

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

This side-by-side comparison of the candidates' positions on health care was prepared by the Kaiser Family Foundation with the assistance of Health Policy Alternatives, Inc. and is based on information appearing on the candidates' websites as supplemented by information from candidate speeches, the campaign debates and news reports. The sources of information are identified for each candidate's summary (with links to the Internet). The comparison highlights information on the candidates' positions related to access to health care coverage, cost containment, improving the quality of care and financing. Information will be updated regularly as the campaign unfolds.

| | Rudy Guiliani | Mike Huckabee | Duncan Hunter | John McCain |
|---|--|---|---|--|
| Party Affiliation | <ul style="list-style-type: none"> • Republican | <ul style="list-style-type: none"> • Republican | <ul style="list-style-type: none"> • Republican | <ul style="list-style-type: none"> • Republican |
| Stated goal | <ul style="list-style-type: none"> • Transform the way health insurance coverage is provided by using free-market incentives that will also reduce costs and improve quality. | <ul style="list-style-type: none"> • A "complete overhaul of our health care system," to create a health system favoring market-based, consumer-based policies. | <ul style="list-style-type: none"> • Advocates market-based health care, and supports allowing individuals to purchase insurance across state lines. | <ul style="list-style-type: none"> • Provide access to affordable health care for all by paying only for quality health care, having insurance choices that are diverse and responsive to individual needs, and encouraging personal responsibility. |
| Date plan announced: | <ul style="list-style-type: none"> • July 31, 2007 | <ul style="list-style-type: none"> • April 24, 2007 | <ul style="list-style-type: none"> • No formal plan announced. | <ul style="list-style-type: none"> • October 11, 2007 |
| Overall approach to expanding access to coverage | <ul style="list-style-type: none"> • Provide individuals without employer-based coverage a health insurance tax deduction to subsidize their health insurance premiums and provide lower-income families a tax credit to help subsidize their premiums. Tax changes are intended to shift millions from employer-based to individual insurance. | <ul style="list-style-type: none"> • Use tax deductions and tax credits to encourage people to buy private health insurance and encourage other market-based solutions to problems of cost and access. | <ul style="list-style-type: none"> • Increase competition in the private health insurance market by allowing consumers to purchase any insurance product offered in any state. | <ul style="list-style-type: none"> • Remove the favorable tax treatment of employer-sponsored insurance and provide a tax credit to all individuals and families to increase incentives for insurance coverage; promote insurance competition; and contain costs through payment changes to providers, tort reform and other measures. |
| A. Requirement to obtain or offer coverage | <ul style="list-style-type: none"> • No provision. Opposes government mandated insurance coverage. | <ul style="list-style-type: none"> • No provision. Opposes "universal health care mandated by federal edict." | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. Opposes mandates for coverage. |
| B. Expansion of public programs | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Give veterans ability to use their VA benefits to pay for timely high quality care from providers in the best locations. |
| C. Premium subsidies to individuals | <ul style="list-style-type: none"> • Provide a refundable tax credit to low-income individuals that could be coupled with Medicaid coverage and employer contributions.. | <ul style="list-style-type: none"> • Provide a health insurance tax credit to low-income taxpayers. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Provide a tax credit of \$2,500 (individuals) and \$5,000 (families) to all individuals and families for the purchase of insurance. • Require any state receiving Medicaid to develop a financial "risk adjustment" bonus for high-cost and low-income families to supplement tax credits and Medicaid funds. |
| D. Premium subsidies to employers | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision | <ul style="list-style-type: none"> • No provision. |

