoking related indicators
- Schools: General support for schools to implement programs for healthy eating
- Worksites: Support for employer wellness policies and worksite programs

Cost Containment: Other Aspects

- Guaranteed Issue and Purchasing Pool: Cal-CHIPP¹¹ to spread risk
- Administration Cap: 85% of administration costs on patient care
- Quality: Establishes a new Health Care Cost and Quality Transparency Commission to establish a cost, quality, and transparency plan, including data collection, analysis, and reporting standards¹²
 - Including publication of risk-adjusted outcome reports for percutaneous coronary interventions
 - Measuring performance defined by the Institute of Medicine (IOM): safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness
- Scope of Practice: Removes requirement that medical assistant needs specific authorization and supervision of NPs, nurse-midwives, or PAs in certain settings to

¹⁰ This includes technical assistance to Medi-Cal regarding the scope of benefits, including screening guidelines, tools, and protocols and distribution avenues (p. 41), lifestyle coaching and self-management, data collection and evaluation, and a public campaign about obesity.

¹¹ Requires all insurers with ≥ 1 million CA enrollees to submit bid to MRMIB for participation in pool.

¹² With fees charged for data users to help cover the cost of implementation, aside from seeking contributions elsewhere and collecting penalties for failure to file required reports.



dispense medication; prohibits physician from supervising more than six NPs vs. 4; etc. (see page 8-9)

- HIT: Promotion of PHRs in CalPERS, e-prescribing, and electronic notices¹³
- Drugs: Cal-CHIPP (pool) may contract directly with plans or insurers for prescription drug coverage or with a pharmacy benefits manager (PBM) if approved or may get products directly through prescription drug purchasing program for public agencies or union plans (p. 83)

Senator Sheila Kuehl's Plan, SB 840^{14,15}

Cost Containment: Prevention and Wellness

- Coordinated Care and Gatekeeping: Coordinated by primary care providers¹⁶ (p. 64)
- Evidence-Based Medicine: Establish standards of care, drug formularies, and use of durable and nondurable medical equipment based on clinical efficacy (p. 14, 72)
- Cultural Sensitivity: Ensure culturally and linguistically sensitive care (p. 14)

Cost Containment: Other Aspects

- Guaranteed Issue
- Leverage: Single administrative body to negotiate fees and reimbursement
- Administration Cap: Caps administrative spending to 5% of total system-wide spending and authorizes newly created CHIS Commissioner to create other forms of cost control
- Quality: Develop standards to measure quality and performance, a statewide uniform database for measures, mandatory reporting – including anonymous error reporting, online consumer access to information for informed choices, and (p. 14-15, 67)
- HIT: Telemedicine, electronic claims, payments, and referral systems, electronic medical records (p. 14)

¹³ Sent to most recent email. If unsuccessful, sent to most recent mailing address. Notices will be accessible online.

¹⁴ CalHealthReform.org, Major Proposals, 2007, available from <http://www.calhealthreform.org/content/view/21/38/>; Internet; accessed 24 November 2007.

¹⁵ Legislative Council, State of California, Bill Documents, 10 July 2007 available from http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_840&sess=CUR&house=Bandauthor=kuehl; Internet; accessed 24 November 2007.

¹⁶ However, a patient may choose a specialist as their “primary care provider.”



Assembly Republican Leader Michael Villines' Plan, ABX1 8^{17,18}

Cost Containment: Prevention and Wellness

- Individual Responsibility: Relies on increased use of consumer-driven health plans to encourage healthy lifestyles
- Reaching the Underserved:
 - Increases Medi-Cal reimbursement rates for physicians and hospitals to 80% of Medicare (p. 5)¹⁹
 - California Physician Assistant Scholarship and Loan Repayment Program for those PAs who agree to practice in designated medically underserved areas (p.12)²⁰

