







CHART #1: SIDE-BY-SIDE COMPARISON OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS (LISTED ALPHABETICALLY: A-E)

By Susan J. Blumenthal, M.D., Yi-An Ko, Beth Louise Hoffman, and Melissa Shive*

	<u>Joe Biden</u> 	<u>Hillary Clinton</u> 	<u>Chris Dodd</u> 	<u>John Edwards</u> 
Health Care Plan Release Date	October 23, 2007	May 24, 2007 – Part I: Cost August 23, 2007 – Part II: Quality September 18, 2007 - Part III: Coverage	July 26, 2007	February 5, 2007
Stated Goals for Coverage	<ul style="list-style-type: none"> ➤ His CARE plan includes four steps toward achieving universal health care: 1) covering all children; 2) increasing access for adults; 3) reinsurance for catastrophic cases; and 4) modernization of the health care system and emphasizing prevention¹ 	<ul style="list-style-type: none"> ➤ Ensure quality, affordable health coverage for all Americans² ➤ Introduced the American Health Choices Plan³ ➤ Offer new coverage choices for insured and uninsured² ➤ Lower premiums and increase security of coverage² ➤ Promote shared responsibility² 	<ul style="list-style-type: none"> ➤ Ensure all Americans have affordable, quality health coverage⁴ ➤ Envisions a health care system with universal coverage and shared responsibility⁴ ➤ Create health insurance marketplace, the Universal HealthMart, that is based on and parallels the Federal Employees Health Benefits Plan (FEHBP)⁴ ➤ Universal HealthMart coverage will be portable⁴ 	<ul style="list-style-type: none"> ➤ Strengthen America's Health Care system and insure all American's by 2012⁵ ➤ Plan is based on the principle of shared responsibility: businesses, families, and governments must each do their part to achieve universal health coverage and a better health care system⁵ ➤ Make insurance affordable by creating new regional Health Care Markets, provide tax credits, and expand Medicaid and children's health insurance programs⁵
Implementation Timeline	<ul style="list-style-type: none"> ➤ Will convene a national gathering of key health care stakeholders from labor, business, health care and government within the first 90 days of his administration¹ 	No information found	<ul style="list-style-type: none"> ➤ Phased-in implementation: two years for ages 0-29 and 55-64; four years for ages 30-54⁶ 	<ul style="list-style-type: none"> ➤ Insure all Americans by 2012⁵ ➤ Will submit legislation on the first day of his Administration that will end health care coverage on July 20th, 2009 for the President, all members of Congress, and senior political appointees in both the executive and legislative branches of

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

				government unless health care reform has been passed by that date ⁷
Mandatory Requirement to Obtain Insurance & Structure of Coverage	<ul style="list-style-type: none"> ➤ Provide coverage for all children under the age of 18²² ➤ Allow uninsured Americans to buy into insurance program that mirrors Federal Employee Health Benefit Plan (FEHBP)¹ ➤ Will allow people between 55 and 64 to buy into Medicare¹ 	<ul style="list-style-type: none"> ➤ Individuals will be responsible for obtaining and keeping coverage² ➤ Provides consumers with the option to: <ul style="list-style-type: none"> ➤ Keep current health care coverage² ➤ Choose a private health plan from the new Health Choices Menu, established without any new bureaucracy as part of the Federal Employee Health Benefit Program (FEHBP)² ➤ Choose a public plan which could be modeled on the traditional Medicare program, but would cover the same benefits as guaranteed in private plan options in the Health Choices Menu² 	<ul style="list-style-type: none"> ➤ Employer and individual shared mandates⁶ ➤ Individuals and employers can maintain existing coverage or join Universal HealthMart⁴ ➤ HealthMart will be financed primarily by employer and individual premiums and contributions⁴ ➤ If people fail to enroll, they will be automatically enrolled in Universal HealthMart or Medicaid, depending on eligibility⁴ ➤ Participants are enrolled at point of service when they show up for care, when they file income tax forms or when they complete W-4 forms at the start of employment⁴ 	<ul style="list-style-type: none"> ➤ Once insurance is affordable, everyone will be expected to obtain health coverage, with special exceptions available in cases of extreme financial hardship or religious beliefs⁵ ➤ Health Care Markets will be available to everyone who does not get comparable insurance from their jobs or a public program and to employers that choose to join rather than offer their own insurance plans⁵
Employer Mandate	<ul style="list-style-type: none"> ➤ Small businesses can participate in new insurance program to provide insurance for their employees¹ ➤ For companies that buy into the plan, employers, employees and the government will share cost of the premium, with firms with a high proportion of low-wage workers receiving larger subsidies¹ 	<ul style="list-style-type: none"> ➤ Build upon the existing employer-based private healthcare system⁸ ➤ Large employers required to provide health insurance or contribute to a government-run insurance pool⁹ ➤ Small employers will receive tax credits to help provide employees with coverage⁹ 	<ul style="list-style-type: none"> ➤ Employer and individual shared mandates⁶ ➤ Employer can continue to offer coverage to employees outside of Universal HealthMart if they prefer⁴ ➤ If an employer chooses not to offer coverage, an employer defined contribution must be made into the Universal HealthMart to help workers pay for insurance⁴ ➤ Businesses will pay for coverage within Universal HealthMart based on their ability to pay⁴ ➤ Government will subsidize premiums on a sliding scale for 	<ul style="list-style-type: none"> ➤ Businesses and other employers required to either provide a comprehensive health plan to their employees or contribute to the costs of covering them through Health Care Markets⁵ ➤ Businesses can choose to purchase care through Health Markets, which will offer quality plans at low prices and with minimal administrative burdens⁵ ➤ Businesses that opt into the Health Care Markets will only have to make financial contributions to the cost of covering their employees through markets, similar to their role in Social Security and Medicare⁵

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

			businesses unable to pay for insurance ⁴	
Costs of Plan	➤ \$110 billion a year ¹⁰	➤ \$110 billion a year ⁹	No information found	➤ \$90 billion to \$120 billion ¹¹
How Costs are Covered	<ul style="list-style-type: none"> ➤ Increase efficiency, use health IT, and reduce medical errors¹ ➤ Allow tax cuts to expire for top 1% and the middle class²² ➤ Eliminate tax breaks on capital gains¹⁰ ➤ End tax loopholes for hedge fund managers and private equity partners¹⁰ ➤ Retain inheritance tax²² ➤ Fund health care programs with \$20 billion in savings from changes in foreign policy including ending war in Iraq, eliminating Star Wars program and other special military programs²² 	<ul style="list-style-type: none"> ➤ Cost savings used to help finance coverage for uninsured¹² ➤ Reinvest savings from efficiency reforms which will make health care more affordable² ➤ Phase-out Medicare overpayments to insurance plans and eliminate unnecessary Medicare and Medicaid spending² ➤ Constrain prescription drug costs through biogenerics competition, removal of barriers to market access for generics, empowering Medicare to negotiate, reimportation of drugs, providing higher Medicaid brand rebates and promoting e-prescribing² ➤ Discontinue tax cuts for top two income tax brackets and discontinue increases in tax exemptions for households over \$250,000² ➤ Cap federal tax exclusion of employer contributions for health benefits for households making over \$250,000² ➤ Modernize health care system with health IT, comparative effectiveness, and chronic disease management programs² ➤ Provide working families with a refundable tax credit that is designed to prevent premiums from exceeding a percentage of family income, while 	<ul style="list-style-type: none"> ➤ Savings from providing effective, efficient health care will help finance new coverage⁴ ➤ Savings from other revenue streams such as ending the war in Iraq⁴ ➤ Use Health IT to reduce administrative costs⁴ ➤ Premiums will be driven down for employers and employees as negotiators bargain on behalf of a large pool of people and businesses⁴ ➤ If a person or business is unable to pay for insurance through Universal HealthMart, the government will subsidize their premium share on a sliding scale based on income level⁴ 	<ul style="list-style-type: none"> ➤ Repeal Bush's tax cuts for people with annual incomes greater than \$200,000¹⁴ ➤ Will keep Medicare cost savings invested in Medicare¹⁴ ➤ Require insurance companies who participate in the health plan to charge no more than 15% for profit and overhead¹⁴ ➤ Health Care Markets will negotiate low premiums through their economies of scale and hold down administrative costs by reducing the need for underwriting and marketing activities, by centrally collecting premiums, and by reducing costs of billing practices, claims processing, and through use of electronic medical records⁵ ➤ Health Care Markets will adopt cost-effective approaches to health care including an emphasis on preventive care⁵ ➤ Stop the privatization of Medicare and the overpayment in private plans for services delivered to beneficiaries¹³ ➤ Will not raise taxes on middle income Americans to pay for the health plan if costs go up faster than expected¹⁴ ➤ If costs rise faster than expected, will consider mechanisms to compensate for cost differential, such as enforcing tax collection and requiring brokerage houses

