



**Side-by-Side Summary of Presidential Candidates' Proposals  
 for Expanding Health Insurance Coverage**

*as of December 19, 2003*

CANDIDATE	BUSH	CLARK
<b>General Approach</b>	Individual tax incentives to purchase coverage and restructuring of Medicaid to a block grant program	Mandated health insurance coverage for children and young adults through age 22; universal access to affordable coverage for adults; assistance to low-income adults and workers between jobs
<b>Expansion of Public Programs</b>	<ul style="list-style-type: none"> <li>State option to shift Medicaid program to a block grant, with increased federal funds through FY2010 and decreased federal funds through FY2013               <ul style="list-style-type: none"> <li>Block grant covers optional eligibility groups and optional services</li> <li>Block grant combines Medicaid and SCHIP funding</li> <li>States have "flexibility" to use block grant funds as they wish to decrease current coverage and/or expand coverage to new groups</li> </ul> </li> <li>Extends Transitional Medical Assistance for 5 years</li> <li>Extends expiring SCHIP funds</li> </ul>	<ul style="list-style-type: none"> <li>Uninsured children below 150% FPL enrolled in Medicaid/SCHIP and federal government contributes 100% of cost of enrolling eligible children (states continue to fund care for children currently enrolled at existing federal-state matching rates)</li> <li>Federal government fully funds state-based programs to extend coverage to adults below 150% FPL</li> </ul>
<b>Individual Tax Incentives</b>	<ul style="list-style-type: none"> <li>Refundable tax credit (\$1,000 per adult and \$500 per child, with a \$3,000 max per family) for 90% of the cost of coverage, phased out at \$30,000 for individuals and \$60,000 for families               <ul style="list-style-type: none"> <li>Cannot be used for employer coverage, but can be used to buy into state-sponsored purchasing groups (including Medicaid and SCHIP) with additional state contributions</li> </ul> </li> <li>Expansion of MSAs and FSAs</li> </ul>	<ul style="list-style-type: none"> <li>Progressive tax credits for families up to 500% FPL (\$40,000 for an individual, \$90,000 for a family of four) to be used for purchase of coverage through Medicaid, SCHIP, the workplace or a new Congressional Health Plan option (coverage for children only)</li> <li>Refundable tax credits up to 275% FPL for adults to be applied to employer-based coverage or new Congressional Health Plan option</li> <li>70% tax credit for workers between jobs to be applied to COBRA or new Congressional Health Plan (phases out at 500% FPL)</li> </ul>
<b>Employer Coverage</b>		<ul style="list-style-type: none"> <li>Provides seed money for small business purchasing groups (grant program)</li> </ul>
<b>Other Investments</b>	<ul style="list-style-type: none"> <li>Increases funding for community health centers</li> </ul>	<ul style="list-style-type: none"> <li>Those without access to employer-based coverage would have access to new Congressional Health Plan option</li> <li>Establishes independent commission to determine value of health services and benefits and provide comparative information to consumers, providers, businesses, governments and health plans; requires public programs to ensure that their benefits are consistent with the commission's recommendations</li> <li>Encourages Medicare preventative service expansions and demonstrations on incentives for increased prevention use</li> <li>Promotes information technology to reduce medical errors and administrative costs (through financial incentives and requirements)</li> <li>Increases funding to VA system to improve access to care for veterans</li> <li>Increases funding for public health programs to reduce racial and ethnic health disparities and improve HIV/AIDS treatment and prevention</li> </ul>
<b>Administration and/or Enrollment</b>		
<b>Cost-Control Strategies</b>		<ul style="list-style-type: none"> <li>Competitive bidding for Medicare services</li> <li>Removal of legal loopholes that block generic drugs coming to market</li> <li>Aggressive use of disease management services</li> <li>Reduction of medical errors and administrative costs through use of information technology</li> </ul>
