THE HENRY J. KAISER FAMILY FOUNDATION

health08.org
Election news, analysis and events

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.

	Joe Biden	Hillary Clinton	Chris Dodd	John Edwards
Party Affiliation	• Democrat	• Democrat	• Democrat	• Democrat
Stated goal	• Comprehensive plan for assuring access to health coverage for every American, starting with coverage of children.	• Affordable and high-quality universal coverage through a mix of private and public insurance.	• Affordable and high-quality universal coverage through a mix of private and expanded public insurance.	• Affordable and accountable universal coverage through a mix of private and expanded public insurance.
Date plan announced:	• October 23, 2007	• May 24, 2007 for cost, August 23, 2007 for quality, and September 17, 2007 for coverage	• July 26, 2007	• February 18, 2007
Overall approach to expanding access to coverage	• Achieve coverage of all Americans starting with children by expanding the Medicaid and SCHIP programs and creating new options to buy into coverage through Medicare and a new program that mirrors the Federal Employees Health Benefits Program (FEHBP). Would provide subsidies to low-income individuals to enable them to afford coverage and would create a Federal reinsurance system for catastrophic costs to lower health insurance premiums.	• Every American required to have coverage, with income-related tax subsidies available to make coverage affordable. Private and public plan options would be available to individuals through a new Health Choices Menu operated through the Federal Employee Health Benefits Program (FEHBP). Coverage through employers and public programs like Medicare continues.	• Requires individuals to obtain health coverage and requires employers to offer coverage or help finance coverage for employees. Creates a new program, Universal HealthMart that would be based on and parallel to FEHBP. The federal government would subsidize premiums for individual and businesses unable to afford them. People under 100% of poverty would be eligible to enroll in Medicaid. Medicare would remain as it is today.	• Individuals would be required to obtain health insurance coverage and employers would be required to provide insurance or help finance insurance for employees to achieve universal coverage by 2012. To improve access to health insurance, creates Health Markets, which are nonprofit purchasing pools offering competing public and private health plans, establishes tax credits to help subsidize the cost of insurance purchased through Health Markets, and expands public insurance to serve more low income adults and children.
A. Requirement to obtain or offer coverage	• No provision.	• Individuals must have health insurance coverage. • Large employers must provide an employee plan or contribute to the cost of coverage. • Most small employers are not required to offer or contribute to coverage costs but are provided incentives to do so.	• Require individuals to obtain health insurance coverage. Individuals who fail to meet coverage requirement would be automatically enrolled into HealthMart. • Require employers that elect not to offer coverage to pay a defined contribution into HealthMart. These funds would be used to help workers pay for insurance.	• Once insurance is "affordable." everyone would be "expected" to obtain health insurance coverage. • Require employers to provide or help finance health insurance for employees.

	Joe Biden	Hillary Clinton	Chris Dodd	John Edwards
B. Expansion of public programs	• Cover all children by expanding SCHIP eligibility to at least 300% of FPL, allow families to buy into SCHIP with sliding scale premiums and income-based co-payments, and extend SCHIP coverage to at least age 21. • Emphasize wellness and preventive services by eliminating co-pays and automatically enrolling eligible uninsured children at birth, school registration or through other income-tested programs. • Expand Medicaid to cover some parents of low-income children. • Permit people ages 55-64 to buy into the Medicare program.	• Medicaid and SCHIP safety net strengthened "for the most vulnerable populations" to plug gaps, such as lack of coverage for poor, childless adults.	• Create Universal HealthMart as a publicly administered pooling mechanism, which offers a choice of private plans (see item F. below). • Phase-in coverage under HealthMart over 4 years, beginning with children, adults to age 29, and adults ages 55 to 64 (covered within the first two years), and then all remaining adults. • HealthMart coverage would be portable. • Expand Medicaid to cover all people under 100% of FPL with adjustments in the federal match to hold states harmless for the costs of the expansion. • Medicare would remain as is.	• Expand Medicaid and SCHIP to serve all adults under 100% of the federal poverty level (FPL) and all children and parents under 250% FPL. • Under the new Health Markets (see item F), at least one public insurance plan based on Medicare would be offered to people who do not have access to comparable job-based coverage or are uninsured. • Coverage under Health Market plans would be portable.
C. Premium subsidies to individuals	• Premiums for plans offered through the new FEHBP-like insurance pool (See "F") would be charged on a sliding scale basis. • Subsidies would be provided to low-income individuals ages 55-64 to enable them to buy-in to Medicare.	• Refundable tax credit to help working families pay for coverage. • The value of the credit would be set to ensure that premiums could not exceed a fixed percentage of family income, while maintaining price consciousness among consumers.	• Make federal premium subsidies available to families obtaining coverage through HealthMart based on their ability to pay.	• Federal refundable tax credits would be available to subsidize the cost of insurance on a sliding scale for middle class families. Insurance would be purchased through the Health Markets (see item F).
D. Premium subsidies to employers	• Small businesses could buy into the new FEHBP-like insurance pool (See "F") with federal subsidies based on the proportion of low-wage workers.	• Refundable small business tax credit to provide an incentive to offer or maintain employee coverage. (High-income small businesses would not qualify.) • A "retiree health legacy initiative" would provide qualifying public and private sector employers offering retiree health plans with a tax credit to offset catastrophic health expenditures, "as long as savings are dedicated to workers and competitiveness."	• Make federal premium subsidies available to businesses obtaining coverage through HealthMart based on their ability to pay.	• No provision.
E. Tax changes related to health insurance	• No provision.	• Employer-funded health premiums would continue to be excluded from income taxes except for "the high-end portion of very generous plans for those making over $250,000."	• No provision.	• No provision.