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| E. Tax changes related to health insurance | <ul style="list-style-type: none"> • Provide individuals without employer-based coverage a tax deduction of up to \$15,000 to make insurance more affordable. Permit taxpayer to place any excess funds in HSAs to cover deductibles or other medical expenses. • Provide a refundable tax credit to low-income individuals (see Item C). • Simplify HSA regulations. | <ul style="list-style-type: none"> • Provide a health insurance tax deduction for individuals and families. • Provide a health insurance tax credit to low-income taxpayers. • Make HSAs more widely available, not just for those who have a high deductible health plan. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Reform the tax code to eliminate bias toward employer-sponsored health insurance. • Allow individuals owning “innovative multi-year policies” that cost less than the credit to deposit the excess into expanded HSAs |
| F. Creation of insurance pooling mechanisms | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Allow association plans that meet standards and certification requirements (see item “G”). |
| G. Changes to private insurance | <ul style="list-style-type: none"> • Permit individuals to purchase insurance across state lines. | <ul style="list-style-type: none"> • Make health insurance more portable from one job to another. • Expand HSAs so that they are available to everyone and not just those with a high deductible plan | <ul style="list-style-type: none"> • Permit insurance products offered in one state to be purchased by individuals in all states. | <ul style="list-style-type: none"> • Promote competition and individual choice of insurance by allowing insurance to be sold across state lines. • Encourage innovative multi-year insurance products. • Allow small businesses and self-employed to purchase insurance through any organization or association. Such entities would have to meet rigorous standards and certification. Coverage would be portable and would bridge the time between retirement and Medicare eligibility. |
| H. State flexibility | <ul style="list-style-type: none"> • Provide states with block grants to encourage innovation, reduce health costs, enroll the eligible uninsured in public plans, and address adverse selection issues. | <ul style="list-style-type: none"> • Allow states to act as laboratories for new market-based approaches to coverage. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Give states flexibility and encouragement to experiment with: <ul style="list-style-type: none"> • Use of private insurance and risk-adjusted payments per episode under Medicaid; • Alternative forms of access, insurance policies and providers and different licensing schemes for providers. |

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| Cost containment | <ul style="list-style-type: none"> • Invest in health information technology to lower costs through improved efficiency and quality. • Create transparency for prices, provider qualifications and risk-adjusted procedure outcomes to expand competition and reduce costs. • Supports medical liability reform. | <ul style="list-style-type: none"> • Encourage the private sector to seek innovative ways to bring down costs and improve free market for health care. • Require participants in health insurance plans to pay more out of pocket and open HSAs as way to encourage them to stay healthy and limit the use of services. • Waive cost-sharing for preventive benefits to encourage their use. • Chronic disease management • Enact medical liability reform. • Adopt electronic health records | <ul style="list-style-type: none"> • Maintaining consumer interest in reducing the growth of health care costs. • Believes that allowing consumers access to plans offered in any state will make insurance more affordable through increased competition in the private health insurance market. | <ul style="list-style-type: none"> • Adopt malpractice reforms that limit frivolous lawsuits and excessive damages and provide safe harbors for practice within clinical guidelines and safety protocols. • Promote competition among providers by paying them only for quality and promote use of alternative providers (e.g., nurse practitioners) and treatment settings (e.g., walk-in clinics in retain outlets). • Provide for vigorous enforcement of federal protections against collusion, unfair business and consumer practices. • Invest in prevention and care of chronic illnesses. • Increase competition and reduce administrative overhead costs of private insurance by permitting sale of nationwide insurance (i.e., not regulated by the states), • Require drug companies to reveal the price of their drugs; allow re-importation of drugs; and encourage faster introduction of generics and biologics. • Provide consumers with more information on treatment options and require provider transparency regarding medical outcomes. |
| Improving quality/ health system performance | <ul style="list-style-type: none"> • Support transparency of prices, provider qualifications and risk-adjusted procedure outcomes as ways to improve quality. • Streamline the FDA drug approval process to reduce regulations that delay new cures. • Proposes that “health insurance should be redefined to cover wellness as well as sickness.” Promote healthy lifestyles and tie federal Medicaid payments to a state’s success in promoting preventive care and tracking obesity in children. | <ul style="list-style-type: none"> • Increase attention to preventive health care and chronic disease management. • Reduce health insurance premiums for those who live healthy lifestyles. | <ul style="list-style-type: none"> • Increased market competition to improve the performance of the health care system. | <ul style="list-style-type: none"> • Change provider payment to encourage coordinated care (eg., pay a single bill for high quality heart care rather than individual services). • Provide Medicare payments for diagnosis, prevention, and care coordination and bar payments for preventable medical errors or mismanagement. • Require transparency by providers with regard to medical outcomes, quality of care, costs, and prices. • Establish national standards for measuring and recording treatments and outcomes. • Promote deployment of HIT. • Where cost effective, employ telemedicine and clinics in rural and underserved areas. |