Cost Containment: Other Aspects

- Competition and Choice:
 - Provides a broader range of benefit design options to facilitate consumer choice
 - Allows plans sold in other states to be sold in CA without approval from DOI or DMHC (p. 3)
 - Allows coverage products that do not include state-mandated benefits
- Competition and Choice: 401 K and Health Savings Accounts (HSAs):²¹
 - Requires CalPERS to offer 401K-style plans to state employees
 - Requires CalPERS to offer high deductible accounts and Health Opportunity Accounts (like HSAs) for Medi-Cal beneficiaries under a Section 1115 demonstration (p. 2, 5, 28)
 - State tax conformity on HSAs (p. 10)
- Purchasing Pool: California Health Insurance Exchange (p. 4, 15)

¹⁷ CalHealthReform.org, Major Proposals, 2007, available from <http://www.calhealthreform.org/content/view/59/53/>; Internet; accessed 24 November 2007.

¹⁸ California State Senate, ABX1 2 Amended, 08 November 2007, available from http://info.sen.ca.gov/cgi-bin/postquery?bill_number=abx1_8&andsess=CURandhouse=Bandsite=sen; Internet; accessed 01 November 2007.

¹⁹ In terms of cost containment, this assumes that this could have a trickle down effect of more providers serving low-income communities lacking access to physicians for preventive care.

²⁰ A trickle down effect could be assumed here as well to foster higher quality of care for the underserved leading to better health outcomes.

²¹ This assumes patient choice, control, and an improved patient-provider relationship (which could minimize malpractice suits). The program would include efforts to heighten patient awareness of cost, incentives for preventive care, reduce duplication, increase patient education/responsibility, and provide access to negotiated provider payment rates (p. 29).

Senate Republicans, Cal Care Plus^{22,23}

Cost Containment: Prevention and Wellness

- Infrastructure: Expansion of clinics to be used to provide primary care services and in lieu of emergency rooms for non-emergency visits
- Reaching the Underserved: Financial incentives for doctors and nurses to work in underserved areas and to extend charity care to uninsured and poor
 - Including increased Medi-Cal reimbursement rates
- Scope of Practice: Expands scope of practice for nurse practitioners by allowing them to operate primary care clinics

Cost Containment: Other Aspects

- Transparency: Make pricing and quality information more visible to consumers
- Competition and Choice:
 - Encourage greater availability of benefit designs that, at a minimum, conform to federal requirements for HSAs and high deductible health plans
 - Require Department of Managed Health Care and Department of Insurance to allow plans to put more products on the market
 - Require CalPERS to offer 401K-style health plans to state employees
 - Permit greater flexibility for coverage rates in the small group market
- HIT: Establishes low-interest loans for health institutions to acquire health information technology
- Repeals prohibition against hospitals directly hiring physicians

²² CalHealthReform.org, Major Proposals, 2007, available from <http://www.calhealthreform.org/content/view/20/37/>; Internet; accessed 24 November 2007.

²³ Cal Care Plus, Overview of Plan, 2007, available from <http://republican.sen.ca.gov/calcare/overview.asp>; Internet; accessed 24 November 2007.



National Proposals for Universal Coverage

Senator Hillary Clinton's "American Health Choices Plan"^{24,25}

Cost Containment: Prevention and Wellness

- National prevention initiative to reduce the incidence of chronic diseases (diabetes, cancer) that 1) requires all insurers participating in federal programs to cover high priority prevention services based on US Prevention Services Task Force recommendations, and 2) target prevention by coordinating public spending across federal programs in DHHS and collaborating with private entities to bring care into places like schools, the workplace, etc.
- Disease Management: 1) use chronic care coordination models (e.g., medical homes) in federally funded programs (Medicare, FEHBP, etc.) and permit multi-specialty clinics, private plans, and provider-sponsored organizations to bid on and provide coordinate care services, and 2) provide incentives to link providers and manage drugs, diet, exercise, lifestyle, and patient responsibility/self-management
 - Opt-in for Medicare and FEHBP beneficiaries, linking to more services with little to no cost sharing
 - Providers get bonus payments for coordinating
- Infrastructure:
 - Reinvest in public hospitals, community health centers, and surge capacity (for disasters)
 - Provide funding for improving public health and nursing workforce