	Joe Biden	Hillary Clinton	Chris Dodd	John Edwards
F. Creation of insurance pooling mechanisms	• Allow the uninsured and small businesses to buy into a program that mirrors the Federal Employee Health Benefit Plan (FEHBP). Insurers that participate in FEHBP would be required to offer plans in the new universal buy-in plan and could receive risk adjusted payments based on age and health status. • Provide federal coverage of catastrophic medical expenditures through a federal reinsurance pool to reimburse employers insurers or associations for 75% of costs exceeding $50,000 per individual. To qualify, employers would be required to cover all employees and apply best practices to chronic disease management and insurers in the individual market would have to demonstrate that they operate and effective high cost case management system.	• New Health Choices Menu would be offered to all Americans through the FEHBP, offering the same private plan options available to members of Congress along with a public plan option similar to Medicare. • Benefits would be at least as good as an FEHBP benchmark plan, including mental health parity and usually dental coverage. • Employers could buy coverage through the new Health Choices Menu on behalf of workers or early retirees.	• Create Universal HealthMart, based on and parallel to FEHBP. • HealthMart would offer a variety of comprehensive private plans and entitle every American to same benefits and types of plans as Members of Congress.	• Create regional Health Markets through which public and private insurance would be sold to people without comparable job-based or public insurance coverage. At least one public plan in the Health Market would be based on Medicare. • Require participating insurers to provide coverage on guaranteed issue basis and community rate premiums. • Require participating plans to offer mental health and comprehensive preventive benefits.
G. Changes to private insurance	• Require insurers that participate in federal reinsurance program to cover preventive care and apply best practices to chronic disease management. • Allow insurers in the individual market access to the reinsurance pool if they agree not to turn applicants away because of pre-existing conditions or risk of them. • Prohibit insurers in general from collecting or using genetic information when making decisions about health coverage or pricing of insurance policy. (Note that employers in general would also be prohibited from using genetic information in hiring and insurance decisions.)	• Require private insurers to provide coverage on a guaranteed issue and guaranteed renewable basis. • Prohibit insurers from "carving out benefits" or charging higher rates to people with health problems or who are at risk of developing them. Limit premium variations on basis of age, gender or occupation. • Require insurers to meet minimum loss ratio (including limiting marketing costs) and "ensure high value for every premium dollar." • Require all insurers that participate in federal programs to cover preventive services based on recommendations of US Prevention Services Task Force and promote chronic disease management.	• HealthMart would offer coverage through private insurers that are willing to agree to specific standards and offer comprehensive benefit packages, including preventive health screenings for children. • Prohibit discrimination based on medical condition.	• Require all health insurers to spend at least 85% of premiums on patient care benefits and comply with new "truth-in-insuring" rules to make insurance more transparent to consumers. • Reduce the enrollee out-of-pocket costs of using out of network providers for emergencies.
H. State flexibility	• No provision.	• State option to band together to offer same type of choices in a region of the country as Health Choices Menu.	• No provision.	• No provision.

