



## 2008 PRESIDENTIAL CANDIDATES' WOMENS' HEALTH PLANS: SIDE-BY-SIDE COMPARISON

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### John McCain



### Barack Obama



#### Party Affiliation

**Republican**

**Democrat**

#### Health Care Plan Release Date

October 11, 2007

May 29, 2007

#### Implementation Timeline

➤ No Information Found

➤ Goal is to achieve access to health care for all Americans by the end of his first term<sup>1</sup>

### WOMEN'S HEALTH

#### Access to Health Care

➤ No Information Found Specifically on Women's Issues  
➤ See Health Care Reform Proposal in this Chart

➤ Increase access to quality health care by providing affordable insurance options for the 19 million uninsured women in the United States<sup>32</sup>  
➤ Establish community outreach programs in underserved areas to help women access health care<sup>32</sup>  
➤ Supports women's access to affordable coverage for maternity care, reproductive care, cancer screening and treatment, preventive care, mental health, and other necessary services<sup>2</sup>

#### Women's Health Research

➤ No Information Found Specifically on Women's Health Research  
➤ See Section on Research in this Chart

➤ Would invest in research to examine gender and health disparities<sup>32</sup>  
➤ Accelerate the development of products such as microbicides that can help to prevent HIV/AIDS in women<sup>32</sup>  
➤ Increase research on maternal health and pregnancy complications<sup>2</sup>  
➤ Work to improve maternity outcomes and eliminate disparities in

**CHART #1: SIDE-BY-SIDE COMPARISONS OF 2008 CANDIDATES' HEALTH PLANS  
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	maternal health and infant mortality <sup>2</sup>
<b>Domestic Violence</b>	
➤ No Information Found	<ul style="list-style-type: none"> <li>➤ Make domestic violence prevention a priority of the White House<sup>2</sup></li> <li>➤ Appoint a Special Advisor who will report to the President on issues related to violence against women. This advisor will ensure that the domestic violence agenda is coordinated across federal agencies, addresses prevention and intervention programs, as well as the legal aspects of gender based violence<sup>2</sup></li> <li>➤ Issue a joint report on “best practices” for domestic violence prevention and intervention across agencies and disseminate that information to the states<sup>3</sup></li> <li>➤ Create twenty demonstration “Promise Neighborhoods” in cities to work with community organizations that provide resources to help strengthen families, including family counselors and anti-domestic violence programs<sup>3</sup></li> <li>➤ Fund the Violence Against Women Act, which helps communities, nonprofit organizations, and police combat domestic violence, sexual assault, and stalking<sup>3</sup></li> <li>➤ Supports ratification of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, considered by many as an “International Bill of Rights for Women”<sup>3</sup></li> <li>➤ Strengthen criminal laws for domestic violence offenders</li> <li>➤ Address gender violence abroad<sup>3</sup></li> <li>➤ Expand the purposes for which leave can be taken under the Family Medical Leave Act to include reasons related to domestic violence and sexual assault<sup>3</sup></li> </ul>
<b>Sex Education</b>	
➤ Opposes comprehensive sex education programs <sup>4</sup>	➤ Supports comprehensive sex education programs that is age-appropriate <sup>4</sup>
<b>Contraception</b>	
➤ Opposes Federal funding to prevent unintended pregnancies and teen pregnancies <sup>4</sup>	<ul style="list-style-type: none"> <li>➤ Supports expanded access to contraception, health education and preventive services to help reduce unintended pregnancies<sup>32</sup></li> <li>➤ Increase funding for Title X programs</li> <li>➤ End insurance discrimination against providing contraception<sup>2</sup></li> <li>➤ Increase awareness about emergency contraception, and provide compassionate assistance to rape victims<sup>2</sup></li> <li>➤ Direct the U.S. Secretary of Health and Human Services to issue revised regulations that will restore the ability of safety net providers and college health centers to purchase contraceptives from pharmaceutical companies at a discounted price<sup>2</sup></li> </ul>