Cost Containment: Other Aspects

- HIT: Reduce waste, duplication, and errors with paperless health information technology system by requiring providers participating in federal programs to adopt a private, secure, interoperable system²⁶
- Guaranteed Issue and Rating Protections: End insurance company carve outs or higher rates for people with or at risk for health problems to spread costs – and more evenly among beneficiaries
- Transparency: Increase competition based on cost and quality between insurers; includes databases and decision tools for consumers; ensure truth in advertising
- Administration Cap: Require a minimum stop-loss ratio²⁷
- Evidence-Based Medicine: Create an independent “best practices” institute to compare effectiveness of treatments to empower consumers, providers, and health plans to make the right care choices (vs. misuse, underuse, or overuse)

²⁴ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

²⁵ Hillary for President, American Health Choices Plan, 2007, available from <http://www.hillaryclinton.com/feature/healthcareplan/>; Internet; accessed 03 November 2007.

²⁶ Included will be a one-time startup financial assistance grant and financial incentives for adoption of HIT.

²⁷ The Plan does not specify a percentage of premiums that must go for patient care.



- Other Quality: Medicare payments for performance
- Drugs: Smart purchasing initiatives to reduce drug and managed care expenditures: Eliminate loopholes in federal law that slow generics coming to market; increase funding for FDA to expedite applications; give FDA authority to approve biogenerics; change federal law to allow Secretary of HHS to negotiate lower drug prices in Medicare; monitor/limit advertising to consumers and financial relationships between providers and manufacturers; and protect physician prescribing data from being sold to pharmaceuticals; phase out overpayment to private managed care plans by Medicare
- Malpractice Reform: Common sense medical malpractice: National Medical Error Disclosure and Compensation (MEDiC) Act to provide liability protections for physicians who disclose and offer to enter into negotiations for fair compensation

Senator Barack Obama’s “Plan for a Healthy America”^{28,29}

Barack Obama’s Plan for a Healthy America: Lowering Health Care Costs and Ensuring Affordable, High-Quality Health Care for All

Cost Containment: Prevention and Wellness

- Disease Management: Require plans participating in new public plan, Medicare, or FEHBP to include essential clinical preventive services and proven disease management programs and enforce payment
- Coordinated Care: Support providers to use care management programs and encourage coordinated care for chronic conditions vs. duplication, etc.
- Infrastructure:
 - Support and expand capacity of safety-net institutions
 - Expand funding for 1) primary care and public health workforce (including loan repayment, adequate reimbursement, grants for training, and infrastructure support for better working conditions) and disaster preparedness, and 2) expansion of community-based preventive intervention (sidewalks, local grocery stores, restricted tobacco advertising, etc.)
- Worksite: Support and expand worksite health promotion programs, onsite clinical preventive services, nutritious cafeteria foods and vending machines, and exercise facilities
- Schools: Support schools to create healthful environments: assist with contracts with local vendors, grant support for screening and clinical services, financial support for phys ed, and support education about health

²⁸ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

²⁹ Obama '08, Barack Obama’s Plan for a Healthy America: Lowering Health Care Costs and Ensuring Affordable, High-Quality Health Care for All, 2007, available from <http://www.barackobama.com/issues/healthcare/>; Internet; accessed 03 November 2007.



Cost Containment: Other Aspects

- Guaranteed Issue and Purchasing Pool: Guaranteed issue, with buy-in to plan similar to FEHBP covering all medically necessary services through National Health Insurance Exchange with public and approved private plans
- Quality and HIT: Hospitals and providers that participate in public plan will be required to collect, track, and publicly report measures of quality (e.g., errors, staff ratios, infections, disparities, and costs, plus percentage of premium spent on care) and meet quality, health information technology and administration standards; National Health Insurance Exchange to evaluate and report on participating plans for quality, efficiency, costs, etc., including needing to justify above-average premium increases
 - Invest \$10 b/year for five years to strengthen HIT vs. duplication, errors, poor coordination, and expensive paper claims processing
 - Phase in requirements and commit federal funds for full implementation of HIT
 - In markets where insurers are not competitive, require insurers to pay reasonable portion of premium for care vs. administration/profit; increase competition through National Health Insurance Exchange
 - Reduce waste: information technology/EMR
- Evidence-Based Medicine: Establish an independent institute to determine best practices through comparative effectiveness reviews and research and align with incentives and rewards for provider performance
- Drugs: 1) allow Americans to buy drugs from other developed countries if safe and cheaper, 2) increase use of generics in new public plan and Medicare, Medicaid, and FEHBP and prohibit large companies from paying generic drug makers not to enter into the market, 3) repeal ban on Medicare negotiating with drug companies, 4) eliminate subsidies to Medicare Advantage since not more efficient than traditional Medicare, and 5) increase competition between drug companies (investigate and prosecute monopolization with convicted paying a reasonable share of profits on their patients)
- Malpractice Reform: Strengthen antitrust laws vs. insurers charging physicians too much for malpractice insurance; promote new models to prevent errors and improve patient safety, strengthen doctor-patient relationship