<b>Financing/ Cost</b>	<ul style="list-style-type: none"> <li>Medicaid initiatives budget neutral for federal government over 10 years</li> <li>Tax credit cost: \$88 billion over 10 years</li> <li>Community health center expansion cost: \$169 million</li> </ul>	<ul style="list-style-type: none"> <li>Estimated net cost: \$695 billion over 10 years (\$772 billion for expanding coverage and \$48 billion in other investments, less \$125 billion in savings from purchasing initiatives and delivery system improvements)</li> </ul>

CANDIDATE	DEAN	EDWARDS
<b>General Approach</b>	Expansion of public coverage for children and adults in low- and middle-income families, combined with FEHBP-like program for other Americans to buy into	Plan focuses on covering children and adults and builds on existing employer-based system; parents will be required to provide coverage for their children under age 21; proposes tax credits to assist in purchase and subsidies for low-income adults
<b>Expansion of Public Programs</b>	<ul style="list-style-type: none"> <li>Establishes "FCHIP" (Families &amp; Children Health Insurance Program) to cover: <ul style="list-style-type: none"> <li>Children and young adults under age 25 up to 300% FPL</li> <li>Adults ages 25-64 up to 185% FPL</li> </ul> </li> <li>FCHIP is an entitlement program</li> <li>Participation optional for states</li> <li>Coverage modeled after SCHIP, with state flexibility within federal guidelines</li> <li>Uninsured and insured individuals (with 6-month waiting period for some) are eligible</li> </ul>	<ul style="list-style-type: none"> <li>Allows families to buy into SCHIP programs with tax credits (for children not eligible for public programs) <ul style="list-style-type: none"> <li>Plan covers all state costs related to this policy for at least 10 years</li> </ul> </li> <li>Adults (with or without children) with low or moderate incomes can receive subsidized rates to buy into Medicaid or SCHIP <ul style="list-style-type: none"> <li>Coverage free for adults under 100% FPL and subsidized for adults up to 250% FPL</li> <li>Federal government funds benefit and admin. costs for states to extend buy-in to these adults</li> </ul> </li> <li>Allows 55-65 year-olds to buy into Medicare</li> </ul>
<b>Individual Tax Incentives</b>	<ul style="list-style-type: none"> <li>Tax credits to help low-income uninsured buy into "UHBP" (Universal Health Benefits Program)</li> <li>Refundable, advanceable credit equal to difference between UHBP premium and 7.5% AGI</li> <li>Available to individuals uninsured for at least 6 months before filing tax returns and who are not eligible for FCHIP, Medicaid, or Medicare</li> <li>Can only be used for standard plan premiums</li> </ul>	<ul style="list-style-type: none"> <li>Credits for parents to help purchase private insurance from employers or SCHIP programs</li> <li>Credits tiered based on income and available to parents earning less than \$75,000 and to parents with larger families earning less than \$100,000</li> <li>Credits refundable to benefit low-income families</li> <li>Families with existing coverage receive tax breaks (ex. for a family of four earning \$60,000 per year that is already covering their children through their employer receives tax break of ~\$300)</li> </ul>
<b>Employer Coverage</b>	<ul style="list-style-type: none"> <li>Allows small businesses (&lt;50 employees) to buy into UHBP</li> <li>Requires employer-sponsored plans to extend dependent coverage up to age 25</li> <li>Requires employers who offer coverage to continue to pay their share of premiums for 2 months after employee leaves job</li> <li>Federal government pays 70% of premium costs for COBRA coverage</li> <li>Limits tax deductions and government contracts for large companies that do not offer coverage</li> </ul>	<ul style="list-style-type: none"> <li>Small Business Support Program allows small firms (of less than 50 employees) to purchase insurance through state purchasing pools; some firms eligible for tax credits</li> <li>Extends coverage for dependents (children) up to age 25</li> <li>Extends coverage for workers between jobs; allows adults with moderate incomes to extend employer insurance with 70% federal subsidy</li> </ul>