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<b>Family Planning</b>	
<ul style="list-style-type: none"> <li>➤ No Information Found</li> </ul>	<ul style="list-style-type: none"> <li>➤ Supports increased funding for family planning to prevent unintended and teen pregnancies<sup>4</sup></li> <li>➤ Opposes federal funding for programs focused solely on abstinence-only-until-marriage education<sup>50</sup></li> </ul>
<b>Abortion</b>	
<ul style="list-style-type: none"> <li>➤ Would repeal <i>Roe v. Wade</i> and believes the issue should be returned to the states<sup>4</sup></li> <li>➤ Prohibit the late-term, partial-birth” abortion procedure<sup>5</sup></li> <li>➤ Abortions should be legal only when the pregnancy resulted from incest, rape, or when the life of the woman is endangered<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Supports a woman’s right to choose<sup>32</sup></li> <li>➤ Supports <i>Roe v. Wade</i> and would oppose any constitutional amendment to overturn that decision<sup>32</sup></li> <li>➤ Believes state level late-term abortion bans should have exceptions for the life and health of the woman<sup>2</sup></li> <li>➤ Supports the enactment and enforcement of laws that help prevent violence, intimidation and harassment directed at reproductive health providers and their patients<sup>2</sup></li> <li>➤ Overturn “Mexico City” policy barring federal funding assistance to non-governmental organizations that perform abortions or provide abortion counseling<sup>6</sup></li> <li>➤ Would reinstate funding for United Nations Family Planning Agency</li> </ul>
<b>Adoption</b>	
<ul style="list-style-type: none"> <li>➤ Promotes adoption as a first option in crisis pregnancies<sup>44</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Supports adoption policies</li> </ul>
<b>Family Medical Leave and Caregiving Issues</b>	
<ul style="list-style-type: none"> <li>➤ Would not expand the Family Medical Leave Act<sup>7</sup></li> <li>➤ Believes that sick days should be negotiated between management and labor<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Expand The Family and Medical Leave Act to cover businesses with 25 or more employees to allow workers to take leave for elder care needs; allow parents up to 24 hours of leave each year to participate in their children’s academic activities; allow leave to be taken for purposes of caring for family members who reside in their home for 6 months or more; and cover leave for employees to address issues related to domestic violence and sexual assault<sup>8</sup></li> <li>➤ Require employers to provide seven paid sick days per year<sup>8</sup></li> </ul>
<b>FIGHTING CANCER</b>	
<ul style="list-style-type: none"> <li>➤ Ensure that doctors and scientists have appropriate levels of research funding to fight cancer<sup>17</sup></li> <li>➤ Coordinate efforts between the government sector, including the National Cancer Institute (NCI), National Institutes of Health (NIH) and the private sector<sup>17</sup></li> <li>➤ Engage researchers early in the fight against cancer through internships and other educational programs</li> <li>➤ Continue to develop imaging and screening techniques for early</li> </ul>	<ul style="list-style-type: none"> <li>➤ Wage a war on cancer with increased resources<sup>39</sup></li> <li>➤ Intensify efforts to combat ovarian and breast cancer<sup>32</sup></li> <li>➤ Double funding within 5 years for cancer research, focusing on National Institute of Health and National Cancer Institute<sup>31</sup></li> <li>➤ Work with Congress to increase funding for the Food and Drug Administration (FDA) that plays a critical role in improved that advances in cancer research will lead to improved treatment, prevention, diagnosis, and treatment<sup>31</sup></li> </ul>