Senator John Edwards' Plan^{30,31}

Universal Health Care Through Shared Responsibility

Cost Containment: Prevention and Wellness

- Disease Management: All insurance policies must offer preventive and chronic care with minimal cost sharing
 - Encourage plans to offer things like nutritional counseling for diabetics

³⁰ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

³¹ John Edwards 08, Universal Health Care Through Shared Responsibility, 2007, available from <http://johnedwards.com/issues/health-care/>; Internet; accessed 03 November 2007.



- Rewards/Incentives: Lower premiums for those who schedule free physicals and enroll in healthy living programs
- Infrastructure:
 - Secure safety net
 - Support community efforts for health: sidewalks, safety, physical education for kids
 - Improve working conditions to address nursing shortage
- Coordination: Develop partnerships among AMCs, Medicare, and other federal agencies to ensure quality care

Cost Containment: Other Aspects

- Purchasing Pool: Regional Health Care Markets purchasing pools with streamlined administration and negotiation
- Competition: Create competition among insurers
- HIT: Support HIT and infrastructure efficiencies (e.g., Rx medication dispensers to free up pharmacists to care; email and group consults between patients and doctors)
- Guaranteed Issue and Community Rating
- Evidence-Based Medicine: Establish nonprofit or public organization for independent comparative effectiveness analysis
- Quality:
 - Prevent medical errors through reorganizing patient care, communication, electronic prescribing, quality benchmarks
 - Pioneer new ways to pay for care (e.g., P4P, penalties for not meeting goals, etc.)
- Transparency: Empower patients with “Consumer Reports” for health care
- Malpractice Reform: Reduce malpractice lawsuits by encouraging voluntary reporting of medical errors
- Drugs: Promote generics by changing FDA policies and patent laws and allow reimportation of Rx drugs
- Other: End Medicare Advantage overpayments

Governor Bill Richardson’s “American Choices”^{32,33}

Bill Richardson’s Plan for Affordable Health Coverage for All Americans

Cost Containment: Prevention and Wellness

- Coordination: Reimbursement/support for coordination of care
 - Including mental health parity and coordination with primary care
- Disease Management: Support adoption of proven chronic disease models

³² Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

³³ Bill Richardson for President, American Choices: Bill Richardson’s Plan for Affordable Health Coverage for All Americans, available from <http://www.richardsonforpresident.com/issues/healthcare>; Internet; accessed 24 November 2007.



- Prevention: Require all plans to provide certain evidence-based preventive services
 - Well-child visits, cancer screenings, immunizations, and chronic disease management programs
 - Services updated yearly by independent board of physicians, medical researchers, and patients
 - Including supporting incentives for patients to use preventive, such as exempting these services from deductibles
- Infrastructure:
 - Support local, state, and regional prevention efforts (e.g., building bike lanes and walking trails; implementing prevention programs in schools, worksites; public health preparedness)
 - Ensure adequate health care workforce, particularly in certain fields (e.g., nurses) and in underserved areas (expand training, scholarships, and loan repayment programs; support increased training for minority health professionals)³⁴
- Worksite: Provide incentives for business to invest in their employees health
 - Provide educational, nutrition, and exercise programs and encouraging employees to get preventive care
- Individual Responsibility: Promote personal responsibility, including improving health literacy of Americans
- Other:
 - Prepare for natural and manmade disasters
 - Institute nationwide ban on smoking in workplaces