<b>Other Investments</b>	<ul style="list-style-type: none"> <li>Establishes UHBP for all Americans not eligible for FCHIP, Medicaid, or Medicare</li> <li>Any insurer participating in FEHBP must make same plan available through UHBP</li> <li>Guarantees all individuals a coverage offer at community rated premium</li> <li>Establishes federally-funded reinsurance pool to keep premiums down</li> </ul>	<ul style="list-style-type: none"> <li>Establishes electronic medical record billing system to standardize process in an effort to reduce costs and medical errors</li> <li>Supports development of reports communicating quality and cost information to consumers</li> <li>Provides grants to hospitals and scholarships for nurses working in shortage areas</li> <li>Doubles overall health clinic funding (extends hours, improves locations, etc.)</li> <li>Proposes measures to reduce health disparities</li> </ul>
<b>Administration and/or Enrollment</b>	<ul style="list-style-type: none"> <li>Uninsured individuals automatically enrolled in FCHIP, Medicaid, or UHBP through tax returns (with opportunity to opt out of coverage)</li> </ul>	<ul style="list-style-type: none"> <li>Parents can enroll children in private insurance as they do now, or (for those without private coverage) children can be automatically enrolled in Medicaid/SCHIP when born, enroll in school or when filing a tax return form</li> <li>Simplifies Medicaid enrollment</li> </ul>
<b>Cost-Control Strategies</b>	<ul style="list-style-type: none"> <li>Encourages the application of information technology to administration and delivery of care</li> <li>Creates new Health Care Institute at NIH to promote evidence-based medicine</li> <li>Reduces costs of prescription drugs by permitting drug reimportation from Canada; closing patent law loopholes; expanding use of PDLs; allowing states to experiment with ways to control drug costs; limiting DTC advertising; requiring drug manufacturers to disclose gifts to physicians</li> </ul>	<ul style="list-style-type: none"> <li>Reduces prescription drug costs by permitting reimportation, investigating government overcharging by manufacturers, restraining drug marketing practices, etc.</li> <li>Reduces malpractice premiums</li> <li>Reduces fraud and waste in public programs</li> <li>Encourages providers to make better choices</li> <li>Proposed cost-containment measures estimated to save \$17 billion per year</li> </ul>
<b>Financing/ Cost</b>	<ul style="list-style-type: none"> <li>Estimated annual cost: \$88.3 billion at full implementation (FY2008)</li> <li>Paid for by repealing Bush tax cut</li> <li>Federal payments for FCHIP generous enough so states will not incur any additional costs</li> </ul>	<ul style="list-style-type: none"> <li>Estimated annual cost: \$53 billion per year <ul style="list-style-type: none"> <li>\$25 billion in tax credits for families</li> </ul> </li> <li>Eliminates Bush tax cuts for wealthiest Americans</li> <li>Reduces federal workforce and contractors through attrition</li> <li>Eliminates subsidies for banks, life-insurers, wealthy farmers and others to help finance plan</li> </ul>

CANDIDATE	GEPHARDT	KERRY
<b>General Approach</b>	Employer mandate, with tax incentives to employers, and public program expansion to provide health insurance and serve as economic stimulus	FEHBP buy-in, available to all Americans and small businesses, combined with a federal reinsurance pool and a "swap" of federal and state Medicaid responsibilities to expand public coverage
<b>Expansion of Public Programs</b>	<ul style="list-style-type: none"> <li>• Extends Medicaid and SCHIP to cover parents of eligible children</li> <li>• New efforts to enroll uninsured SCHIP-eligible children</li> <li>• Allows people ages 55-64 to buy into Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• Federal government assumes full cost of children enrolled in Medicaid</li> <li>• Requires states to: <ul style="list-style-type: none"> <li>- Enroll 95% of children eligible for Medicaid and SCHIP and expand children's coverage under SCHIP to 300% FPL</li> <li>- Expand coverage to families &lt; 200% FPL, phased in over time at enhanced FMAP</li> <li>- Cover childless adults up to 100% FPL, phased in over time</li> </ul> </li> <li>• Eliminates 5-year ban on coverage for legal immigrant pregnant women and children</li> <li>• Provides states the option to allow persons with special health care needs to buy into Medicaid, with enhanced matching available to states</li> <li>• Revises federal matching formula to provide more assistance to states under economic distress</li> </ul>