	Joe Biden	Hillary Clinton	Chris Dodd	John Edwards

Cost containment	• Increase funding for programs that promote awareness and prevention of chronic diseases and obesity.
	• Require insurers participating in federal programs to cover preventive care.
	• Establish chronic disease treatment programs in Medicare and other federal programs to better manage care especially for people with multiple conditions.
	• Create a panel to compare the effectiveness of medical treatments and technologies and to establish best practices for management of chronic diseases.
	• Reduce administrative costs and improve quality of care by investing at least $1 billion per year to move the health care system to electronic medical records and provide federal funding for state initiatives to achieve a uniform billing system and require insurers that participate in federal programs to shift to 'paperless' uniform billing.
	• Support allowing the federal government to negotiate drug prices for Medicare.
		• Proposes a 7-Step Strategy to Reduce Health Costs:
		  • A national prevention initiative;
		  • A "paperless" health information technology system;
		  • Chronic care coordination to improve outcomes;
		  • Elimination of insurance discrimination to help reduce administrative costs;
		  • An independent "Best Practices Institute" to help consumers and other purchasers and plans make the right care choices;
		  • "Smart purchasing" initiatives to constrain prescription drug and managed care expenditures (e.g., permit the Secretary to negotiate prices for Medicare prescription drugs, limit direct-to-consumer advertising of prescription drugs and change patent laws to increase the availability of generic drugs; and reduce payments to Medicare Advantage plans to create more level reimbursement with traditional Medicare); and
		  • Linking medical error disclosure with physician liability protection.
			• HealthMart would expand the use of health information technology and facilitate chronic disease management and preventive care.
			• HealthMart would initiate systems of chronic disease management with participating health plans modeled after the Veterans Administration and private integrated care systems, including the use of interoperable information technology systems and mechanisms to coordinate care between providers and levels of care.
			• HealthMart would leverage its size and buying clout to negotiate premiums and to encourage adoption of a single claims processing system.
				• Increase the use of health information technology like electronic medical records and other technologies to reduce administrative costs.
				• Provide consumers with information to allow comparisons of doctors and hospitals on price and performance.
				• Initiate policies aimed at making prescription drugs more affordable, including promoting generic alternatives by changing FDA policies and patent laws, providing for independent comparative effectiveness evaluations, and allowing reimportation of prescription drugs.
				• Malpractice reforms including measures to reduce "frivolous lawsuits," create competition among insurers, and reduce malpractice by encouraging voluntary reporting of medical errors.
				• End Medicare Advantage "overpayments."

Improving quality/ health system performance	• Support improving the management of chronic disease and investing in information technology to help reduce medical errors and the duplication of services and treatments, and improve patient-provider communications.	• Provide federal recognition to "physician-driven" maintenance of certificate (MOC) programs that promote continuing education about latest advances in care and procedures. • Invest in independent private-public, consensus-based organizations to certify performance for enhanced reimbursement; identify gaps in existing quality measures; set priorities for development of new quality measures; and disseminate most effective protocols and treatments through a Best Practices Institute. • Fund improvement of web-based tools to provide consumers with user-friendly information on provider performance and development of tools to promote informed patient choice about treatment options. • "Incentivize" quality through increased federal payments (e.g., Medicare and FEHBP) for excellence in care and for innovative care delivery systems. • Prohibit payment of "never events" (such as preventable infections) in FEHBP and other federal programs.	• Provide for the integration of clinical information tools, monitoring technologies and care management. Encourage screenings, timely visits to the doctor and early treatment of chronic diseases. • Provide awards and incentives to encourage smoking cessation, weight loss and exercise.	• Promote evidence-based medicine and initiatives to improve provider communications and prevent medical errors. • Adjust payments to health plans and providers based on performance. • Promote preventive care, improved treatment of chronic disease, and initiatives to reduce health disparities. • Change Medicare reimbursement to support a "medical home" for each beneficiary.