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<p>detection of cancer<sup>17</sup></p> <ul style="list-style-type: none"> <li>➤ Work with businesses and insurance companies to implement smoking cessation programs, healthier eating habits, and more active lifestyles to reduce incidence of cancer and other chronic diseases</li> <li>➤ Proposes a Guaranteed Access Plan (GAP) combining business, state, and federal resources to help purchase coverage for high-risk people, including patients with pre-existing conditions like cancer<sup>17</sup></li> <li>➤ Push for greater competition in drug and biotechnology industry through faster introduction of generic drugs and by allowing safe and effective follow-on biologics (FOBs) to enter the marketplace while ensuring that future research and development is not hindered<sup>17</sup></li> <li>➤ Ensure that all patients, including cancer patients, have access to more affordable cancer medications<sup>17</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide additional funding for research on rare cancers and those without effective treatment options; for the study of health disparities and evaluation of interventions; and efforts to better understand genetic factors and outcomes<sup>31</sup></li> <li>➤ Ensure that all Americans have access to preventive health care<sup>31</sup></li> <li>➤ Eliminate Medicaid co-pays for colorectal and breast cancer screenings<sup>31</sup></li> <li>➤ Colorectal screenings will be required in all group and individual insurance plans<sup>31</sup></li> <li>➤ Extend prevention efforts into workplaces and schools<sup>31</sup></li> <li>➤ Support federal initiatives, (including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)) that serves as a safety net for millions of women who would otherwise would not have access to these screenings<sup>31</sup></li> <li>➤ Expand investment in proven smoking cessation programs and public education campaigns to raise awareness of tobacco-related cancer<sup>31</sup></li> <li>➤ Increase participation in clinical trials to 10 percent of adult cancer patients by requiring coverage of patient clinical trial costs in the new public and private plans offered through the National Health Insurance Exchange<sup>31</sup></li> <li>➤ Increase NCI reimbursement for patient participation in clinical trials research and request the NCI Director to identify regulatory barriers that prevent the timely implementation and completion of successful clinical trials<sup>31</sup></li> <li>➤ Improve Federal coordination of cancer research, treatment and awareness programs<sup>31</sup></li> <li>➤ Direct Secretary of Health and Human Services, in collaboration with multiple stakeholders, to examine various cancer-related efforts of federal agencies and provide recommendations to improve coordination of cancer research, treatment and awareness programs<sup>31</sup></li> <li>➤ Direct the CDC to develop and implement an epidemiological study of cancer survivors to understand their long-term health needs<sup>31</sup></li> <li>➤ Expand psychosocial support programs for cancer survivors, including directing the CDC to identify and replicate successful support group programs<sup>31</sup></li> <li>➤ Provide the CDC with \$50 million in new funding to determine the most effective approaches to assist cancer patients in navigating diagnosis and treatment programs, including the provision of easy-to-understand information on follow-up<sup>31</sup></li> <li>➤ Expand the funding and scope of breast cancer research programs in the Federal government including the Department of Defense peer-reviewed Breast Cancer Research Program<sup>39</sup></li> <li>➤ Enact the Breast Cancer Environmental Research Act<sup>39</sup></li> <li>➤ Support and expand the Medicaid Breast and Cervical Cancer</li> </ul>
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Detection and Treatment Program <sup>39</sup>	
<b>HEALTH CARE REFORM</b>	
<b>Goals and Approach for Coverage</b>	
<ul style="list-style-type: none"> <li>➤ Believes that health insurance and tax reforms will increase the variety and affordability of insurance coverage available to American families by fostering competition and innovation throughout the health care system<sup>20</sup></li> <li>➤ While maintaining the option of employer-based coverage, proposes reforming the tax code to eliminate the tax benefit of employer-sponsored health insurance and will instead provide a tax credit of \$2,500 to individuals and \$5,000 to families to purchase health insurance. Those that obtain insurance that costs less than the tax credit can deposit the remaining amount into a health savings account (HSA)<sup>20</sup></li> <li>➤ Proposes to promote competition, individual choice, and insurance portability by allowing insurance to be sold across state lines</li> <li>➤ Emphasizes prevention and management of chronic diseases<sup>9</sup></li> <li>➤ Emphasizes containing costs through incorporating health IT, tort reform, and payment changes to health providers<sup>9</sup></li> <li>➤ Proposes for health insurance policies to be available to small businesses and the self-employed, to be portable across jobs, and to automatically bridge the time between retirement and Medicare eligibility<sup>20</sup></li> <li>➤ Promotes personal responsibility for health<sup>20</sup></li> <li>➤ Permit providers to practice nationwide<sup>20</sup></li> <li>➤ Supports novel delivery systems, such as health clinics in retail stores<sup>20</sup></li> <li>➤ Provide states with the flexibility to experiment with: alternative forms of access; risk-adjusted payments per episode covered under Medicaid; use of private insurance in Medicaid<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide affordable, comprehensive, and portable health insurance for every American by providing a range of insurance options including establishing a National Plan that is similar to the plan available to Federal employees and their families (FEHBP). People can maintain their current coverage if they so desire<sup>10</sup></li> <li>➤ Establish a National Health Insurance Exchange to help individuals who want to purchase a private insurance plan<sup>10</sup></li> <li>➤ Requires all children to have health insurance</li> <li>➤ Promotes health as a shared responsibility among individuals, families, schools, employers, the medical and public health workforce, and Federal, state and local governments<sup>10</sup></li> <li>➤ Offer Federal reinsurance to employers so that unexpected or catastrophic illnesses do not make health insurance unaffordable or out of reach for businesses and their employees<sup>10</sup></li> <li>➤ Ensure that patients receive and providers deliver quality care<sup>10</sup></li> <li>➤ Adopt health information technology systems<sup>10</sup></li> <li>➤ Reform market structure to increase competition<sup>10</sup></li> <li>➤ Emphasizes prevention and chronic disease management<sup>10</sup></li> <li>➤ States can continue to experiment with their own plans provided they meet the minimum benefit standards of the National Plan<sup>10</sup></li> </ul>
<b>Coverage Mechanisms</b>	
<ul style="list-style-type: none"> <li>➤ Establish a Guaranteed Access Plan (GAP) that combines industry, state, and federal resources to assist in the purchase of coverage for those hardest to insure<sup>17</sup></li> <li>➤ Place limits on premiums<sup>17</sup></li> <li>➤ Lower-income Americans would get additional financial assistance<sup>17</sup></li> <li>➤ Establish a national market to make insurance policies and lowest prices available to individuals and families<sup>17</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Establish a National Health Insurance Exchange to help individuals who want to purchase a private insurance plan<sup>10</sup></li> <li>➤ Through the Exchange, any American will have the opportunity to enroll in the new public plan or purchase an approved private plan<sup>10</sup></li> <li>➤ Individuals can continue with their current coverage if they want to</li> <li>➤ Income-based sliding scale subsidies will be provided for people and families who need it<sup>10</sup></li> <li>➤ Establish a new National Health Plan<sup>10</sup> <ul style="list-style-type: none"> <li>• Will provide affordable, comprehensive, and portable health coverage that is similar to the plan currently available to Federal employees and their families(FEHBP)<sup>10</sup></li> <li>• Will be open to individuals who do not have access to group coverage, to those who are self-employed, and to small businesses</li> </ul> </li> </ul>