<b>Individual Tax Incentives</b>	<ul style="list-style-type: none"> <li>• Replaces current deductibility premiums for self-employed with a 60% refundable tax credit</li> <li>• Provides a 25% refundable tax credit to low-income workers to help with their share of premium cost; full credit available up to 100% FPL, phasing out up to 200% FPL</li> </ul>	<ul style="list-style-type: none"> <li>• Provides individuals assistance with health costs that exceed 6% of income</li> <li>• Provides tax credit for near-elderly</li> </ul>
<b>Employer Coverage</b>	<ul style="list-style-type: none"> <li>• Requires employers to offer coverage to employees working 20 hours/week</li> <li>• For employers currently offering coverage, replaces current deduction of premiums for employers with a 60% refundable tax credit for employer's share of premiums</li> <li>• For employers not currently offering coverage, provides a 60% refundable tax credit for full premium costs; employee pays no more than 40% of total premium costs</li> <li>• 65% federal subsidy for COBRA coverage for eligible unemployed</li> </ul>	<ul style="list-style-type: none"> <li>• Refundable tax credits for up to 50% of the cost of coverage available to qualifying small businesses if buy into new FEHBP pool</li> <li>• 75% federal subsidy for COBRA coverage for unemployed workers on unemployment</li> </ul>
<b>Other Investments</b>	<ul style="list-style-type: none"> <li>• Reimburses state and local governments 60% of the cost of coverage for their employees</li> </ul>	<ul style="list-style-type: none"> <li>• Creates separate coverage pool under FEHBP and allows all Americans (individuals and businesses) the option to join</li> </ul>
<b>Administration/ Enrollment</b>		<ul style="list-style-type: none"> <li>• Promotes automatic enrollment and 12-month continuous eligibility for kids in Medicaid/SCHIP</li> <li>• Enforces outstationed eligibility worker requirements for Medicaid and SCHIP application assistance</li> </ul>
<b>Cost-Control Strategies</b>	<ul style="list-style-type: none"> <li>• Reduces uncompensated care resulting in savings to private health care costs</li> </ul>	<ul style="list-style-type: none"> <li>• Federally-funded reinsurance program established to pay for portion of high-cost cases and stabilize premium rates <ul style="list-style-type: none"> <li>- Federal government reimburses for 75% of catastrophic costs above set amount (\$50,000 in 2005, indexed to inflation) for companies/insurers that cover all workers and guarantee a pass-through of savings to workers through reduced premiums</li> <li>- Companies/insurers participating in reinsurance pool must implement disease management and health promotion programs</li> </ul> </li> <li>• Reduces prescription drug costs by closing loopholes in patent laws for drugs and provides states incentives to contract for better rates</li> <li>• Cuts administrative costs by implementing electronic medical records and other new technologies</li> <li>• Estimates that plan will save federal government \$150 billion over 10 years</li> </ul>
<b>Financing/ Cost</b>	<ul style="list-style-type: none"> <li>• Estimated annual cost: \$214 billion at full implementation (FY 2005) and increasing slightly in later years</li> <li>• Paid for by repealing Bush tax cut</li> </ul>	<ul style="list-style-type: none"> <li>• Estimated annual cost: \$72 billion for first 5 years</li> <li>• Paid for by canceling Bush tax cuts for wealthiest Americans and closing corporate loopholes</li> </ul>

CANDIDATE	KUCINICH	LIEBERMAN
<b>General Approach</b>	Single-payer, universal coverage ("Medicare for All")	Incremental approach to universal health insurance that primarily focuses on expansion of public programs and establishes new programs aimed at insuring children and adults