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		maintaining consumer price consciousness in choosing health plans ²		to report capital gains to the government ¹⁴ ➤ Subsidize health insurance premiums up to about \$100,000 of income ¹⁴ ➤ End overpayments to private Medicare Advantage plans ¹⁵
Estimated Savings	➤ \$77 billion annually through adoption of electronic medical records ¹	<ul style="list-style-type: none"> ➤ At least \$110 billion/year in savings from efficiency reforms and repeal of tax cuts² <ul style="list-style-type: none"> ➤ \$10 billion from ending excessive Medicare overpayments ➤ \$7 billion in savings from unnecessary Medicare and Medicaid spending ➤ \$4 billion from containing prescription drug costs ➤ \$35 billion from modernizing health care system (e.g. Health IT and chronic disease management) ➤ \$52 billion from discontinuing current tax cuts for top two income brackets ➤ \$2 billion from capping Federal income tax exclusion of employer contributions for health benefits for households over \$250,000 ➤ \$2,200/year/family¹² ➤ \$25 billion in savings for businesses¹² ➤ \$77 billion from use of health IT¹² 	No information found	<ul style="list-style-type: none"> ➤ Better, more consistent quality could save 100,000 to 150,000 lives/year¹³ ➤ \$50 billion to \$100 billion a year from improvements in quality of care¹³ ➤ At least \$130 billion a year in wasteful health care spending¹⁶ ➤ \$2,000 to \$2,500/year/family¹⁶ ➤ Estimated savings of up to \$160 billion/year from adoption of electronic records⁵
Insurance Pools	<ul style="list-style-type: none"> ➤ New program mirroring FEHBP will contain the same carriers and same plan offerings as FEHBP, but will have its own insurance pool¹ ➤ Carriers in the FEHBP program will have to offer plans in the 	<ul style="list-style-type: none"> ➤ Establish large insurance pools that lower administrative costs for small businesses and individuals by spreading risk ➤ Would prevent companies¹² from shifting costs by “cherry picking”¹² 	<ul style="list-style-type: none"> ➤ Will create Universal HealthMart, a health insurance marketplace based on, and parallel to, the Federal Employees Health Benefit Program (FEHBP)⁴ ➤ Universal HealthMart will offer 	<ul style="list-style-type: none"> ➤ Federal government will help states and groups of states create regional Health Care Markets (non-profit purchasing pools) that offer choice of competing insurance plans; at least one plan would be a public program based

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<p>universal buy-in plan, but will have access to reinsurance to offset catastrophic costs and age-adjusted 'bonuses' for plans that enroll older or less healthy people¹</p> <ul style="list-style-type: none"> ➤ People can buy-in on a sliding scale based on income¹ ➤ Small businesses can participate to help provide insurance for their employees¹ ➤ For companies that buy into the plan, employers, employees and the government will share cost of the premium, with firms with a high proportion of low-wage workers receiving a larger subsidy¹ ➤ Establish federal reinsurance pool to reimburse employers, insurers, or associations for 75% of catastrophic health costs (exceeding \$50,000 per individual) for active and retired employees and their families¹ ➤ To participate in rebate program, insurance providers must to cover all employees and apply best practices to chronic disease management ➤ Private insurers in the individual market must demonstrate that they operate an effective case management system for patients with high medical costs¹ 	<ul style="list-style-type: none"> ➤ Businesses, employees, and the uninsured will have the option of buying group insurance through a new Health Choices Menu that is part of the Federal Employee Health Benefit Program (FEHBP)² ➤ States will have the option of joining together to offer the same type of choices in a region of the country² ➤ Choices in the menu will provide benefits that are comparable or better than the plan offered to Members of Congress, which includes mental health parity and often some dental coverage² 	<p>a variety of comprehensive private plans and entitle every American to the same benefits and types of plans as Members of Congress⁴</p> <ul style="list-style-type: none"> ➤ Individuals and businesses will pay for coverage within Universal HealthMart based on their ability to pay⁴ ➤ If a person or business is unable to pay for insurance, the government will subsidize their premium share on a sliding scale based on income level⁴ ➤ Universal HealthMart insurance is portable, covering people regardless of their place of residence⁴ ➤ Universal HealthMart insurance will also be portable across jobs as long as employers participate in the system⁴ ➤ Enrollment will be automatic unless individuals and employees choose to have insurance outside of the Universal HealthMart⁴ 	<p>upon Medicare⁵</p> <ul style="list-style-type: none"> ➤ Families and individuals will choose the plan that works best for them, rewarding the sector that offers the best care at the best price. Over time, the system may evolve toward a single-payer approach if individuals and businesses prefer the public plan⁵ ➤ Health Care Markets will be available to everyone who does not get comparable insurance from their jobs or a public program and to employers that choose to join rather than offer their own insurance plans⁵ ➤ Families and businesses can to supplement their coverage with additional benefits⁵ ➤ Americans can keep Health Care Market plans when they change or lose their jobs, start new businesses, or take time off for caregiving⁵ ➤ All Health Care Market plans will include comprehensive benefits, including full mental health benefits⁵ ➤ Will create a new tax credit to subsidize insurance purchased through health care markets that will be available on a sliding scale for middle class families and refundable for families without income tax liability⁵
<p>New or Expanded Federal/Public Plans</p>	<ul style="list-style-type: none"> ➤ Allow uninsured Americans to buy into an insurance program that mirrors the Federal Employee Health Benefit 	<ul style="list-style-type: none"> ➤ Establish the Retiree Health Reinsurance Competitiveness Initiative that provides a tax credit for qualifying private and 	<ul style="list-style-type: none"> ➤ Create a health insurance marketplace called Universal HealthMart that is based on, and parallel to, the Federal 	<ul style="list-style-type: none"> ➤ Health Care Markets will offer a choice between private insurers and a public insurance plan modeled after Medicare, but

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<p>(FEHBP)¹</p> <ul style="list-style-type: none"> ➤ Subsidies will be provided to allow Medicare buy-in for low income people aged 55-64¹ ➤ Stabilize the way Medicare determines reimbursement rates for physicians and other providers¹⁷ ➤ Provide parity in coverage of mental health services ➤ Increase the amount the government pays from 50% to 80% for outpatient mental health services under the Medicare program¹⁷ ➤ Establish chronic disease treatment programs in Medicare and other Federal programs¹ 	<p>public retiree health plans to offset part of the catastrophic expenditures exceeding a certain threshold²</p> <ul style="list-style-type: none"> ➤ Companies participating in the Retiree Health Reinsurance Competitiveness Initiative must demonstrate employment of best health practices, including chronic care management, information technology, and other modernization initiatives that maximize value, quality, and accountability² ➤ Businesses, employees, and the uninsured will have the option of buying group insurance through a new Health Choices Menu that is part of the Federal Employee Health Benefit Program (FEHBP)² ➤ Health Care Menu will also have a public plan option, modeled on the traditional Medicare program, but would provide the same benefits as guaranteed in private plan options in the Health Choices Menu² ➤ Employers can buy into the new Health Choices Menu for early retirees² ➤ Choices in the menu will provide benefits that are comparable or better than the plan offered to Members of Congress, which includes mental health parity and often some dental coverage² 	<p>Employees Health Benefits Plan (FEHBP)⁴</p>	<p>separate and apart from it⁵</p> <ul style="list-style-type: none"> ➤ Expand Medicare services for low-income beneficiaries¹³
<p>Veterans Health Care Initiatives</p>	<ul style="list-style-type: none"> ➤ Will not cut military medical budgets during times of war¹⁸ ➤ Set rigorous, high standards of care, at all military medical facilities¹⁸ 	<ul style="list-style-type: none"> ➤ Ensure that every veteran in America will have the health care and assistance they need¹⁹ ➤ Restore the policy that opened the VA's health care system to 	<ul style="list-style-type: none"> ➤ Appoint a bipartisan Veteran's Advisory Panel to provide input and oversight of how the government serves veterans and how his plan is being 	<ul style="list-style-type: none"> ➤ Fully fund Veterans Health Care²¹ ➤ Order a comprehensive review of military hospitals to ensure that service members are getting

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<ul style="list-style-type: none"> ➤ Stop private contracting for maintenance at military medical facilities¹⁸ ➤ Provide 12-month period of medical and family leave for family members who are caring for veterans recovering from severe injuries¹⁸ ➤ Increase caseworkers and adequately train them to assist service people in transition to the VA system¹⁸ ➤ Screen for and treat traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD) in veterans¹⁸ ➤ Improve medical record keeping so that the transition of service people from the Department of Defense to the VA healthcare system is seamless¹⁸ ➤ Require the VA to prepare for and ensure adequate care for severely injured veterans entering the system¹⁸ ➤ Update and simplify the disability determination and claims processing system¹⁸ ➤ Establish a lawyer corps that will represent veterans free-of-charge during the adjudications process¹⁸ ➤ Allow survivors to pursue claims that were pending at the time of a veteran's death¹⁸ ➤ Require the VA to review educational and training requirements for claims adjudicators and to publish the number of claims that are rejected each year in every 	<p>all veterans who seek to enroll¹⁹</p> <ul style="list-style-type: none"> ➤ Make a long-term commitment to strengthen the VA system with adequate funding and ensure its capacity to avoid backlogs and to handle increased enrollments¹⁹ ➤ Increase the number of qualified VA evaluators to reduce the backlog of claims¹⁹ ➤ Establish a pilot program on homelessness prevention for veterans that will provide subsidies, eviction prevention, and one-time assistance for veterans who fall behind on their rent¹⁹ 	<p>implemented²⁰</p> <ul style="list-style-type: none"> ➤ Guarantee timely delivery of high-quality medical care and disability benefits by streamlining fitness and disability evaluations²⁰ ➤ Require DoD and VA to create a single, comprehensive DoD-administered medical examination to allow both DoD to determine fitness to serve in the military and VA to establish disability rating, compensation and benefits²⁰ ➤ Require that VA disability determinations occur within 30 days of member's entering the system and are conducted by an independent board within the Department of Veterans Affairs²⁰ ➤ Mandate that full benefits start within 2 weeks of determination²⁰ ➤ Disability status will be reevaluated every three years to determine if compensation needs to be adjusted²⁰ ➤ Veterans found unfit for duty because of combat-related duties will receive comprehensive health care for themselves and their families²⁰ ➤ Disability ratings will be updated to reflect injuries related to Post-Traumatic Stress Disorder and Traumatic Brain Injury²⁰ ➤ Restructure disability benefits to include transition payments that cover living expenses, earning-loss payments once 	<p>proper care²¹</p> <ul style="list-style-type: none"> ➤ Increase research on and treatment of traumatic brain injuries and related conditions²¹ ➤ Require that all service members returning to the U.S. or leaving the military be provided with a new "Homefront Redeployment Plan," including thorough PTSD screenings, benefits information and seamless transfer of medical records²¹ ➤ Create a new national chain of care to coordinate treatment and benefits in outreach centers and clinics in every county where a veteran resides²¹ ➤ Improve training for health personnel to recognize and treat PTSD²¹ ➤ Establish uniform standards for veterans' mental health care²¹ ➤ Increase counseling resources within TRICARE and VA networks and allow access to services outside of the networks²¹ ➤ Ensure that outreach is extended to family members of service people who can help recognize symptoms of PTSD²¹ ➤ Renew the Vocational Training for Disabled and Occupationally Challenged Veterans program²¹
--	---	--	--	--