Cost Containment: Other Aspects

- Guaranteed Issue: Guaranteed issue and coverage expansions using some uncompensated care funds³⁵
- Evidence-Based Medicine: Promote evidence-based care and comparative effectiveness research by independent public-private partnership that dispenses information to the public
- Transparency: Promote transparency on price and quality with user-friendly mechanisms, including feedback to physicians and hospitals to improve their care
- Quality: Restructure incentives for quality care and improve patient safety through reporting requirements and safety trainings
- Streamlined health care administration, including restructuring link between Medicare and Medicaid and the division of responsibility between federal and state government
- HIT:³⁶
 - Web-based PHRs accessible by patients and physicians
 - E-prescribing

³⁴ Studies have shown that minority health professionals are more likely to work in underserved communities consisting of their ethnic background.

³⁵ Can spread insurance risk and encourage access to preventive services.

³⁶ Proposes to speed the adoption of HIT by encourage individuals, families, business, and insurance companies to buy “21st Century Health Care Bonds”, which would be used to help physicians and health care facilities with HIT startup costs.



- Drugs:
 - Negotiate drug prices through Medicare and allow elderly to buy drugs directly from Medicare
 - Increase use of generic drugs³⁷
- Tax Reform: Eliminate tax shelter (tax loopholes) for high risk plans³⁸
- Administration Cap: 85% of insurance company revenue on patient care
- Require insurance companies to standardize and simplify forms for patients and physicians³⁹
- Administration: Simplify reporting requirements for physicians and hospitals⁴⁰
- Other: Limit overpayments to private Medicare Advantage plans

Senator Joe Biden's "The Biden CARE Plan"^{41,42}

Cost Containment: Prevention and Wellness

- Education: Increase funding to promote awareness and prevention
- Disease Management and Prevention:
 - Require insurers in federal programs to cover preventive care
 - Establish chronic disease treatment programs in federal programs
 - Support research for best practices for chronic disease management
- Incentives/Rewards: Eliminate co-payments for physicals, vaccinations, vision and hearing screenings, and preventive dental check-ups for all children
- Infrastructure: Help ensure adequate medical and public health workforce through scholarship and loan repayment programs, etc.

Cost Containment: Other Aspects

- Guaranteed Issue and Purchasing Pool: Pool for buy-in, including allowing insurers offering individual policies access to pool if guarantee issue
 - Also federal reinsurance for catastrophic coverage
- Evidence-Based Medicine: Increase comparative effectiveness research
- HIT: To reduce duplication, improve patient-provider communication, and improve quality of treatment through electronic health records
- Efficiency: Require insurers to have uniform, electronic billing and claims

³⁷ This is to contain costs and encourage prevention by ensuring maintained use.

³⁸ These risk placing excessive financial burdens on families and provide a shelter for the wealthy.

³⁹ The goal here is to increase the time spent on care rather than bureaucracy.

⁴⁰ The goal here is to increase the time spent on care with the hopes of improving outcomes and reducing errors, as well as improving the quality of information available to the public.

⁴¹ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁴² Biden President '08, Health Care, 2007, available from <http://www.joebiden.com/issues?id=0003>; Internet; accessed 20 November 2007.

- Drugs: Allow Medicare to negotiate prices

Senator Chris Dodd's Plan^{43,44}

Health Care for All: The Dodd Plan

Cost Containment: Prevention and Wellness

- Disease Management: modeled after the Veterans Administration and private integrated health systems for coordination
- Incentives/Rewards: For smoking cessation, weight loss, and exercise
- Infrastructure: Expand public health and safety net to increase outreach and care

Cost Containment: Other Aspects

- HIT: Use of interoperable technology, including incentives for adoption of HIT
- Guaranteed Issue and Purchasing Pool: HealthMart based on Federal Employees Health Benefits Plan with power to negotiate premiums and work towards single claims' processing system

Governor Mike Gravel's "Universal Single Payer Healthcare Voucher Plan"^{45,46}

Cost Containment: Prevention and Wellness

- Incentives/Rewards: Modest copayment and deductible for basic coverage⁴⁷

Cost Containment: Other Aspects

- HIT: Entire medical history available to all providers electronically (similar to Veterans Administration)
- Other: Single payer to reduce administrative costs

⁴³ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁴⁴ Chris Dodd President 2008, 2007, available from <http://chrisdodd.com/node/1924>; Internet; accessed 20 November 2007.