<b>Expansion of Public Programs</b>	Enacts "Medicare Part E" to cover all Americans, phased in over 10 years	<p><u>SCHIP and Medicaid expansion</u></p> <ul style="list-style-type: none"> <li>Expands SCHIP and Medicaid for children and young adults</li> <li>Expands eligibility levels for SCHIP to 300% of FPL and extends SCHIP eligibility to age 25</li> <li>Increases federal assistance to cover all costs of expanded SCHIP eligibility</li> </ul> <p><u>Medikids (to be phased in over 5 years)</u></p> <ul style="list-style-type: none"> <li>Buy-in program to cover all children and young adults</li> <li>Benefits provided at no cost to children in families with income less than 150% FPL; sliding scale premiums between 150 and 300% FPL; no family pays more than 7.5% of income (refundable tax credits cover the rest)</li> </ul> <p><u>MediChoice</u></p> <ul style="list-style-type: none"> <li>Increases health insurance coverage among adults</li> <li>Gives states option to receive federal funding for expansion of Medicaid to adults with incomes less than 150% FPL</li> <li>Individuals not eligible for other federal programs with incomes between 150 and 250% FPL receive premium assistance on a sliding scale through refundable tax credits</li> <li>Creates FEHBP-like purchasing pools; allows workers without access to employer-based group insurance access to pools</li> </ul>
<b>Individual Tax Incentives</b>		<ul style="list-style-type: none"> <li>Refundable tax credits for premium assistance (individuals with incomes between 150 and 250% of FPL) for coverage through new pools, employers or private market</li> <li>Eligible workers with incomes over 250% FPL would pay no more than 7.5% of their AGI on premiums for MediChoice pool; tax credits for remaining cost of average policy</li> <li>Credits provided to help purchase long-term care insurance</li> </ul>
<b>Employer Coverage</b>		<ul style="list-style-type: none"> <li>KeepCare provides relief for individuals who have lost their jobs or are out of work: requires that employers extend coverage for at least 2 months after an employee leaves; subsidizes 65% of COBRA insurance premiums for workers between jobs through tax credits; COBRA recipients and workers receiving unemployment insurance would have access to new health insurance pools for one year</li> </ul>
<b>Other Investments</b>		<ul style="list-style-type: none"> <li>Establishes American Center for Cures; promotes evidence-based medicine to improve quality of care; increases funding to AHRQ/IOM; promotes use of electronic medical records and adoption of universal insurance billing system for providers</li> <li>Funds Center for Minority Health and Health Disparities</li> <li>Establishes center to conduct research and dispense grants related to medical error reduction</li> <li>Advocates for strengthening of allied health profession</li> <li>Enhances network of school-based health centers</li> <li>Directs attention to prevention in Medicare</li> <li>Increases investment in the public health infrastructure</li> </ul>
<b>Administration/ Enrollment</b>		<ul style="list-style-type: none"> <li>Children automatically enrolled in Medikids at birth unless their parents decline coverage</li> <li>Children who currently have coverage, including Medicaid and SCHIP, would not be required to change coverage</li> </ul>
<b>Cost-Control Strategies</b>	<ul style="list-style-type: none"> <li>Reduces administrative costs related to insurance</li> <li>Bulk purchasing of prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>Capitalizes on dynamics of private market to keep prices low; allows beneficiaries to choose between plans, providing incentive to choose best value</li> </ul>
<b>Financing/ Cost</b>	<ul style="list-style-type: none"> <li>Estimated annual cost: \$2.2 trillion at full implementation (FY2013)</li> <li>Funded through a 7.7% payroll tax on employers, elimination of current tax deductions by employers, and redirection of current government health spending</li> </ul>	<ul style="list-style-type: none"> <li>Estimated annual cost: \$55 billion over the first 5 years and \$747 billion over 10 years</li> </ul>

<b>CANDIDATE</b>	<b>MOSELEY BRAUN</b>	<b>SHARPTON</b>
<b>General Approach</b>	Universal, single-payer, comprehensive plan modeled after FEHBP	<i>No proposal stated yet</i>
<b>Expansion of Public Programs</b>		
<b>Individual Tax Incentives</b>		
<b>Employer Coverage</b>		
<b>Other Investments</b>		
<b>Administration/ Enrollment</b>		
<b>Cost-Control Strategies</b>		
<b>Financing/ Cost</b>	Raises income tax and eliminates employment taxes such as Medicare payroll tax	