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<p>region¹⁸</p> <ul style="list-style-type: none"> ➤ Ensure that veterans exposed to toxins like Agent Orange have access to appropriate health services and benefits¹⁸ 		<p>transition pays end, and quality of life payments to compensate for non-work related effects of permanent physical and mental combat-related injuries²⁰</p> <ul style="list-style-type: none"> ➤ Will provide adequate funds for the Veterans Administration (VA) every year²⁰ ➤ Instruct the VA to evaluate the effectiveness of current vocational rehabilitation and education programs and develop incentives for veterans to complete programs that have been proven to be effective²⁰ ➤ Ensure that every veteran has access to a Recovery Coordinator (trained by the Commissioned Corps of the Public Health Service) who is responsible for creating a personalized patient Recovery Plan²⁰ ➤ Work with DoD and VA to create an interactive “E-benefits” website that provides an information resource of benefits and programs available to all service members and veterans²⁰ ➤ Within one year require DoD and VA to create a fully interoperable information system that meets the administrative and clinical needs of military personnel²⁰ ➤ For those veterans who lack geographic access to an appropriate VA facility, provide option of receiving care from private physicians and facilities within the veteran’s 	
--	--	--	--	--

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

			<ul style="list-style-type: none"> community²⁰ ➤ Invest in building more veterans hospitals and clinics to increase patient access²⁰ ➤ Work with VA to ensure that telemedicine is available to veterans where appropriate²⁰ ➤ Introduce more transparency, centralize management and raise reimbursement rates for military's TRICARE health insurance program²⁰ ➤ Extend the Family and Medical Leave Act to support military families with sick or injured veterans²⁰ ➤ Provide funds to the DoD and VA for training and counseling of families of service members who require long-term personal care to help support them in their caregiver roles²⁰ 	
State Flexibility	➤ Provide more flexibility to states experimenting with full coverage ²²	➤ States will have the option of banding together to offer the same type of choices in a region of the country ²	No information found	No information found
Medicaid	➤ Expand Medicaid eligibility for some parents of low-income children ¹	➤ Strengthen Medicaid to serve all low-income individuals ²	➤ All people under 100% of poverty line will be eligible for Medicaid with adjustments in the Federal match to hold states harmless; ⁴ with children, 300% of poverty line ²³	➤ Commit necessary Federal resources to cover all adults under the poverty line ⁵
Coverage for Children	<ul style="list-style-type: none"> ➤ Expand SCHIP to at least 300 percent of the Federal poverty level¹ ➤ Allow all families to buy into SCHIP with sliding scale premiums and co-payments based on income¹ ➤ Extend coverage to at least age 21¹ ➤ Emphasize wellness and 	<ul style="list-style-type: none"> ➤ Strengthen SCHIP to ensure that the most vulnerable populations receive affordable quality care² ➤ Continue support of public hospitals and community health centers that serve vulnerable populations² 	<ul style="list-style-type: none"> ➤ Extend Medicaid to families with children whose income is up to 300% of the poverty line²³ ➤ SCHIP will be incorporated into Universal HealthMart to guarantee coverage to all children⁶ ➤ All children will have access to preventive health screenings 	➤ Commit necessary Federal resources to allow states to expand Medicaid and SCHIP to all children and their parents under 250% of poverty line ⁵

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<p>prevention by eliminating co-payments for physicals, vaccinations, vision and hearing screenings, and preventive dental check-ups for all children¹</p> <ul style="list-style-type: none"> ➤ Automatically enroll eligible uninsured children at birth, school registration or when seen in other income-test programs such as WIC and Head Start¹ 		<p>including vision, hearing, autism, and other neurological disorders⁴</p>	
<p>Health Insurance Regulations/ Eligibility</p>	<ul style="list-style-type: none"> ➤ Allow insurers that offer individual policies to access reinsurance pool if they agree not to disqualify people because of pre-existing conditions or increased risk¹ ➤ Prohibit employers and insurance companies from collecting or using genetic information when making decisions about hiring, health coverage, or insurance pricing¹ ➤ Undocumented immigrants excluded from plan, except in emergencies²⁴ 	<ul style="list-style-type: none"> ➤ Access to larger insurance pools that will lower costs and end insurance company discrimination against people with pre-existing conditions¹² ➤ Insurers would be required to prove they were spending more on direct care-giving and less on marketing and practices to avoid providing insurance to high-risk Americans¹² ➤ Subject health insurers to the same type of Federal regulations as brokerages²⁵ ➤ Insurance companies would not be allowed to require genetic tests or consider results of any test when determining eligibility for or cost of health insurance to prevent genetic discrimination²⁶ ➤ Increase federal government regulation of health insurers. States could implement additional rules²⁵ 	<ul style="list-style-type: none"> ➤ In exchange for a larger market with more customers (many of whom are healthy) the insurance industry will be forced to end price and coverage discrimination against people who require medical care⁴ 	<ul style="list-style-type: none"> ➤ Require insurers to open plans to everyone and charge fair premiums, regardless of pre-existing conditions, medical history, age, job and other characteristics⁵ ➤ Create new national standards that will require all health insurance policies to offer preventive services and chronic care with minimal cost-sharing⁵ ➤ Set national accounting standards requiring insurers to spend at least 85% of their premiums on patient care¹³ ➤ Will establish strong national “truth-in-insuring” rules to explain components of private insurance plans and create standards for billing¹³ ➤ Direct U.S. Department of Justice to conduct an antitrust review of the health insurance market¹³ ➤ Enact a Patients’ Bill of Rights for insurance companies and managed care¹³ ➤ Bans health insurance discrimination based on preexisting conditions including

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

				cancer ³¹
Public Reporting & Transparency	<ul style="list-style-type: none"> ➤ Provide Federal funding to support state initiatives to create one claim form used by all insurers to move towards a national uniform system¹ ➤ Require insurers participating in Federal programs to shift to uniform electronic billing and claim forms¹ 	<ul style="list-style-type: none"> ➤ Develop and institute a standard health form with a common vocabulary that insurance companies must use¹² 	No information found	<ul style="list-style-type: none"> ➤ Institute "Consumer Reports" for health care: universal, easy-to-use report card to help individuals evaluate hospitals' treatment outcomes and effectiveness⁵
Improving Quality and Performance of Health System	<ul style="list-style-type: none"> ➤ Use data from states that are pursuing innovative insurance alternatives to evaluate what works best in providing affordable access to health care for all²² ➤ Establish a comparative effectiveness panel to evaluate treatment protocols, medical devices and new technology as well as to establish best practices for the management of chronic diseases¹ 	<ul style="list-style-type: none"> ➤ Establish an independent public-private Best Practices Institute that would finance comparative effectiveness research to determine which drugs, devices, surgeries and treatments work best¹² ➤ Utilize best practices: provide guidance for professionals on what drugs, devices, surgeries and treatments work best¹² ➤ Reduce use of inefficient and ineffective treatments¹² ➤ Provide incentives to encourage doctors to keep up with research advances and prescribe most effective treatments¹² 	<ul style="list-style-type: none"> ➤ Widespread use of information technology will provide the mechanisms for monitoring and improving quality⁴ ➤ Provide incentives for using technology to improve quality and coordination of care, increase cost savings and lower premiums⁴ 	<ul style="list-style-type: none"> ➤ Medicare and the Health Care Markets will pay higher rates to plans and providers that provide efficient, quality care, lowering premiums for high-quality plans, and penalizing plans that fail to meet critical, quantifiable goals⁵ ➤ Health care markets will work with insurers to collect data necessary to drive quality improvement⁵ ➤ Will establish a nonprofit or public organization – possibly within the Institute of Medicine – to research the best methods of providing care, drawing upon data from Medicare, Health Care Markets and medical experts from across the nation⁵ ➤ Support new technologies, such as handheld devices and electronic medical records, to provide doctors the latest information at their fingertips⁵ ➤ Develop partnerships among academic medical centers, Medicare, and other Federal agencies to ensure that high quality medicine is practiced everywhere⁵ ➤ Medicare and the Health Care Markets will pay higher rates to