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| Other investments | <ul style="list-style-type: none"> • Not specified. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Support federal research related to science-based care and cure of chronic disease. • Promote education of children about health, nutrition, and exercise. • Support public health initiatives to stem obesity and diabetes and deter smoking. |
| Financing | <ul style="list-style-type: none"> • Not specified. Says that health care reform can be achieved “through tax cuts, not tax hikes.” | <ul style="list-style-type: none"> • Not specified. | <ul style="list-style-type: none"> • No provision. | <ul style="list-style-type: none"> • Not yet specified although indicates that cost containment measures would make insurance more affordable. |

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| | Ron Paul | Mitt Romney | Tom Tancredo | Fred Thompson |
|---|--|---|--|---|
| Party Affiliation | • Republican | • Republican | • Republican | • Republican |
| Stated goal | • Take steps to encourage more free market competition among providers. | • Provide access to affordable quality health insurance for every American and slow the rate of inflation in health care spending. | • Reduce number of uninsured Americans. | • Free-market solutions to achieve coverage for all that is affordable, accessible, and portable. |
| Date plan announced: | • No formal plan announced. | • August 24, 2007 | • No formal plan announced. | • No formal plan announced. |
| Overall approach to expanding access to coverage | • Provide tax deductions for all of taxpayers' unreimbursed medical expenses and insurance premiums. | • Expand and deregulate the private health insurance market, make changes to the tax treatment of health insurance, and promote state-based innovation. | • Market based solutions to expand coverage and address other health care problems. | • Increase competition and consumer choice while streamlining regulations. |
| A. Requirement to obtain or offer coverage | • No provision. | • No provision. | • No provision. | • No provision. |
| B. Expansion of public programs | • No provision. | • No expansion proposed, but would block — grant federal Medicaid funds and give states full flexibility to restructure Medicaid by removing administrative requirements. States could use block grant funds to purchase private coverage for low-income uninsured. | • No provision. | • Programs must be "streamlined and improved so that those who truly need help can get the care they need." |
| C. Premium subsidies to individuals | • Allow individuals to fully deduct health care costs, including premiums, from their taxes. (Current law limits the individual deduction to those unreimbursed medical expenses in excess of 7.5% of the taxpayer's adjusted gross income.) | • Existing federal and state subsidies supporting uncompensated care would be redirected to provide subsidies for low-income uninsured families. States would design the subsidies and eligibility requirements. | • Would "not rule out federal incentives or limited subsidies to make sure families who have fallen on hard times are not without coverage." | • Supports tax incentives to encourage individual purchase of health insurance. |
| D. Premium subsidies to employers | • No provision. | • No provision. | • No provision. | • No provision. |