⁴⁵ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁴⁶ You Tube, Health Care Forum: Mike Gravel, 2007, available from <http://youtube.com/watch?v=KyW7y0hq8XQ>; Internet; accessed 03 December 2007.

⁴⁷ Additional benefits would be available through supplemental coverage.

Congressman Dennis Kucinich’s “Medicare for All” (HR 676)^{48,49,50}

Cost Containment: Prevention and Wellness

- Incentives/Rewards: No cost-sharing for covered benefits

Cost Containment: Other Aspects

- Evidence-Based Medicine: Establish standards related to staffing, technology, design and scope of work in the workplace, and best practices for clinical care
- HIT: Electronic medical records and uniform electronic billing system
- Drugs: Bulk drug purchasing, encouraged generics, and evidence-based prescribing
- Other:
 - Global budgets
 - Single payer to reduce paperwork

Mayor Rudy Giuliani’s Plan^{51,52}

Cost Containment: Prevention and Wellness

- Prevention: Promote inclusion of wellness coverage by insurance and tie Medicaid payments to state success in promoting prevention and tracking children’s obesity

Cost Containment: Other Aspects

- HIT: Invest in HIT
- Transparency: For prices, provider qualifications, and risk-adjusted procedure outcomes to increase competition and reduce costs
- Malpractice Reform: Eliminate frivolous lawsuits without limiting compensation
- Grants: State grants to encourage innovation, reduce costs, cover uninsured, and solve adverse selection issues
- Drugs: Streamline FDA process to expedite new drugs introduction into the market

⁴⁸ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁴⁹ Dennis for President, A Healthy Nation, 2007, available from <http://www.dennis4president.com/go/issues/a-healthy-nation/>; Internet; accessed 03 December 2007.

⁵⁰ 110th Congress 1st Session, H.R. 676, 24 January 2007, available from www.pnhp.org/nhibill/nhi_bill_final.pdf; Internet; accessed 03 December 2007.

⁵¹ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁵² Join Rudy 2008, 12 Commitments, 2007, available from <http://www.joinrudy2008.com/commitment/>; Internet; accessed 03 December 2007.



Senator John McCain's Plan^{53,54}

Cost Containment: Prevention and Wellness

- Disease Management: Invest in prevention and chronic disease management and research
- Coordination: Reform payment systems in Medicare to pay for diagnosis, prevention, and care coordination
- Other: Innovative delivery systems (e.g., clinics in retail outlets, telemedicine)

Cost Containment: Other Aspects

- Malpractice Reform: Malpractice reforms to limit frivolous lawsuits and excessive damages with safe harbors for practice within clinical guidelines and safety protocols
- Pay for Performance: Promote competition among providers by paying for performance/quality
- Competition:
 - Promote competition among insurers by permitting sale of nationwide insurance unregulated by the states and allow physicians to practice nationwide (also reduces administration costs)
 - Provide for enforcement of federal protections against unfair business and consumer practices
- HIT: Promote 21st century information systems
- Scope of Practice: Promote use of physician extenders and alternative treatment settings (e.g., walk-in clinics)
- Individual Responsibility and Quality: Make more information on treatment options and transparency on medical outcomes, quality of care, costs, and prices available to public
- Drugs: Require drug companies to reveal price of drugs; allow reimportation; encourage faster introduction of generics and biologics

⁵³ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁵⁴ McCain, Straight Talk on Health System Reform, 2007, available from <http://www.johnmccain.com/Informing/Issues/19ba2f1c-c03f-4ac2-8cd5-5cf2edb527cf.htm>; Internet; accessed 03 December 2007.