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

				<p>plans and providers that provide the quality care, lowering premiums for high-quality plans, and penalizing plans that fail to meet critical, quantifiable goals⁵</p> <ul style="list-style-type: none"> ➤ Support public-private collaborations to reorganize patient care, improve internal communications, reduce errors through electronic prescribing, and establish basic quality benchmarks⁵
<p>Health IT**</p> <p><u>For more information</u></p>	<ul style="list-style-type: none"> ➤ Require insurers participating in Federal programs to shift to uniform electronic billing and claim forms¹ ➤ Provide Federal funding for states to create one claim form used by all insurers to move towards a national uniform system¹ ➤ Invest at least \$1 billion/ year to implement an electronic health records system¹ ➤ Provide grants to states to develop electronic medical records and other health IT systems¹ ➤ Assist hospitals, medical facilities, and doctors in upgrading and implementing electronic record systems¹ ➤ Ensure patient survey when implementing an efficient, cost-saving electronic medical records³⁹ 	<ul style="list-style-type: none"> ➤ Require providers who participate in Federal programs to adopt private, secure, and interoperable health information technology¹² ➤ Invest \$3 billion a year in health IT grants to develop a “paperless” health care system¹² ➤ Provide incentives to health care professionals and plans to adopt privacy-protected health information technology² ➤ Ensure that e-science initiatives are adequately funded⁴⁰ ➤ Invest \$50 million in Federal funding to improve and expand a web-based tool, such as Medicare Compare, to make provider and other information more usable, accurate, and consumer-friendly²⁷ 	<ul style="list-style-type: none"> ➤ Invest in technology and data collection for more efficient, quality care⁴ ➤ Within Universal HealthMart, employ innovative methods of care coordination including interoperable health information technology⁴ ➤ HealthMart would leverage its size to encourage adoption of a single claims processing system⁴ 	<ul style="list-style-type: none"> ➤ Support implementation of Health IT while ensuring protection of patients’ privacy rights⁵ ➤ Require providers to use interoperable information technology that protects privacy¹³ ➤ Bring the private sector together to establish Health IT standards¹³ ➤ Adopt automated medication dispensers that quickly and accurately fill prescriptions⁵ ➤ Develop systems that promote patient-doctor communication, such as email, group consultations and disease support² ➤ Create computerized physician order entry⁵ ➤ Develop computerized patient reminder system to improve compliance with treatment⁵ ➤ Use wireless handheld devices to allow hospital staff to communicate results directly to physicians⁵ ➤ Provide the resources to hospitals for implementation of

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

				<p>information systems that improve patient safety and hospital efficiency⁵</p> <ul style="list-style-type: none"> ➤ Establish at least 15 Regional Telemedicine Centers across the country to share best practices¹³ ➤ Reduce barriers for implementation of telemedicine¹³
Malpractice/ Professional Liability	No information found	<ul style="list-style-type: none"> ➤ Pass National Medical Error Disclosure and Compensation (MEDiC) Act: Encourages liability protections for physicians who disclose medical errors to patients and offer to enter into negotiations for fair compensation²⁸ 	No information found	<ul style="list-style-type: none"> ➤ Before a legal malpractice case can be filed in the system, the lawyer has to conduct a complete investigation, which includes having the case independently reviewed by at least two experts in the field who determine that the case is first meritorious, and second serious; lawyer must certify this has been done¹⁴ ➤ Proposes that lawyers bear the cost if they fail to certify malpractice or fail to do what they should do¹⁴ ➤ Supports a three-strike policy, where lawyers will lose their right to file malpractice cases if they violate laws regarding malpractice requirements three times¹⁴ ➤ Supports stronger state medical disciplinary boards¹³ ➤ Supports creation of a knowledge bank that encourages doctors to report medical errors voluntarily¹³
Increasing Drug Availability and Reducing Their Costs	<ul style="list-style-type: none"> ➤ Remove restrictions on Federal government price negotiations for prescription drugs for enrollees in Medicare Part D¹ 	<ul style="list-style-type: none"> ➤ Allow Medicare to negotiate lower drug prices^{3, 29} ➤ Increase funding for Office of Generic Drugs at the FDA to eliminate backlog of generic drug applications³ 	<ul style="list-style-type: none"> ➤ Give Medicare power to negotiate with pharmaceutical companies for the cost of prescription drugs⁴ ➤ Ensure the safety and efficacy of medicines³⁰ 	<ul style="list-style-type: none"> ➤ Eliminate loopholes and trade obstacles that block use of generic drugs and permit the FDA to approve biogenerics, saving up to \$43 billion over 10 years¹³

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		<ul style="list-style-type: none"> ➤ Give FDA authority to approve safe and effective biogeneric drugs and create pathway for biogeneric drug competition³ ➤ Provide more oversight of drug advertising, marketing excesses and pharmaceutical companies' financial relationships with providers³ ➤ Reduce overpayments to private managed care plans³ ➤ Constrain prescription drug costs through biogenerics competition, removal of barriers to market access for generics, empowering Medicare to negotiate drug prices, reimportation of drugs, providing higher Medicaid brand rebates and by promoting e-prescribing² 		<ul style="list-style-type: none"> ➤ Institute a two-year delay on consumer advertising of all new drugs⁷ ➤ Restrict direct-to-consumer advertising for new drugs⁵ ➤ Consider limits on drug company advertising to decrease costs¹⁴ ➤ Prevent misrepresentations in drug ads by requiring FDA approval of major drug ad campaigns⁷ ➤ Increase penalties for drug companies that violate truth-in-advertising laws⁷ ➤ Require drug companies to disclose side effects from implants of medical devices⁷ ➤ Negotiate lower prices for drugs in Medicare¹⁴ ➤ Give Medicare beneficiaries the choice to pick a public plan for their prescription drugs¹³ ➤ Allow prescription drugs to be safely re-imported from Canada¹⁴ ➤ Ensure independence of researchers evaluating medical devices and drugs⁵ ➤ Strengthen FDA's ability to monitor new drugs after they reach the marketplace⁵
<p align="center">Disease Prevention</p>	<ul style="list-style-type: none"> ➤ Increase funding for programs that promote prevention of chronic diseases and obesity¹ ➤ Require insurers participating in Federal programs to cover preventive care¹ ➤ Waive Medicare copayments for screenings for cervical, breast, and colon cancer, and other high cost chronic 	<ul style="list-style-type: none"> ➤ All insurers who are already participating in a Federal health program (such as Medicare, Medicaid or FEHP) required to cover preventive services as a condition of doing business with the Federal government^{12, 26} ➤ Provide financial incentives such as removing co-payments to increase utilization of preventive 	<ul style="list-style-type: none"> ➤ Universal HealthMart will provide incentives for preventive care⁴ ➤ Provide incentives to people for healthy behaviors such as smoking cessation, weight loss, and exercise⁴ 	<ul style="list-style-type: none"> ➤ Beginning with Medicare and other public plans, change reimbursement rules to emphasize primary care¹³ ➤ Health Care Markets will offer primary and preventive services at little or no cost⁵ ➤ Create new national standards to ensure that all health insurance offers preventive and chronic

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<p>diseases¹</p>	<p>care¹</p> <ul style="list-style-type: none"> ➤ Foster public-private collaborations to emphasize prevention in schools, workplaces, and communities through provision of free preventive services¹² ➤ Requires coverage of effective preventive services recommended by the U.S. Prevention Services Task Force² ➤ Target prevention by coordinating and pooling public funding²⁶ ➤ Increase access to effective screening tools with proven effectiveness²⁶ ➤ Help smokers quit and decrease chances of young people starting smoking²⁶ ➤ Enable FDA to restrict advertising of tobacco products to children, stop illegal sales, and enact the Family Smoking Prevention and Tobacco Control Act²⁶ ➤ Increase smoking cessation programs by increasing excise tax on cigarettes²⁶ ➤ Provide coverage for comprehensive smoking cessation in Medicaid²⁶ ➤ Supports physical education programs in schools²⁶ ➤ Increase funding by \$36 million for the Carol White Physical Education Program²⁶ ➤ Replace unhealthy school food choices with healthy ones by 2012²⁶ 		<p>care with minimal cost-sharing⁵</p> <ul style="list-style-type: none"> ➤ Provides incentives such as lower premiums to people who use preventive services⁵ ➤ Support community efforts to improve health such as safe streets, walking and biking trails, safe and well-equipped parks, physical education programs⁵ ➤ Increase public health funding¹³ ➤ Promote wellness and fitness in communities and workplaces¹³ ➤ Work with schools to remove unhealthy foods and invest in physical education¹³ ➤ Push for US ratification of the World Health Organization's Framework Convention on Tobacco Control³¹ ➤ Support initiatives and provide significant funding for smoking reduction in the U.S.³¹ ➤ Supports a national smoking ban in public places³¹
--	-----------------------------	--	--	--