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	<p>that want to offer insurance to their employees<sup>10</sup></p> <ul style="list-style-type: none"> <li>• Easy enrollment process<sup>10</sup></li> <li>➤ All plans offered must be at least as generous as the new public plan and meet the same standards for quality and efficiency<sup>10</sup></li> <li>➤ Insurers required to justify an above-average premium increase to the National Health Insurance Exchange<sup>10</sup></li> <li>➤ Exchange will act as a watchdog and help bring reforms to the private insurance market. It will establish rules and standards for participating insurance plans to ensure fairness and to make individual coverage more affordable and accessible<sup>10</sup></li> <li>➤ Will evaluate plans and make the differences between them transparent to consumers<sup>10</sup></li> <li>➤ States can continue to experiment with their own plans provided that they meet the minimum standards of the national plan<sup>10</sup></li> <li>➤ Provide income-related Federal subsidies for individuals and families who do not qualify for Medicaid or SCHIP to purchase the new public plan or to buy a private health care plan<sup>10</sup></li> <li>➤ Reimburse employer health plans for a portion of catastrophic costs above a threshold if employers guarantee that these savings will be used to reduce cost of workers' premiums<sup>10</sup></li> </ul>
<b>Costs of Plan</b>	
<ul style="list-style-type: none"> <li>➤ Estimated to cost between \$1.3 and 2.05 trillion dollars over the next 10 years by the Tax Policy Center and Lewin Group<sup>11,13</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ \$50 billion to \$65 billion annually<sup>12</sup></li> <li>➤ Estimated to cost between \$1.17 to \$1.6 trillion dollars over the next 10 years by the Lewin Group and the Tax Policy Center<sup>13,11</sup></li> </ul>
<b>How Costs are Covered</b>	
<ul style="list-style-type: none"> <li>➤ Provide a refundable tax credit of \$2,500 to individuals and \$5,000 to families who obtain their own insurance<sup>20</sup></li> <li>➤ Those obtaining insurance that costs less than the credit can deposit the remaining amount in a Health Savings Accounts<sup>20</sup></li> <li>➤ Increase availability and expand benefits of health savings accounts (HSAs)<sup>15, 20</sup></li> <li>➤ Link doctor and hospital compensation to performance, starting with Medicaid and Medicare reimbursements<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Proposes four steps to modernize U.S. health care system and contain health care costs: 1) ensure that patients receive and providers deliver quality care; 2) adopt state-of-the-art health information technology systems; 3) reform market structure to increase competition; and 4) offer Federal reinsurance to employers so that unexpected or catastrophic illnesses do not make health insurance unaffordable or out of reach for businesses and their employees,<sup>10</sup></li> <li>➤ Allow the current Administration's tax cuts to expire for people making more than \$250,000 per year<sup>14</sup></li> <li>➤ May increase taxes on inheritances valued at more than \$7 million<sup>12</sup></li> <li>➤ Foster partnerships among Federal and state governments, employers, providers, and individuals<sup>10</sup></li> <li>➤ Provide income-related Federal subsidies for individuals and families who do not qualify for Medicaid or SCHIP<sup>10</sup></li> <li>➤ Eliminate excessive subsidies of Medicare Advantage plans and pay these plans the amount paid to treat the same patients under traditional Medicare<sup>10</sup></li> </ul>