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| E. Tax changes related to health insurance | <ul style="list-style-type: none"> No provision (see item C.) | <ul style="list-style-type: none"> Tax code changes to permit full deductibility of qualified medical expenses including premiums and cost sharing for those with at least catastrophic coverage. Eliminate the minimum deductible requirement for HSAs. | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> No provision. |
| F. Creation of insurance pooling mechanisms | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> Support Association Health Plans through pre-existing professional associations as way to reduce number of uninsured by making health insurance more affordable for small businesses. | <ul style="list-style-type: none"> No provision. |
| G. Changes to private insurance | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> Provide federal incentives for states to deregulate and reform health insurance markets to lower insurance costs and facilitate consumer choice. Identifies benefit mandates, guaranteed issue, community rating, direct access to specialists and other features as over-regulation contributing to high cost insurance. | <ul style="list-style-type: none"> Permit association Health Plans for small businesses to offer more affordable plans | <ul style="list-style-type: none"> No provision. |
| H. State flexibility | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> Supports federalist approach to allow states to craft health reforms. | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> No provision. |
| Cost containment | <ul style="list-style-type: none"> Use the free market to determine health care costs by promoting competition among providers. | <ul style="list-style-type: none"> Supports medical liability reform through federal caps on economic and punitive damage awards and additional state reforms. | <ul style="list-style-type: none"> Address illegal immigration. Enact Medical liability/tort reform | <ul style="list-style-type: none"> Realign programs and create a system around individual consumers and patients by providing more information and opportunities to choose affordable health care options. Streamline regulations to reduce costs for individuals and employers. Promote cost-effective prevention, chronic-care management and personal responsibility. |
| Improving quality/health system performance | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> Proposes to “bring market dynamics” to health care by providing federal incentives to promote electronic medical records and IT, establish cost and quality data transparency, and expand provider options. | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> Modernize delivery and administration of care by encouraging widespread use of clinical best practices, HIT, and other innovations. |
| Other investments | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> No provision. | <ul style="list-style-type: none"> Promote and speed medical research and life-sciences innovation. |
| Financing | <ul style="list-style-type: none"> Not specified. (Opposes raises taxes to help make health care more affordable.) | <ul style="list-style-type: none"> Would be financed by redirecting existing subsidies for care of the uninsured. | <ul style="list-style-type: none"> Promote competition in small group health insurance market to make coverage more affordable. | <ul style="list-style-type: none"> No provision. Solutions would not include raising taxes. |

| Candidate | Source |
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| Rudy Guiliani | <ul style="list-style-type: none"> • http://www.joinrudy2008.com/commitment.php?num=7 - September 4, 2007 • http://online.wsj.com/article_print/SB1181177221277221.html • http://politics.nytimes.com/election-guide/2008/issues/healthcare/index.html - September 25, 2007 • http://www.kaisernetwork.org/daily_reports/health2008dr.cfm?DR_ID=46953 |
| Mike Huckabee | <ul style="list-style-type: none"> • www.mikehuckabee.com/index.cfm?FuseAction=Issues.View&Issue_id=8 - September 4, 2007 • http://modernhealthcare.com/apps/pbcs.dll/article?AID=/20070716/FREE/307170001&SearchID=73288136439680 - "Mike Huckabee: U.S. Needs Prevention in a Free Market," Modern Healthcare, July 16, 2007, |
| Duncan Hunter | <ul style="list-style-type: none"> • http://politics.nytimes.com/election-guide/2008/issues/healthcare/index.html - September 25, 2007 • http://www.gohunter08.com/ - September 4, 2007 |
| John McCain | <ul style="list-style-type: none"> • http://www.johnmccain.com/Informing/Issues/19ba2f1c-c03f-4ac2-8cd5-5cf2edb527cf.htm - October 11, 2007 |
| Ron Paul | <ul style="list-style-type: none"> • http://www.ronpaul2008.com/ - August 31, 2007 • http://politics.nytimes.com/election-guide/2008/issues/healthcare/index.html - September 25, 2007 |
| Mitt Romney | <ul style="list-style-type: none"> • http://www.mittromney.com/News/Press-Releases/Policy_Briefing_Health_Care - August 27, 2007 • http://www.health08.org/candidates/romney.cfm - August 8, 2007 • http://politics.nytimes.com/election-guide/2008/issues/healthcare/index.html - September 25, 2007 |
| Tom Tancredo | <ul style="list-style-type: none"> • http://www.teamtancredo.com/tancredo_issues_index.asp - August 8, 2007 • http://www.health08.org/candidates/tancredo.cfm - August 31, 2007 • http://politics.nytimes.com/election-guide/2008/issues/healthcare/index.html - September 25, 2007 |
| Fred Thompson | <ul style="list-style-type: none"> • http://www.fred08.com/Principles/PrinciplesSummary.aspx?View=OnTheIssues - October 2, 2007 • http://www.health08.org/candidates/ftompson.cfm - October 2, 2007 • http://blog.washingtonpost.com/the-trail/2007/10/02/thompson.html - October 3, 2007 |