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

<p>Chronic Disease Management</p>	<ul style="list-style-type: none"> ➤ Establish chronic disease treatment programs in Medicare and other Federal programs¹ ➤ Support research on best approaches to coordinate chronic disease care¹ ➤ Reduce costs by establishing a Comparative Effectiveness Panel to evaluate medical treatments and technologies for chronic disease management¹ ➤ Provide subsidies to allow uninsured individuals between 55-64 to buy into Medicare, allowing chronic disease treatment to begin earlier¹ 	<ul style="list-style-type: none"> ➤ Promote innovative care management programs to help those with chronic diseases³² ➤ Use chronic care coordination models, including medical “homes,” accessible under Federally-funded programs^{12, 29} ➤ Provide incentives for both patients and physicians to ensure higher quality and improved coordination of care³ 	<ul style="list-style-type: none"> ➤ Ensure integrated system of chronic disease management modeled after the Veterans Administration system and exemplary private delivery systems⁴ ➤ Employ innovative methods of care coordination including interoperable health information technology and coordination between providers and levels of care⁴ 	<ul style="list-style-type: none"> ➤ Use case managers and technology to improve communication among providers and patients¹³ ➤ Supports patients having a medical home that is responsible for the coordination of chronic care¹⁴ ➤ Require Health Care Markets and public plans to pro-actively monitor chronically-ill patients’ health to reduce complications and hospitalizations. Provide private plans with incentives to do the same¹³ ➤ Create new national standards that will ensure all health insurance policies offer preventive and chronic care services with minimal cost-sharing⁵ ➤ Develop patient support groups via e-mail⁵ ➤ Develop computerized patient reminder systems to improve compliance with treatment⁵
<p>Long Term Care</p>	<ul style="list-style-type: none"> ➤ Permit Medicaid to provide home- and community-based support services needed by disabled individuals to allow them to remain in their community³⁹ 	<ul style="list-style-type: none"> ➤ Pass legislation to provide respite services for caregivers of seniors and disabled Americans³ 	<p align="center">No information found</p>	<ul style="list-style-type: none"> ➤ Reform long-term care system to emphasize health care choices for older Americans and people with disabilities¹³ ➤ Provide home and community care whenever possible¹³ ➤ Reform Medicaid and Medicare to allow people to choose home-based care in their communities³³ ➤ Support states and communities offering much-needed and often less expensive alternatives – such as adult day care and senior villages – that allow seniors to live at home³³

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

				<ul style="list-style-type: none"> ➤ Establish national standards for nursing home care, increase national enforcement against abusive nursing home chains, expand inspections, and increase penalties for homes that fail to provide decent care³³ ➤ Reduce nursing home patient-staff ratios and improve nursing home provider training³³
Mental Health	<ul style="list-style-type: none"> ➤ Treat mental health services the same as other health services and increase the amount the government pays from 50% to 80% for outpatient psychiatric services under the Medicare program¹⁷ 	<ul style="list-style-type: none"> ➤ Expand mental health care by covering mental health services to the same extent that plans cover physical illnesses³⁴ 	No information found	<ul style="list-style-type: none"> ➤ Health Care Market plans will include comprehensive benefits, including parity for mental health services⁵
Eliminating Health Disparities	No information found	<ul style="list-style-type: none"> ➤ Require the development and testing of quality measures for use by doctors, hospitals, nursing homes and other providers to help eliminate racial and ethnic disparities in health care³⁵ ➤ Direct the U.S. Department of Health and Human Services (HHS) to develop a uniform reporting format for the collection of quality information on race and ethnicity³⁵ ➤ Provides \$50 million in Federal funding for development of culturally and linguistically competent clinical care programs³⁵ ➤ Provides opportunities and incentives to encourage greater diversity in healthcare through recruitment initiatives, scholarships, and loan-forgiveness programs³⁵ ➤ Fund and train new health prevention outreach workers 	<ul style="list-style-type: none"> ➤ Supports efforts to ensure that advances in medical research do not outpace laws designed to protect Americans from discrimination³⁰ 	<ul style="list-style-type: none"> ➤ Support medical research on health disparities⁵ ➤ Support language translation services to address language barriers⁵ ➤ By helping all Americans get insurance, will address disparities in health caused by disparities in insurance⁵ ➤ Reduce pollutions and toxins that disproportionately harm communities of color⁵

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		<p>who can effectively communicate with the country's diverse populations¹²</p> <ul style="list-style-type: none"> ➤ Prioritize the development of "medical homes" designed to improve quality health care for minority populations²⁷ 		
<p>Health Workforce Issues</p>	<ul style="list-style-type: none"> ➤ Continue support for Graduate Medical Education¹ ➤ Support initiatives to prepare physicians to practice in growing need specialties, especially geriatrics, family medicine and emergency care¹ ➤ Train and put 100,000 new nurses into workforce within five years¹ ➤ Increase funding for Nurse Student Loan Program¹ ➤ Include accelerated degree nursing students in Nursing Student Loan Program¹ ➤ Provide funds for academic institutions to establish doctoral nursing degree programs in states that don't have them¹ ➤ Establish pilot projects to allow academic institutions to share faculty and other resources to enhance nursing curriculum¹ ➤ Create pilot projects that allow nurses to maintain jobs while earning a graduate degree and eventually teach¹ 	<ul style="list-style-type: none"> ➤ Fund schools of nursing to recruit and train faculty²⁹ ➤ Provide funding to states that partner with local programs providing credentialing programs for personal or direct care professionals²⁹ ➤ Priority funding would go to schools that collaborate with worker training programs to recruit, train, place and provide career pathways across the spectrum of health care settings²⁹ ➤ Increase funding for nursing residencies³⁶ ➤ Provide short-term funding to nursing schools to boost enrollment and establish training and mentoring programs to improve retention of nurses over the long-term³⁶ 	<p>No information found</p>	<ul style="list-style-type: none"> ➤ Improve work conditions to recruit back 50,000 nurses who have left the profession and recruit an additional 50,000 young people into the field¹³ ➤ Retain existing nurses by ensuring safe staffing levels, eliminating mandatory overtime, improving workplace safety, and strengthening labor laws to make it easier for nurses to organize³⁷ ➤ Increase nation's nursing school enrollment by 30%³⁷ ➤ Support distance learning initiatives that can bring advanced training to rural areas³⁷ ➤ Support training partnerships between nursing schools and hospitals³⁷ ➤ Will provide full tuition for 50,000 students to become nurses; in return, these nurses would agree to serve for at least four years in underserved areas³⁷ ➤ Help high schools implement career education programs that combine applied skills with

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

				<p>academics³⁷</p> <ul style="list-style-type: none"> ➤ Promote Career Ladder partnerships that encourage health care workers from other sectors to enter nursing. Provide them with on-the-job training, time off for training, and guaranteed placement in a nursing career³⁷
<p>Research Investments***</p> <p><u>For more information</u></p>	<ul style="list-style-type: none"> ➤ Double NIH funding over five years³⁸ ➤ Strengthen government investments in biomedical research³⁹ ➤ Permit Federal funding to support stem cell research³⁹ ➤ Investigate links between environmental factors and breast cancer³⁹ ➤ Support development of vaccines and other effective responses to bioterrorism³⁹ 	<ul style="list-style-type: none"> ➤ Double NIH and NCI funding over 10 years²⁶ ➤ Increase the basic research budgets by 50% over 10 years at the National Science Foundation (NSF), the Department of Energy's Office of Science, and the Defense Department⁴⁰ ➤ Increase research focus on the physical sciences and engineering⁴⁰ ➤ Boost support for multidisciplinary research in areas such as the intersection of bio, info, and nanotechnologies⁴⁰ ➤ Direct Federal agencies to award prizes in order to accomplish specific innovation goals⁴⁰ ➤ Support initiatives to bring more women and minorities into the math, science, and engineering professions⁴⁰ ➤ Reinvigorate White House Office of Science and Technology Policy⁴⁰ ➤ Lift ban on Federal funding of embryonic stem cell research⁴¹ ➤ Require that Federal research agencies set aside at least 8% of their research budgets for discretionary funding of high-risk research⁴⁰ ➤ Provide incentives to foster 	<ul style="list-style-type: none"> ➤ Supports embryonic stem cell research when the embryos used would otherwise be destroyed or discarded⁴³ ➤ Invest in scientific research to spur innovation and job creation⁴⁴ ➤ Supports efforts to ensure that advances in medical research do not outpace laws designed to protect Americans from discrimination³⁰ 	<ul style="list-style-type: none"> ➤ Strongly disapproves of recent NIH funding cuts⁴⁵ ➤ Supports substantial increases in funding for the National Institutes of Health, the National Science Foundation, and other ongoing agency science initiatives⁴⁶ ➤ Ensure transparency in funding decisions, accountability for results and align research with outcomes⁴⁶ ➤ Increase funding for and lift research restrictions on embryonic stem cell research. Ban reproductive human cloning⁴⁶ ➤ Convene an expert panel to identify whether there are discoveries where scientific prizes (not patent monopolies) would offer new incentives to researchers¹³ ➤ Prizes would supplement, not replace the current patent system¹³ ➤ Ensure independence of researchers evaluating medical devices and drugs⁵ ➤ Supports research into health disparities⁵

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		<p>science innovation and recruitment of new scientists⁴²</p> <ul style="list-style-type: none"> ➤ Fund a Best Practices Institute that would work as a partnership between the existing Agency for Healthcare Research and Quality and the private sector to fund research on treatment effectiveness and the dissemination of this information to patients and doctors to increase quality and reduce costs²⁹ 		
<p>Special Disease Initiative: Cancer</p>	<ul style="list-style-type: none"> ➤ Continue the war against breast cancer⁴⁷ ➤ Investigate the link between environmental factors and breast cancer³⁹ ➤ Provide better breast cancer screening and care for underserved low-income and minority populations⁴⁸ ➤ Support the Department of Defense Peer-Reviewed Breast Cancer Research Program⁴⁸ 	<ul style="list-style-type: none"> ➤ Double NIH and NCI funding over 10 years²⁶ ➤ Invest in research aimed at identifying molecular and genetic combinations that increase risk for certain types of cancer²⁶ ➤ Expand Cancer Centers program^{25, 26} ➤ Increase by 5 times the number of participants in cancer clinical trials and expand access to experimental cancer therapies at NCI Centers²⁶ ➤ Preserve Medicare coverage of clinical trials²⁶ ➤ Require insurers to cover mammograms, PSAs and colorectal screenings⁴⁹ ➤ Broaden investment in prevention, detection, and treatment through healthcare research⁴⁰ ➤ Promote a national education campaign about effective screening methods (e.g. mammograms, colorectal screenings, and HPV tests)²⁶ ➤ Require group and individual 	<ul style="list-style-type: none"> ➤ Fully fund the Department of Defense Peer-Reviewed Breast Cancer Research Program⁵¹ ➤ Enact Breast Cancer and Environmental Research Act⁵¹ 	<ul style="list-style-type: none"> ➤ Dramatically increase cancer research funding³¹ ➤ Fully fund the Department of Defense Peer-reviewed Breast Cancer Research Program⁴⁶ ➤ Enact the Breast Cancer Environmental Research Act⁴⁶ ➤ Preserve the Medicaid Breast and Cervical Cancer Treatment Program⁴⁶