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<b>Cost Containment</b>	
<ul style="list-style-type: none"> <li>➤ Promote rapid deployment of 21st century information systems that allows doctors to practice across state lines<sup>20</sup></li> <li>➤ Emphasize prevention, early intervention, healthy habits, new treatment models, and establish new public health infrastructure<sup>20</sup></li> <li>➤ Foster increased competition in drug markets through safe re-importation of medications and faster introduction of generic drugs<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Proposes to reduce the typical family's medical expenditures by up to \$2,500/year/family<sup>10</sup></li> <li>➤ Up to \$200 billion/year<sup>12</sup></li> <li>➤ Up to \$30 billion by repealing the ban on direct negotiation of drug prices with pharmaceutical companies<sup>10</sup></li> <li>➤ Savings achieved through health IT investment, prevention and management of chronic conditions, reduction of uncompensated care, increase in insurance industry competition, and reduction of insurance overhead and cost of premiums<sup>10</sup></li> <li>➤ Estimated savings of up to \$77 billion/year from adoption of electronic health records by hospitals and doctors<sup>10</sup></li> </ul>
<b>Quality Improvement</b>	
<ul style="list-style-type: none"> <li>➤ Facilitate the development of national standards for measuring and recording treatment outcomes<sup>20</sup></li> <li>➤ Compensate providers for diagnosis, prevention and care coordination<sup>20</sup></li> <li>➤ Provide information to the public on treatment options and doctors performance<sup>20</sup></li> <li>➤ Require transparency regarding medical outcomes, quality of care, costs and prices<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Participating providers in the new public plan, National Health Insurance Exchange, Medicare, and FEHBP will be rewarded for achieving performance thresholds on physician-validated outcome measures<sup>10</sup></li> <li>➤ Require hospitals and providers to collect and report data to ensure standards are being met for quality, health information technology, patient safety, and administration<sup>10</sup></li> <li>➤ Establish an independent comparative effectiveness Institute to guide reviews and research about which drugs, devices and procedures are the most effective diagnostic and treatment options for individual patients and health conditions<sup>10</sup></li> <li>➤ Support evidence-based quality improvement interventions<sup>31</sup></li> <li>➤ Implement and fund patient-centered programs, including patient navigator and medical home initiatives<sup>31</sup></li> </ul>
<b>Mandatory Requirement to Obtain Insurance &amp; Structure of Coverage</b>	
<ul style="list-style-type: none"> <li>➤ Does not require all Americans to buy health insurance<sup>15</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Wants to make insurance more affordable for U.S. residents rather than make it mandatory<sup>16</sup></li> <li>➤ Sets goal of universal coverage by end of first term</li> <li>➤ Mandatory coverage of children<sup>10</sup></li> <li>➤ Expand the number of options for young people up to age 25 to continue coverage through their parents' plans<sup>10</sup></li> <li>➤ Americans will be able to maintain their current coverage if they choose to<sup>10</sup></li> <li>➤ Establish a National Health Insurance Exchange</li> </ul>
<b>Employer Mandate</b>	