	Joe Biden	Hillary Clinton	Chris Dodd	John Edwards
Other investments	• Support increased funding for the training of nurses, public health workers, and physicians to improve the performance of the health system.	• Provide federal funding to address nursing though new training and mentoring programs, linking nurse education and quality and encourage diversity and cultural competency in healthcare workforce. • Support initiatives to reduce health care disparities, including funding for more accurate data collection, development of quality measures targeted at reducing racial and ethnic disparities, and prioritizing the development of medical homes designed to improve quality for minorities. • Strengthen consumer protections for long-term care insurance.	• Expand public health and the safety net to increase outreach and care provided at the community level.	• "Improve work conditions" to address the nursing shortage. • Invest in telemedicine for rural areas. • Reform long-term care to promote choice and emphasize home and community care. • Increase vaccine production and reserves and other steps to prepare for a flu epidemic or other public health threats. • Support other public health initiatives (anti-obesity measures, smoking-cessation, etc.)
Financing	• Not specified, but estimates that total costs of the initiative would be $110 billion.	• Campaign estimates cost to be $110 billion a year when fully phased in. $35 billion to be financed by savings from quality and modernization initiatives. Additional $21 billion in savings from Medicare private plans, recapturing Medicare and Medicaid payments to hospitals for the uninsured, and constraining prescription drug costs. Also $54 billion in revenue from limiting the tax exclusion for employer-paid health insurance and discontinuing tax cuts for those with incomes over $250,000.	• Asserts that a new tax would not be required to finance universal coverage. The Universal HealthMart would be financed primarily by a combination of employer and individual/family premiums, recapturing existing uncompensated care subsidies, and from contributions and savings realized through "eliminating the existing inefficiencies in the system." Additional revenues to finance transition costs would come from "other revenue streams" including those that result from ending the war in Iraq.	• Campaign estimates cost to be $90-$120 billion a year. Would finance the plan by rolling back tax cuts for those earning more than $200,000 a year.

THE HENRY J. KAISER FAMILY FOUNDATION

health08.org
Election news, analysis and events

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.

	Mike Gravel	Dennis Kucinich	Barack Obama	Bill Richardson
Party Affiliation	• Democrat	• Democrat	• Democrat	• Democrat
Stated goal	• Universal coverage through a health-care voucher program permitting choice of provider.	• Universal, single payer, not-for-profit health care system.	• Affordable and high-quality universal coverage through a mix of private and expanded public insurance.	• Affordable and secure universal coverage through a mix of private and expanded public insurance.
Date plan announced:	• No formal plan announced.	• H.R. 676 was initially introduced in the U.S. House of Representatives in 2003. Most recently reintroduced on January 24, 2007.	• May 29, 2007	• March 24, 2007
Overall approach to expanding access to coverage	• A universal health care voucher program whereby the federal government would issue annual vouchers to individuals based on projected health care needs. No requirements for employer-based coverage would be imposed, and Medicare/Medicaid would be phased out over time.	• Replace existing public and private health insurance plans with a new universal public plan under which all U.S. residents would be covered. Benefits would be comprehensive, including dental, mental health and vision services, and long-term care, and no deductibles or other cost sharing would be imposed. Only public or not-for-profit providers of care would be allowed to participate in the single-payer plan.	• Require all children to have health insurance, and employers to offer employee health benefits or contribute to the cost of the new public program. Create a new public plan, and expand Medicaid and SCHIP. 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 the new public plan or in approved private plans.	• Achieve coverage of all Americans by requiring employers to contribute to health insurance coverage on a sliding scale basis, by offering tax credits to individuals, and by providing for a variety of ways to obtain insurance. Ultimately, all individuals would be required to obtain coverage. Insurance options would include maintaining existing coverage, expanding Medicaid and SCHIP programs, and creating new options to buy into coverage under the Federal Employees Health Benefits Program (FEHBP) and Medicare.
A. Requirement to obtain or offer coverage	• All Americans would receive a voucher to choose their health care provider. • Opposes mandates on employers or tax incentives related to coverage.	• All US residents would be automatically enrolled in the new public program.	• Require all children to have health insurance. • Require employers to offer "meaningful" coverage or contribute a percentage of payroll toward the costs of the public plan.	• Phased-in requirement for all Americans to obtain coverage. • Employers would be required to provide insurance or help finance coverage for their employees.
B. Expansion of public programs	• Supports phase-out of Medicare and Medicaid over time.	• Existing public programs, including Medicare and Medicaid, would be replaced with a single public plan.	• Expand Medicaid and SCHIP. • Create a new national public plan so that small businesses and individuals without access to other public programs or employer-based coverage could purchase insurance. Plan coverage would offer comprehensive benefits similar to those available through FEHBP. • Coverage under the new public plan would be portable.	• Expand Medicaid and SCHIP to cover low-income children and adults. • Permit individuals aged 55-64 to purchase Medicare coverage. • Expand VA health care enabling veterans to get care in their communities when they cannot access nearest VA facility. Guarantee funding for VA health system.