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		<p>health plans to cover colorectal cancer screenings²⁶</p> <ul style="list-style-type: none"> ➤ Fully fund the National Breast and Cervical Cancer Early Detection Program²⁶ ➤ Provide \$50 million for comprehensive care and communication models for patients in underserved areas or enrolled in Medicaid that describe the care they will receive in clear, concise language²⁶ ➤ Conduct an epidemiologic study tracking cancer survivors to increase knowledge about long-term effects of treatment impacts²⁶ ➤ Dedicate 10% of funding for this survivorship study to analyze cancer's long term effects on adolescents and young adults²⁶ ➤ Provide \$25 million to community-based organizations groups to fund cancer survivor support groups²⁶ ➤ Improve quality of care for Americans with cancer²⁶ ➤ Invest \$25 million to develop patient friendly decision tools to help inform patients about the disease²⁶ ➤ Fully fund the Department of Defense Peer-Reviewed Breast Cancer Research Program⁵⁰ ➤ Enact the Breast Cancer Environmental Research Act⁵⁰ 		
<p>Special Disease Initiative: HIV/AIDS****</p>	<ul style="list-style-type: none"> ➤ Signed 08stopaids.org "Presidential Pledge for Leadership on Global AIDS"⁵² ➤ Would better integrate efforts to fight AIDS with broader health 	<ul style="list-style-type: none"> ➤ Issued her own HIV/AIDS policy on November 27, 2007 to develop and implement a comprehensive national and global HIV/AIDS strategy that 	<ul style="list-style-type: none"> ➤ Signed 08stopaids.org "Presidential Pledge for Leadership on Global AIDS"⁵² ➤ Supports the Microbicide Development Act that creates 	<ul style="list-style-type: none"> ➤ Issued his own HIV/AIDS plan on September 24, 2007 to develop and implement a comprehensive, fast-tracked national HIV/AIDS strategy

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

<p><u>For more information</u></p>	<p>and development concerns⁵⁵</p> <ul style="list-style-type: none"> ➤ Supports increased funding for science-based HIV prevention programs⁵⁵ ➤ Believes needle exchange is an important method of preventing transmission of HIV/AIDS⁵⁵ ➤ Supports the Early Treatment for HIV Act, which expands Medicaid for HIV+ individuals⁵⁵ ➤ Would change U.S. programs abroad to provide flexibility to meet local needs with comprehensive approach to prevention, care, and treatment⁵⁵ ➤ Fund research on HIV and AIDS that includes work on the discovery and development of anti-HIV micobicides⁵⁵ 	<p>includes increased investments for research, prevention and education, as well as access to treatment and other services with measurable goals, targets and timelines⁵³</p> <ul style="list-style-type: none"> ➤ Will bring together Federal agencies, state and local governments, community-based organization, providers, academic experts, and Americans living with HIV to devise a plan to better coordinate the overall response to the epidemic in the U.S.⁵³ ➤ Signed 08stopaids.org “Presidential Pledge for Leadership on Global AIDS”⁵² ➤ Committed to providing at least \$50 billion by 2013 to combat HIV/AIDS globally⁵³ ➤ Double HIV/AIDS research budget at NIH to \$5.2 billion annually, including the U.S. contribution towards finding a vaccine⁵³ ➤ Supports the Microbicide Development Act, which creates an office within the NIH dedicated to the discovery and development of anti-HIV topical agents to prevent sexual transmission of HIV⁵⁴ ➤ Supports increasing Federal appropriations for science-based HIV prevention programs to at least \$1 billion annually⁵⁵ ➤ Supports culturally competent prevention efforts targeted to vulnerable populations⁵³ ➤ Supports the Early Treatment for HIV Act which will expand 	<p>an office within the NIH dedicated to the discovery and development of anti-HIV topical agents to prevent sexual transmission of HIV⁵⁴</p> <ul style="list-style-type: none"> ➤ Would reinstate Ryan White CARE Act funding for outreach programs to prevent HIV/AIDS⁵⁷ ➤ Supports the Early Treatment for HIV Act which will expand Medicaid to cover HIV+ individuals before they reach later stages of disability and AIDS⁵⁶ ➤ Advocates for school based clinics that provide evidence based sex education to help prevent HIV/AIDS⁵⁸ 	<p>involving stakeholders from public and private sectors with measurable goals and accountability mechanisms⁵⁹</p> <ul style="list-style-type: none"> ➤ The National Strategy will coordinate various agencies within and outside of U.S. Department of Health and Human Services (HHS) that affect HIV/AIDS policies⁵⁹ ➤ Wrote letter expressing support for the contents of 08stopaids.org “Presidential Pledge for Leadership on Global AIDS”⁵² ➤ Invest \$50 billion over 5 years to meet the goal of providing universal access to prevention and treatment drugs for HIV/AIDS, TB and Malaria by 2010⁵⁹ ➤ Promote reliable prevention strategies, including comprehensive, age-appropriate sex education⁵⁹ ➤ Supports increasing Federal appropriations for science-based HIV prevention programs to no less than \$1 billion annually⁵⁵ ➤ Lift ban on Federal funding for needle exchange initiatives⁵⁹ ➤ Supports community and public education that encourages HIV testing⁵⁹ ➤ Supports the Early Treatment for HIV Act which will expand Medicaid to cover HIV+ individuals before they reach later stages of disability and AIDS⁵⁹ ➤ Increase funding for the Housing Opportunities for People with
--	---	---	---	--

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		<p>Medicaid to cover HIV+ individuals before they reach later stages of disability and AIDS⁵⁶</p> <ul style="list-style-type: none"> ➤ Increase funding for the Housing Opportunities for People with AIDS (HOPWA) programs⁵³ ➤ Increase Ryan White Care Act (RWCA) funding, especially in underserved areas, and increase flexibility of funding used for support services such as nutrition assistance and case management⁵³ ➤ Under the American Health Choices Plan, individuals with HIV/AIDS will have access to chronic care management⁵³ ➤ Increase funding for the Minority AIDS Initiative and support prevention and treatment efforts of minority-run community based organizations⁵³ ➤ Develop a comprehensive plan to identify and address factors, such as gender-based violence, which are linked with women's increased vulnerability to HIV⁵³ ➤ Ensure that children's needs are incorporated into strategies for fighting AIDS globally, including plans for the care and treatment of orphans and other vulnerable children⁵³ ➤ Lift ban on federal financing for needle exchange programs⁵³ ➤ Supports the repeal of the ban against people who are HIV+ entering the U.S. as travelers or immigrants and barring those in the U.S. who are HIV+ from legalizing their immigration 		<p>AIDS (HOPWA) programs⁵⁹</p> <ul style="list-style-type: none"> ➤ Provide full funding of Ryan White Care Act (RWCA) that includes support services such as transportation, case management, substance abuse and mental health treatment, nutrition, family centered care for children, access to clinical trials, and service delivery to hard to reach populations⁵⁹ ➤ Commitment to ensure culturally competent care⁵⁹ ➤ Overturn "global gag rule" barring U.S. family planning aid to foreign non-profits that offer abortions and restore support for safe and effective family planning⁵⁹ ➤ Will support political and economic rights for women where they do not exist⁵⁹ ➤ Ensure that U.S. bilateral trade agreements respect the rights of countries to access and use generic medicines⁵⁹ ➤ Supports efforts to increase the importation and production in developing countries of second-line and pediatric drugs⁵⁹ ➤ Supports the Microbicide Development Act, which creates an office within the NIH dedicated to the discovery and development of anti-HIV topical agents to prevent sexual transmission of HIV⁵⁵ ➤ Supports the repeal of the ban against people who are HIV+ entering the U.S. as travelers or immigrants and barring those in the U.S. who are HIV+ from
--	--	---	--	---

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

		status ⁵⁵		legalizing their immigration status ⁵⁵
Special Disease Initiative: Autism	No information found	<ul style="list-style-type: none"> ➤ Provide \$700 million to address autism⁶⁰ ➤ Increase funding for research, surveillance, education, and early identification⁶⁰ ➤ Expand research to identify causes of autism and monitoring in the U.S.⁶⁰ ➤ Establish an Autism Task Force charged with investigating evidence-based treatments, interventions, and services⁶⁰ ➤ Provide planning and demonstration grants for adult services⁶⁰ ➤ Improve access to post-diagnosis care⁶⁰ ➤ Provide teacher training⁶⁰ ➤ Create a National Technical Assistance Center on Autism⁶⁰ ➤ Fully fund the Combating Autism Act⁶⁰ 	<ul style="list-style-type: none"> ➤ All children will have access to preventive health screenings including vision, hearing, and evaluations for autism, and other neurological disorders⁴ 	<ul style="list-style-type: none"> ➤ Create “advanced medical homes” – with doctors and health care providers that will ensure children have regular pediatrician visits to increase early detection and treatment of developmental disabilities⁶¹ ➤ Issue comprehensive research challenge to address autism⁶¹ ➤ Invest in recruiting, training and sufficiently paying teachers, therapists, psychologists and others working in the special education field⁶¹ ➤ Work to develop ongoing adult education and adult day care programs for people with autism⁶¹ ➤ Expand the supply of affordable supportive housing for people with disabilities, including adults living with autism⁶¹ ➤ Study which support models are effective, ensure that health care providers know what works, and help public-private partnerships replicate their success⁶¹ ➤ Support respite care services that provide home visits from nurses or other aides to provide respite for caregivers⁶¹ ➤ Establish an Internet clearinghouse and education services to provide families with information about available services⁶¹
Public Health Preparedness Initiatives	<ul style="list-style-type: none"> ➤ Establish Public Health Workforce Scholarship Program for eligible students to study public health¹ 	<ul style="list-style-type: none"> ➤ Expand the Centers for Disease Control and Prevention’s (CDC) biomonitoring work²⁶ ➤ Develop a response system for 	No information found	<ul style="list-style-type: none"> ➤ Provide additional funding for securing the health care safety net (public hospitals, clinics and community centers)⁵