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<ul style="list-style-type: none"> <li>➤ Allow individuals, small businesses and self-employed to purchase insurance through any organization or association. Plans would have to meet rigorous standards and certification procedures<sup>20</sup></li> <li>➤ No employer mandate</li> <li>➤ Build upon the employer-based coverage system by offering generous tax credits directly to individuals and families for the purchase of health insurance of their choice, including keeping their current coverage if they want to<sup>17</sup></li> <li>➤ Protect employer provided health care benefits<sup>17</sup></li> <li>➤ Opposes mandates or “pay or play” requirements<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Believes that protecting and promoting health is a shared responsibility among individuals, families, schools, employers, the medical and public health workforce, and Federal, state and local governments<sup>10</sup></li> <li>➤ Requires large employers that do not offer adequate insurance or make significant contributions to health coverage for their employees to contribute a percentage of their payroll towards the costs of the National Plan<sup>10</sup></li> <li>➤ Provides tax credits to small employers that provide coverage to their employees<sup>10</sup></li> <li>➤ Smallest businesses (less than 15 employees) are exempt from the requirement that they provide coverage for their employees<sup>18</sup></li> <li>➤ Provides a refundable credit of up to 50 percent on premiums paid by small businesses on behalf of their employees<sup>19</sup></li> </ul>
<b>Health Insurance Regulations/Eligibility</b>	
<ul style="list-style-type: none"> <li>➤ Allow individuals and families to purchase health insurance across state lines<sup>20</sup></li> <li>➤ Protect consumers by vigorous enforcement of federal protections against collusion, unfair business actions, and deceptive consumer practices<sup>20</sup></li> <li>➤ Work with states to establish a Guaranteed Access Plan for people with pre-existing conditions<sup>20</sup></li> <li>➤ Consider establishing a nonprofit corporation to contract with insurers to cover patients who have been denied insurance and could join other state plans<sup>20</sup></li> <li>➤ Would set reasonable limits on premiums<sup>20</sup></li> <li>➤ Provide government assistance to those with low incomes<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Health plan would ensure that no American is denied access to health care because of illness or pre-existing conditions<sup>10, 15</sup></li> <li>➤ Increase Federal regulations on mergers between health insurers<sup>12</sup></li> <li>➤ Prevent insurance companies from enacting unjustified price increases<sup>10</sup></li> <li>➤ In markets where the insurance business is not competitive, insurers should pay a reasonable share of their premiums for patient care as opposed to administrative costs<sup>10</sup></li> </ul>
<b>Public Reporting and Transparency</b>	
<ul style="list-style-type: none"> <li>➤ Require transparency by health providers regarding medical outcomes, doctor records, quality of care, costs, and prices<sup>20</sup></li> <li>➤ Provide the public with information on treatment options<sup>20</sup></li> <li>➤ Facilitate the development of standards for evaluating and sharing information about treatments and outcomes<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Simplify paperwork for providers<sup>10</sup></li> <li>➤ Require hospitals and providers to collect and publicly report measures of health care costs and quality<sup>10</sup></li> <li>➤ Require health plans to disclose percentage of premiums spent on direct patient care<sup>10</sup></li> </ul>
<p><b>Health IT**</b> <a href="#">For more information</a></p>	

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<ul style="list-style-type: none"> <li>➤ Promote rapid deployment of 21st century information systems that allows doctors to practice across state lines<sup>20</sup></li> <li>➤ Employ telemedicine in areas where services and providers are limited<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Estimated savings of up to \$77 billion/year from adoption of electronic health records by hospitals and doctors<sup>10</sup></li> <li>➤ Invest \$10 billion/year over the next five years towards the broad adoption of standards-based electronic health information system, including electronic health records<sup>10</sup></li> <li>➤ Ensure that these systems are developed in coordination with providers and frontline workers, including those in rural and underserved areas<sup>10</sup></li> <li>➤ Ensure protection of patients' privacy<sup>10</sup></li> </ul>
<b>Increasing Drug Availability and Reducing Their Costs</b>	
<ul style="list-style-type: none"> <li>➤ Calls for greater competition in drug markets by safe re-importation of drugs and faster introduction of generic drugs<sup>9</sup></li> <li>➤ Foster the development of safe, cheaper generic versions of drugs and biologic pharmaceuticals<sup>20</sup></li> <li>➤ Develop safety protocols that permit re-importation to promote competition<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase competition in prescription drug market<sup>10</sup></li> <li>➤ Allow Federal government to negotiate prescription drug prices directly with pharmaceutical companies under Medicare prescription drug benefit<sup>10</sup></li> <li>➤ Allow Americans to buy their medicines from other developed countries if the drugs are safe and prices are lower than in the U.S.<sup>10</sup></li> <li>➤ Increase use of generic drugs in the new public plan, Medicare, Medicaid, and FEHBP<sup>10</sup></li> <li>➤ Prohibit large drug companies from keeping generics out of market<sup>10</sup></li> </ul>
<b>Mental Health</b>	
<ul style="list-style-type: none"> <li>➤ Supports providing incentives to treat physical and behavioral health together<sup>21</sup></li> <li>➤ Supports provision of housing programs for seriously mentally ill veterans<sup>21</sup></li> <li>➤ Supports coverage of mental health care in military retiree health plans<sup>35</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Supports mental health parity<sup>22</sup></li> <li>➤ Supports requirements for private and public insurance plans to include coverage of all essential medical services, including care for mental illnesses on the same terms and conditions that are applicable to physical illnesses and diseases<sup>14,23</sup></li> <li>➤ Would improve mental health care at every stage of military service – recruitment, deployment, and reentry into civilian life<sup>24</sup></li> </ul>
<b>Disease Prevention</b>	
<ul style="list-style-type: none"> <li>➤ Emphasizes importance of prevention<sup>9</sup></li> <li>➤ Supports public health initiatives to stem growing epidemic of obesity and diabetes, and to deter smoking<sup>20</sup></li> <li>➤ Promote education of children about health, nutrition, and exercise<sup>31</sup></li> <li>➤ Expand community health centers<sup>15</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Emphasizes prevention<sup>10</sup></li> <li>➤ Provide support for school-based health screening programs and clinical services<sup>10</sup></li> <li>➤ Increase financial support for student physical education, and health education programs<sup>10</sup></li> <li>➤ Expand funding – including loan repayment, adequate reimbursement, grants for training curricula, and infrastructure support – to ensure a strong workforce that will champion prevention and public health activities<sup>10</sup></li> <li>➤ Require coverage of clinical preventive services (including cancer screenings and smoking cessation programs) in all federally supported health plans, including Medicare, Medicaid, SCHIP, and the new national public plan<sup>10</sup></li> <li>➤ Increase funding to expand community based preventive</li> </ul>