	Mike Gravel	Dennis Kucinich	Barack Obama	Bill Richardson
C. Premium subsidies to individuals	• Vouchers would be age and risk adjusted.	• No premiums would be required under the new public program.	• Make federal income-related subsidies available to help individuals buy the new public plan or other qualified insurance.	• Make available sliding scale, refundable tax credits for purchase of coverage through employer plans, or to buy into the FEHBP or Medicare.
D. Premium subsidies to employers	• No provision.	• Not applicable since employers will pay no premiums.	• Federal subsidies would partially reimburse employers for their catastrophic health care costs if the employers guaranteed that premium savings would be used to reduce employee premiums.	• Contributions required from employers would be on a sliding scale basis according to the size of the business.
E. Tax changes related to health insurance	• No provision.	• No provision.	• No provision.	• Refundable tax credit (see item C). • Eliminate federal tax incentives for "bare-bones, high-risk plans."
F. Creation of insurance pooling mechanisms	• No provision.	• Not applicable since insurance companies would not be involved in this plan.	• Create a National Health Insurance Exchange through which individuals could purchase the public plan or qualified private insurance plans. • Require participating insurers to: offer coverage on a guaranteed issue basis; charge a fair and stable premium that is not rated on the basis of health status; and meet standards for quality and efficiency. • Require plans of participating insurers to offer coverage at least as generous as the new public plan. • Exchange would evaluate plans and make differences among them transparent.	• Make FEHBP available to individuals, families, and small businesses; coverage would be portable.
G. Changes to private insurance	• Permit the purchase of additional coverage by individuals beyond coverage provided under a voucher.	• Prohibit private health insurance from covering benefits provided under the new public program. Permit coverage of additional benefits.	• Prohibit insurers from denying coverage based on pre-existing conditions. • Children up to age 25 could continue family coverage through their parents' plan. • In market areas where there is not enough competition, require insurers to pay out a "reasonable share" of premiums on patient care benefits. • Prevent insurers from abusing monopoly power through unjustified price increases. • Require health plans to disclose the percentage of their premiums that actually goes to paying for patient care as opposed to administrative costs.	• Allow young adults up to age 25 to keep family coverage regardless of student status. • Prohibit insurers from excluding coverage due to pre-existing conditions. • Require health plans to cover a standard set of evidence-based preventive services.
H. State flexibility	• No provision.	• States would have no responsibility for payment or administration under this plan.	• Maintain existing state health reform plans if they meet minimum standards of the national plan.	• No provision.

	Mike Gravel	Dennis Kucinich	Barack Obama	Bill Richardson
Cost containment	• Vouchers would require modest co-pays and a deductible. • Anticipates savings of 30% of current spending from reductions in administrative costs from single payer.	• Establish global budgets, allocated regionally, to provide funds for the operating costs of providing services and administering the program, and for capital expenditures needed for the construction of facilities or purchase of major equipment. • Assumes savings will be achieved by reduced paperwork and bulk procurement of medications.	• Invest $50 billion toward adoption of electronic medical records and other health information technology. • Promote insurer competition through the National Health Insurance Exchange and by regulating the portion of health plan premiums that must be paid out in benefits. • Improve prevention and management of chronic conditions. • Initiate policies to promote generic drugs, allow drug reimportation, and repeal the ban on direct price negotiation between Medicare and drug companies. • Pay Medicare Advantage plans the same as regular (traditional) Medicare. • Require hospitals and providers to publicly report measures of health care costs and quality. • Promote and strengthen public health and prevention. • Reform medical malpractice while preserving patient rights by strengthening antitrust laws and promoting new models for addressing physician errors.	• Invest in prevention and chronic disease management. • Reduce spending on health care administration by providing grants for adoption of health information technology • Require insurers to spend at least 85% of premium dollars on direct care benefits • Simplify reporting requirements for physicians and hospitals, improve coordination between government programs, and standardize administrative forms. • Negotiate prescription drug prices through Medicare and increase use of generic drugs. • Limit interest rates charged to individuals for medical debt and protect individual credit ratings
Improving quality/ health system performance	• Allow all individuals free choice of provider.	• A federal Office of Quality Control would make recommendations on how to ensure the highest quality health care service delivery. • A National Board of Universal Quality and Access would establish a uniform best quality standard of care relating to appropriate: staffing levels, technology, health in the workplace, and best practices.	• Support an independent institute to guide comparative effectiveness reviews and required reporting of preventable errors and other patient safety efforts. • Reward provider performance through the National Health Insurance Exchange and other public programs. • Address health disparities, promote preventive care and chronic disease management, and require quality and price transparency from providers and health plans. • Require health plans to collect, analyze and report health care quality for disparity populations, and hold plans accountable. • Reform medical malpractice while preserving patient rights by strengthening antitrust laws and promoting new models for addressing physician errors.	• Promote evidence-based care and comparative effectiveness research. • Promote transparency on price and quality of health care. • Change federal reimbursement policies for hospitals and physicians to reward quality performance and care coordination. • Support “Independence at Home” program for patients with multiple chronic diseases. • Promote healthier lifestyles, health literacy, and patient navigator programs to help people better negotiate the health care system. • Expand patient safety training programs and require health facilities to report preventable errors.