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

	<ul style="list-style-type: none"> ➤ Establish Public Health Workforce Loan Repayment Program¹ ➤ Create a catalogue of Federal health employment opportunities¹ 	<p>addressing public health threats²⁶</p> <ul style="list-style-type: none"> ➤ Establish nationwide tracking network to help identify linkage between cancer and chronic diseases and environmental factors²⁶ 		
Global Health	<ul style="list-style-type: none"> ➤ Provide more funding to The Global Fund to fight AIDS, TB, and Malaria⁵⁵ ➤ Strongly supports efforts to increase the number of trained health care workers in the developing world⁵⁵ ➤ Supports the Millennium Development Goals⁵⁵ 	<ul style="list-style-type: none"> ➤ Establish the U.S. as a leader in galvanizing the global community around meeting the Millennium Development Goal to reverse the spread of HIV and other diseases by 2015⁵³ ➤ Increase U.S. commitment to The Global Fund to fight AIDS, TB and Malaria⁵³ ➤ Invest in building the health infrastructure of developing countries, including an increase in the number of health workers in Africa by at least 1 million over a decade, and ensure access to medications for all⁵³ ➤ Increase flexibility and improve accountability in use of funds⁵³ ➤ Work with both donors and recipient governments to ensure that U.S. investments are as effective as possible⁵³ 	No information found	<ul style="list-style-type: none"> ➤ Invest \$50 billion over five years to ensure that all people have access to health care globally¹⁴ ➤ Contribute the U.S. fair share of the budget to The Global Fund to fight AIDS, TB and Malaria⁵⁹ ➤ Will lead a worldwide effort to raise \$10 billion to fund poverty-focused development assistance⁵⁹ ➤ Help strengthen public health systems and health care workforces in developing nations⁵⁹ ➤ Proposes a 5 year \$15 billion initiative to achieve universal primary education by 2015⁶² ➤ Rely upon WHO approval rather than FDA for drugs being used in the developing world¹⁴ ➤ Provide leadership and collaborate with other countries to address and solve global health problems⁶³ ➤ Believes that America must provide global leadership in fight against poverty and disease as a moral imperative and security issue⁵⁹

* Rear Admiral [Susan Blumenthal, M.D.](#) (ret.) is the Distinguished Advisor for Health and Medicine at the [Center for the Study of the Presidency](#) in Washington, D.C. and a Clinical Professor at Georgetown and Tufts University Schools of Medicine. She served for over 20 years in health leadership positions in the Federal government, including as Assistant Surgeon General of the United States and the first Deputy Assistant Secretary of Women's Health in the U.S. Department of Health and Human Services, and as Chief of the Behavioral Medicine and Basic Prevention Research Branch at the National Institutes of Health.

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

Yi-An Ko, a recent graduate of Harvard University, Beth Louise Hoffman, a recent magna cum laude graduate of Brown University, and Melissa Shive, a Fulbright scholar and honors graduate of University of Pennsylvania, are health policy fellows at the [Center for the Study of the Presidency](#).

** For detailed information on the Presidential candidates' health information technology plans, please see [U.S. Presidential Candidates' Health Plans: Incorporating Information Technology to Provide 21st Century Care](#) by Susan Blumenthal M.D. et al.

*** For detailed information on the Presidential candidates' medical and scientific research plans, please see [U.S. Presidential Candidates' Health Care Plans: Scientific and Medical Research Proposals](#) by Susan Blumenthal, M.D. et al.

**** For detailed information on the Presidential candidates' HIV/AIDS plans, please see [U.S. Presidential Candidates' Health Care Plans 2008: HIV/AIDS Proposals -- A Time for Leadership](#) by Susan Blumenthal, MD et al.

While efforts have been made to make these charts on the Presidential candidates' proposals on HIV/AIDS as comprehensive as possible, this information is intended to be used as a non-partisan reference only and does not necessarily represent the opinions of sponsoring organizations.

¹ "Four Practical Steps Toward Health Care for All." [Joe Biden President '08](#). 27 Sept. 2007 <http://www.joebiden.com/assets/pdfs/health_care_plan.pdf>.

² "American Health Choices Plan." 17 September 2007. [Hillary for President](#). 24 September 2007. <<http://hillaryclinton.com/feature/healthcareplan/americanhealthchoicesplan.pdf>>.

³ "Hillary Clinton Announces Agenda to Lower Health Care Costs and Improve Value for All Americans." 24 May 2007. [Hillary for President](#). 25 September 2007. <<http://www.hillaryclinton.com/news/release/view/?id=1787>>.

⁴ "Health Care for All: the Dodd Plan." 26 July 2007. [Chris Dodd for President 2008](#). 28 Sept. 2007. <<http://chrisdodd.com/node/1924>>.

⁵ "Universal Health Care Through Shared Responsibility." 15 March 2007. [John Edwards 08](#). 25 September 2007. <<http://johnedwards.com/about/issues/health-care-overview.pdf>>.

⁶ "Comparison of the Health Care Plans Offered by Major Democratic Candidates." [Chris Dodd for President 2008](#). 28 Sept. 2007. <http://action.chrisdodd.com/t/41/content.jsp?content_KEY=2060>.

⁷ "Edwards Introduces Proposals To Stop Misleading Drug Marketing by Standing up to Drug Companies." [John Edwards '08](#). 28 October 2007. <<http://johnedwards.com/issues/health-care/20071028-drug-marketing/>>.

⁸ "In ways, Clinton healthcare plan resembles Romney's Mass. Solution." 18 September 2007. [The Boston Globe](#). 24 September 2007. <http://www.boston.com/news/nation/articles/2007/09/18/in_ways_clinton_healthcare_plan_resembles_romneys_mass_solution/>.

⁹ Wolf, Richard. "Clinton unveils details of her health care plan" 17 September 2007. [USA Today](#). 24 September 2007. <<http://blogs.usatoday.com/onpolitics/2007/09/clinton-unveils.html>>.

¹⁰ "Biden Unveils Health Care Plan." 23 October 2007. [MSNBC](#). 27 November 2007. <<http://www.msnbc.msn.com/id/21437164/>>.

¹¹ Gray, Kathleen. "Edwards: Health cost cuts need to start with drug, insurance firms." [Detroit Free Press](#). 14 June 2007.

¹² "HEALTH CARE: Hillary Remarks on Reducing the Cost of Health Care." [Hillary for President](#). 25 June 2007 <<http://www.hillaryclinton.com/news/speech/view/?id=1789>>.

¹³ "Making Health Care Affordable, Accountable and Universal." [John Edwards 08](#). 26 June 2007. <<http://johnedwards.com/news/headlines/20070614-health-care-costs-quality.pdf>>.

¹⁴ "Presidential Candidate Forum: John Edwards." 24 September 2007. [Kaiser Family Foundation](#). 15 October 2007. <http://www.kaisernetwork.org/health_cast/uploaded_files/092407_h08_presforums_edwards_transcript.pdf>.

¹⁵ "Edwards Introduces Plans To Stand Up To Big Insurance Companies That Hurt Rural Seniors." [John Edwards 08](#). 14 December 2007. <<http://johnedwards.com/issues/rural/20071025-insurance-companies/>>.