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

	<p>interventions<sup>10</sup></p> <ul style="list-style-type: none"> <li>➤ Supports building healthy environments for Americans, including sidewalks, biking paths and walking trails; restricting advertising of tobacco and alcohol to children; and promoting wellness and health education campaigns<sup>10</sup></li> <li>➤ Ensure that all Americans have access to preventive health care<sup>31</sup></li> <li>➤ Expand investment in proven tobacco cessation programs and public education campaigns to raise awareness of tobacco-related cancer<sup>31</sup></li> <li>➤ Eliminate Medicaid co-pays for colorectal and breast cancer procedures<sup>31</sup></li> <li>➤ Require that all group and individual plans insurance cover colorectal screenings<sup>31</sup></li> <li>➤ Extend prevention efforts into workplaces and schools</li> <li>➤ Support federal initiatives, including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) that serves as a safety net for millions of women who would otherwise would not have no access to these screenings<sup>31</sup></li> </ul>
<b>Chronic Disease Management/Care Coordination</b>	
<ul style="list-style-type: none"> <li>➤ Dedicate more federal research to the study of chronic diseases<sup>20</sup></li> <li>➤ Emphasizes the role of early intervention, prevention, healthy behaviors, new models of treatment and public health systems, and employment of health information technology to curb the costs of chronic disease<sup>20</sup></li> <li>➤ Advocates that insurers pay a single bill for high-quality disease care which will make providers accountable and responsive to patients' needs<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Supports disease management programs<sup>10</sup></li> <li>➤ Encourage team care through medical home type models that will improve coordination and integration of care<sup>10</sup></li> <li>➤ Require that plans participating in the new public plan, Medicare, or the Federal Employee Health Benefits Program (FEHBP) utilize proven disease management programs<sup>10</sup></li> <li>➤ Reimburse employer health plans for a portion of the catastrophic costs above a threshold if they guarantee that savings will be used to reduce the cost of workers' premiums<sup>10</sup></li> </ul>
<b>Long Term Care</b>	
<ul style="list-style-type: none"> <li>➤ Will develop a strategy for addressing long term care<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Reform the financing of long term care to protect seniors and families from impoverishment and debt<sup>25</sup></li> <li>➤ Provide seniors with choices about their care, consistent with their needs, and not biased towards institutional care<sup>25</sup></li> <li>➤ Would strengthen long-term care industry and end insurance fraud<sup>26</sup></li> <li>➤ Will take steps to strengthen oversight of industry, ensure claims processes are consistent and fair, and provide financial protections</li> <li>➤ Has called for an investigation by the Government Accountability Office (GAO) to determine whether long-term care insurance practices are arbitrarily denying benefits to seniors<sup>26</sup></li> <li>➤ Improve the quality of elder care<sup>26</sup></li> <li>➤ Provide long-term care and geriatric workforce with respect and support<sup>26</sup></li> <li>➤ Train more nurses and health care workers in geriatrics<sup>26</sup></li> </ul>