Senator Fred Thompson's Plan^{55,56}

Cost Containment: Prevention and Wellness

- Disease Management and Individual Responsibility: Focus on prevention, chronic disease management, and personal responsibility

Cost Containment: Other Aspects

- Competition: Streamline regulation in the free market
- Transparency: Greater transparency for improved quality of care
- Evidence-Based Medicine: Support for use of best practices
- HIT: Support use of HIT

Governor Mitt Romney's Plan^{57,58}

Cost Containment: Prevention and Wellness

- Other: Use some uncompensated care funds to provide private insurance upfront for the needy

Cost Containment: Other Aspects

- Malpractice Reform: Through federal caps on economic and punitive damage awards and state reforms
- HIT and Quality: Federal incentives to...
 - Promote electronic medical records and HIT
 - Establish cost and quality transparency
 - Expand provider options
- Other: Encourage states to simplify/eliminate cumbersome insurance regulations and use innovation to spend Medicaid dollars

⁵⁵ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁵⁶ Fred 08, Issues, 2007, available from <http://www.fred08.com/Principles/PrinciplesSummary.aspx>; Internet; accessed 03 December 2007.

⁵⁷ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁵⁸ Mitt Romney, The Romney Plan, 2007, available from <http://www.mittromney.com/Issues/healthcare#romneyplan-header>; Internet; accessed 03 December 2007.

Governor Mike Huckabee's Plan^{59,60}

Cost Containment: Prevention and Wellness

- Incentives/Rewards:
 - Waive cost-sharing for preventive services
 - Reduce premiums for beneficiaries' healthy lifestyles
- Disease Management: Increase focus on preventive services and chronic disease management

Cost Containment: Other Aspects

- Individual Responsibility: Require higher out-of-pocket costs and promote HSAs to encourage personal responsibility and decrease moral hazard
- Malpractice Reform: Enact liability reform
- HIT: Adopt electronic medical records
- Other: Encourage private sector and states to seek innovative ways to cut costs and improve free market

Congressman Duncan Hunter's Plan^{61,62}

Cost Containment: Aspects

- Transparency and Competition:
 - Require providers to put fee schedules online or otherwise publicly available
 - Buy health insurance from any state to minimize cumbersome state regulations and increase competition
- Other: Innovation tested through four hospitals⁶³

⁵⁹ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁶⁰ Mike Huckabee President, Issues: Health Care, 2007, available from http://www.mikehuckabee.com/?FuseAction=Issues.View&Issue_id=8; Internet; accessed 03 December 2007.

⁶¹ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁶² Duncan Hunger for President '08, Core Principles, 2007, available from <http://www.gohunter08.com/inner.asp?z=4>; Internet; accessed 03 December 2007.

⁶³ This section of his plan also describes a pilot project with four deregulated hospitals designated as the testing ground for new procedures and cost saving measures. Medicare will pay all patient costs not covered by insurance, including revenue loss, and the hospitals will be strictly monitored.

Congressman Ron Paul's Plan^{64,65}

Cost Containment: Aspects

- Scope of Practice: Reform licensure requirements to allow pharmacists and nurses to perform basic functions to increase access to care and lower costs
- Competition:
 - Promote free market competition
 - Give physicians the power to collectively negotiate with insurance companies

Congressman Tom Tancredo's Plan^{66,67}

Cost Containment: Aspects

- Immigration: Deport illegal aliens or encourage them to leave
- Malpractice Reform: Enact medical liability/tort reform
- Competition: Promote competition in small group health insurance market by banding small businesses together to negotiate with health plans

⁶⁴ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁶⁵ Ron Paul 2008, Health Care, 2007, available from <http://www.ronpaul2008.com/issues/health-care/>; Internet; accessed 03 December 2007.

⁶⁶ Kaiser Family Foundation, 2008 Presidential Candidate Health Care Proposals: Side-By-Side Summary, 2007, available from <http://www.health08.org/sidebyside.cfm>; Internet; accessed 03 November 2007.

⁶⁷ Tancredo 08 for President, On the Issues, 2007, available from <http://teamtancredo.org/stands/>; Internet; accessed 03 December 2007.