	Mike Gravel	Dennis Kucinich	Barack Obama	Bill Richardson
Other investments	• No provision.	• Promote electronic medical records.	• Expand funding to improve the primary care provider and public health practitioner workforce, including loan repayments, improved reimbursement, and training grants. • Support preventive health strategies including initiatives in the workplace, schools, and communities. • Support strategies to improve the public health infrastructure and disaster preparedness at the state and local level.	• Support initiatives to promote public health preparedness • Work to reduce health care disparities • Expand training, scholarship and loan programs to ensure an adequate health care workforce.
Financing	• Not specified but anticipates that savings from the voucher program can finance universal coverage without additional costs.	• The plan would be financed through a federal payroll tax increase from 1.45 percent to 4.75 percent for both employee and employer; stock transfer tax of 0.25 percent on both buyer and seller; income tax surcharge of 5 percent on annual income between $184,000 and $279,999 and surcharge of 10 percent on annual income of $280,000 or more; and repeal of the 2001 and 2002 Bush tax cuts for the wealthy. • Existing sources of federal revenue for health care would be transferred to the new public program (funds that would have been spent on Medicare, Medicaid, SCHIP and other federal health care programs).	• Campaign estimates cost to be between $50 to $65 billion a year when fully phased in. Expects much of the financing to come from savings within the health care system. Additional revenue to come from discontinuing tax cuts for those with incomes over $250,000.	• Estimates that savings to the government will result from streamlining health care administration, reinvesting money now spent on uncompensated care, and investing in prevention and chronic disease management. These savings should be sufficient to cover the $104 to $110 billion per year that his plan for universal coverage and improved quality of care will cost. He says that the plan is achievable “without increased taxes.”

THE HENRY J. KAISER FAMILY FOUNDATION

health08.org

Election news, analysis and events

Candidate	Source
Joe Biden	• http://www.joebiden.com/newscenter/pressreleases?id=0201 – October 23, 2007 • http://www.health08.org/candidates/biden.cfm – August 31, 2007
Hillary Clinton	• http://www.hillaryclinton.com/feature/healthcareplan/summary.aspx – September 17, 2007 • http://www.kaisernetwork.org/daily_reports/health2008dr.cfm?DR_ID=47577 – September 18, 2007 • http://www.hillaryclinton.com/feature/healthcareplan/americanhealthchoicesplan.pdf – September 21, 2007.
Chris Dodd	• http://www.chrisdodd.com/node/1924 – August 31, 2007 • http://www.health08.org/candidates/dodd.cfm – September 5, 2007
John Edwards	• http://johnedwards.com/issues/health-care/health-care-fact-sheet/ – September 5, 2007 • http://www.health08.org/candidates/edwards.cfm – September 4, 2007 • http://johnedwards.com/issues/health-care/20070917-universal-health-care/ – September 19, 2007
Mike Gravel	• http://www.gravel2008.us/issues#healthcare – September 18. 2007 • http://www.health08.org/candidates/gravel.cfm – September 18, 2007
Dennis Kucinich	• (H.R. 676) http://thomas.loc.gov/cgi-bin/bdquery/z?d110:h.r.00676 • http://www.health08.org/candidates/kucinich.cfm – September, 2007 • http://www.house.gov/conyers/news_hr676_2.htm – October 4, 2007 • http://www.dennis4president.com/go/issues/a-healthy-nation/ – October 4, 2007
Barack Obama	• http://www.barackobama.com/issues/healthcare/ – September 5, 2007 • http://www.health08.org/candidates/obama.cfm – September 5, 2007 • http://www.barackobama.com/pdf/Obama08_HealthcareFAQ.pdf – September 19, 2007
Bill Richardson	• http://billrichardson.cachefly.net/pdf/whitepapers/richardsonhealthplan.pdf – August 30, 2007 • http://www.health08.org/candidates/richardson.cfm – August 8, 2007 • http://www.health08.org/candidates/richardson.cfm – September 5, 2007 • http://www.richardsonforpresident.com – October 4, 2007

Last Modified: November 15, 2007