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

- ¹⁶ “Edwards Details Cost-Saving Measures in Universal Health Care Plan.” John Edwards 08. 14 June 2007. <<http://johnedwards.com/news/headlines/20070614-health-care-costs/>>.
- ¹⁷ “Joe Biden’s Plan: Reshaping Medicare for the 21st Century.” Joe Biden President ’08. 28 November 2007. <<http://www.joebiden.com/issues?id=0020>>.
- ¹⁸ “Joe Biden to Unveil Plan to Keep the Promise to America’s Veterans.” 13 August 2007. Joe Biden President ’08. 28 November 2007. <<http://www.joebiden.com/newscenter/pressreleases?id=0138>>.
- ¹⁹ “Fulfilling our Promises to Veterans.” Hillary for President. 3 December 2007. <<http://www.hillaryclinton.com/issues/veterans/>>.
- ²⁰ “A Contract Honored: The Dodd Veterans Policy.” Chris Dodd for President 2008. 9 November 2007. <<http://chrisdodd.com/veterans>>.
- ²¹ “A Sacred Contract with Our Military and Veterans Community.” 25 May 2007. John Edwards 08. 3 December 2007. <<http://johnedwards.com/news/press-releases/sacred-contract-fact-sheet/index.html>>.
- ²² “Sen. Joe Biden.”. 27 April 2007. Iowa Press: Transcript. 27 Sept. 2007. <http://www.iptv.org/iowapress/transcript_detail.cfm?ipShowNum=3435&play=true>.
- ²³ “Chris Dodd on Health Care.” On the Issues. 2 December 2007. <http://www.ontheissues.org/2008/Chris_Dodd_Health_Care.htm>.
- ²⁴ “Biden and Kucinich Outline Health Care Plans.” 25 Oct. 2007. The Caucus: Political Blogging from the New York Times. 31 Oct. 2007. <<http://thecaucus.blogs.nytimes.com/2007/10/25/biden-and-kucinich-outline-health-care-plans/>>.
- ²⁵ “Democratic Presidential Candidate Clinton Proposes Increased Federal Regulation of Health Insurers.” 27 November 2007. Kaiser Daily Health Policy Report. 3 December 2007. <http://www.kaisernetwork.org/daily_reports/health2008dr.cfm?DR_ID=49061>.
- ²⁶ “Hillary Clinton’s Plan to Fight Cancer.” 27 August 2007. Hillary for President. 25 September 2007. <<http://www.hillaryclinton.com/news/release/view/?id=3035>>.
- ²⁷ “Hillary Clinton Announces Agenda to Improve the Quality of Health Care for All Americans.” 23 August 2007. Hillary for President. 14 December 2007. <<http://www.hillaryclinton.com/news/release/view/?id=2999>>.
- ²⁸ Andrews, Michelle. “Candidates write their prescriptions.” US News and World Report. 11 June 2007: 32-33.
- ²⁹ “Seniors Receive Higher Quality Health Care At Lower Costs Under Hillary’s Plan.” 21 September 2007. Hillary for President. 25 September 2007. <<http://www.hillaryclinton.com/news/release/view/?id=3404>>.
- ³⁰ “Health Care.” Chris Dodd for President 2008. 29 Oct. 2007. <http://chrisdodd.com/issues/health_care>.
- ³¹ “Livestrong Presidential Cancer Forum: Senator John Edwards.” 27 August 2007. Livestrong: Lance Armstrong Foundation. 27 September 2007. <http://www.livestrong.org/atf/cf/%7BD0794917-422C-499C-9C48-9ED3DDC42947%7D/PCF_DAY1_EDWARDS.PDF>.
- ³² “The American Health Choices Plan: Hillary Clinton’s Plan to Provide Affordable, Quality Health Care for Seniors.” 17 Sept. 2007. Hillary for President. 28 Nov. 2007. <http://www.hillaryclinton.com/files/pdf/senior_impactreport.pdf>.
- ³³ “Security, Dignity and Choice: A Declaration of Independence For Older Americans.” 20 September 2007. John Edwards 08. 26 November 2007. <<http://johnedwards.com/issues/seniors/>>.
- ³⁴ “Hillary’s Health Care Plan Will Ensure Women Get the Care They Need.” 18 September 2007. Hillary for President. 25 September 2007. <<http://www.hillaryclinton.com/news/release/view/?id=3353>>.
- ³⁵ “Clinton Health Plan Will Provide Quality Health Care and Coverage for All African Americans.” 18 September 2007. Hillary for President. 25 September 2007. <<http://www.hillaryclinton.com/news/release/view/?id=3355>>.
- ³⁶ “Clinton Campaign Announces ‘Iowa Impact Report’ of Hillary’s New Health Care Plan.” 19 September 2007. Hillary for President. 25 September 2007. <<http://www.hillaryclinton.com/news/release/view/?id=3370>>.
- ³⁷ “Building One America: Addressing the Nursing Crisis to Ensure Quality Universal Health Care.” 24 August 2007. John Edwards 08. 24 Sept. 2007. <<http://johnedwards.com/issues/health-care/20070824-nh-tour-health-care/>>.
- ³⁸ Owens, Crystal. “Biden Stumps in Bishopville.” 5 Mar. 2007. The Item. 27 Sept. 2007. <<http://www.theitem.com/apps/pbcs.dll/article?AID=/20070305/ITNEWS01/103050160>>.
- ³⁹ “Senator Joe Biden on Health Care,” 1 August 2007 <<http://biden.senate.gov/documents/BIDENRECORD.pdf>>.
- ⁴⁰ “Hillary Clinton’s Innovation Agenda: Investing in Ideas and Creating High-Wage Jobs of the Future.” Hillary for President. 31 October 2007 <<http://www.hillaryclinton.com/feature/innovation/>>.

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 DEMOCRATIC CANDIDATES' HEALTH PLANS
LISTED ALPHABETICALLY: A-E**

- ⁴¹ “Statement of Hillary Clinton on Expected Veto of Stem Cell Legislation.” 20 June 2007. Hillary for President. 31 October 2007. <<http://www.hillaryclinton.com/news/release/view/?id=2111>>.
- ⁴² “Hillary Clinton, as President, Would Shift Budget Priorities for Scientific Research.” 1 June 2007. The Chronicle of Higher Education: News Blog. 31 October 2007. <<http://chronicle.com/news/article/2415/hillary-clinton-as-president-would-shift-budget-priorities-for-scientific-research>>.
- ⁴³ Browner-Hamlin, Matt. “Dodd on Stem Cell Veto.” 21 June 2007. Chris Dodd for President 2008. 29 Oct. 2007. <<http://chrisdodd.com/node/1507>>.
- ⁴⁴ “Biography of Senator Christopher J. Dodd.” Chris Dodd. 30 October 2007. <<http://dodd.senate.gov/index.php?q=node/2954>>.
- ⁴⁵ “Exclusive: Interview with Senator John Edwards on Science-Related Topics.” 9 July 2007. Science Blogs. 31 October 2007. <http://scienceblogs.com/clock/2007/07/exclusive_interview_with_senat.php>.
- ⁴⁶ “John Edwards.” National Breast Cancer Coalition. 3 December 2007. <<http://www.breastcancercaucus.org/candidates/edwards/>>.
- ⁴⁷ “Empowering Women to Take Charge.” Joe Biden President '08. 28 November 2007. <<http://www.joebiden.com/issues?id=0021>>.
- ⁴⁸ “Joe Biden.” National Breast Cancer Coalition. 3 December 2007. <<http://www.breastcancercaucus.org/candidates/biden/>>.
- ⁴⁹ “Livestrong Presidential Cancer Forum: Senator Hillary Clinton.” 27 August 2007. Livestrong: Lance Armstrong Foundation. 27 September 2007. <http://www.livestrong.org/atf/cf/%7BD0794917-422C-499C-9C48-9ED3DDC42947%7D/PCF_DAY1_CLINTON.PDF>.
- ⁵⁰ “Hillary Clinton.” National Breast Cancer Coalition. 3 December 2007. <<http://www.breastcancercaucus.org/candidates/clinton/>>.
- ⁵¹ “Chris Dodd.” National Breast Cancer Coalition. 3 December 2007. <<http://www.breastcancercaucus.org/candidates/dodd/>>.
- ⁵² “7 Democratic Candidates for President Have Signed the “Presidential Pledge for Leadership on Global AIDS.” 08stopaids.org. 25 November 2007. <<http://08stopaids.org/?q=news>>.
- ⁵³ “Clinton Announces Plan to Fight HIV/AIDS at Home and Abroad.” 27 November 2007. Hillary for President. 27 November 2007. <<http://www.hillaryclinton.com/news/release/view/?id=4392>>.
- ⁵⁴ “Microbicide Development Act.” Global Pharmaceuticals Inc. 23 November 2007. <<http://www.globalhumanceuticals.com/microbicide-development-act.htm>>.
- ⁵⁵ “AIDSVote Candidate Responses.” Aidsvote.org. 21 November 2007. <<http://www.housingworksems.com/aidsvote/index.php/candidates>>.
- ⁵⁶ “GovTrack.us. S. 860--110th Congress (2007): Early Treatment for HIV Act of 2007.” GovTrack.us (database of federal legislation). 24 November 2007. <<http://www.govtrack.us/congress/bill.xpd?bill=s110-860>>.
- ⁵⁷ “Human Rights Campaign and LOGO GLBT Forum.” 10 August 2007. Chris Dodd President 2008. 31 October 2007. <<http://chrisdodd.com/issues/glbt>>.
- ⁵⁸ “Candidates: Christopher Dodd.” 28 June 2007. All American Presidential Forums on PBS. 31 October 2007. <<http://www.pbs.org/kcet/tavissmiley/special/forums/candidates/dodd.html>>.
- ⁵⁹ “Ending the HIV/AIDS Epidemic.” John Edwards 08. 24 Sept. 2007. John Edwards 08. 24 Sept. 2007. <<http://johnedwards.com/issues/health-care/hiv-aids/>>.
- ⁶⁰ “Hillary Clinton’s Plan to Help Children and Families Affected by Autism.” 24 Nov. 2007. Hillary for President. 28 Nov. 2007. <<http://www.hillaryclinton.com/news/release/view/?id=4342>>.
- ⁶¹ “Promise and Potential: A Plan for Autism.” John Edwards '08. 26 November 2007. <<http://www.johnedwards.com/issues/health-care/autism/>>.
- ⁶² “The 2008 Presidential Candidates on HIV/AIDS.” 3 August 2007. AfricaAction.org. 21 November 2007. <<http://www.africaaction.org/resources/page.php?op=read&documentid=2511&type=6&issues=1>>.
- ⁶³ “Restoring America’s Moral Leadership by Fighting Worldwide Poverty.” John Edwards 08. 31 October 2007. <<http://johnedwards.com/issues/global-poverty/>>.