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	<ul style="list-style-type: none"> <li>➤ Increase research and training for health care professionals on the mechanisms of pain and its management<sup>26</sup></li> </ul>
<b>Health Workforce Issues</b>	
<ul style="list-style-type: none"> <li>➤ No Information Found</li> </ul>	<ul style="list-style-type: none"> <li>➤ Expand funding – including loan repayment, adequate reimbursement, grants for training curricula, and infrastructure support to improve working conditions – to ensure a strong public health workforce<sup>10</sup></li> </ul>
<b>Malpractice/Professional Liability</b>	
<ul style="list-style-type: none"> <li>➤ Pass tort reform to eliminate “frivolous” lawsuits and excessive damage awards<sup>20</sup></li> <li>➤ Provide a “safe harbor” for doctors who follow clinical guidelines and adhere to patient safety protocols<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Promote new models for addressing physician errors that improve patient safety, strengthen the doctor-patient relationship, and reduce malpractice suits<sup>10</sup></li> <li>➤ Require providers to report preventable medical errors and support hospital and physician practice improvement to prevent future occurrences<sup>10</sup></li> <li>➤ Strengthen antitrust laws to prevent insurers from overcharging physicians for malpractice insurance<sup>10</sup></li> </ul>
<b>MEDICARE</b>	
<ul style="list-style-type: none"> <li>➤ Deny Medicare payment to providers for preventable medical errors and mismanagement<sup>20</sup></li> <li>➤ Reform Medicare payment systems to compensate providers for appropriate diagnosis, prevention, and care coordination<sup>20</sup></li> <li>➤ Advocates a zero tolerance policy towards Medicare fraud<sup>27</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Lower costs of Medicare prescription drug benefits by repealing the ban on direct negotiation with drug companies. This could result in savings of as much as \$30 billion to be invested in improving health coverage and quality<sup>22</sup></li> <li>➤ Eliminate the excessive subsidies to Medicare Advantage plans, thereby removing an incentive structure that has led to fraudulent billing of seniors<sup>22</sup></li> <li>➤ Require companies to send Medicare beneficiaries a full list of the drugs and fees they paid the previous year to help them determine which plans can better reduce their out-of-pocket costs<sup>25</sup></li> <li>➤ Close the “doughnut hole” in the Medicare Part D Prescription Drug Program that limits benefits for seniors with more than \$2,250 but less than \$5,100 in annual drug costs<sup>26</sup></li> <li>➤ Invest in chronic disease management, electronic medical records and expanded research disease prevention<sup>26</sup></li> <li>➤ Reward providers who treat patients enrolled in the new public plan, the National Health Insurance Exchange, Medicare, and the FEHBP for achieving performance thresholds on outcome measures<sup>28</sup></li> <li>➤ Would empower the HHS Inspector General to fight fraud through implementing anti-fraud measures in CMS contracting, expanding the scope of Medicare and Medicaid audits, strengthening the federal False Claims Act, encouraging states to investigate fraud, and by increasing funding for Justice Department prosecutors and FBI agents to investigate fraud in these health programs<sup>29</sup></li> </ul>

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<b>MEDICAID</b>	
<ul style="list-style-type: none"> <li>➤ Require any state receiving Medicaid to develop a financial "risk adjustment" bonus to high-cost cases and low-income families to supplement tax credits and Medicaid funds<sup>20</sup></li> <li>➤ Supports reforming the payment systems in Medicaid to compensate providers for diagnosis, prevention, and care coordination<sup>20</sup></li> <li>➤ Deny Medicare payment to providers for preventable medical errors and mismanagement<sup>20</sup></li> <li>➤ Allows states to use of Medicaid and SCHIP funds for private insurance<sup>30</sup></li> <li>➤ Develop methods to augment Medicaid and tax credits for more expensive care<sup>30</sup></li> <li>➤ Has a zero tolerance policy towards Medicaid fraud<sup>27</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Expand eligibility for Medicaid<sup>10</sup></li> <li>➤ Would require coverage of essential clinical preventive services such as cancer screenings and smoking cessation programs in Medicaid with minimal or no co-pays<sup>31</sup></li> <li>➤ Supports state-level reform efforts to constrain Medicaid costs, such as negotiating for low drug prices, and implementing disease management and quality initiatives, and offering greater support for community based, long-term care services<sup>26</sup></li> <li>➤ Would empower the HHS Inspector General to fight fraud, implement anti-fraud measures in CMS contracting, expand the scope of Medicare and Medicaid audits, strengthen the federal False Claims Act, encourage states to fight fraud, and increase funding for Justice Department prosecutors and FBI agents to investigate fraud in this program<sup>29</sup></li> </ul>
<b>SCHIP (State Children's Health Insurance Program)</b>	
<ul style="list-style-type: none"> <li>➤ Expand the State Children's Health Insurance Program (SCHIP)<sup>15</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Expand eligibility for enrollment in SCHIP<sup>10</sup></li> <li>➤ Would require coverage of essential clinical preventive services such as cancer screenings and smoking cessation programs in Medicaid and SCHIP with minimal or no co-pays<sup>31</sup></li> </ul>
<b>ELIMINATING HEALTH DISPARITIES</b>	
<ul style="list-style-type: none"> <li>➤ No Information Found</li> </ul>	<ul style="list-style-type: none"> <li>➤ Supports research to examine gender and health disparities<sup>32</sup></li> <li>➤ Address disparities in access to health coverage and promote prevention and public health<sup>10</sup></li> <li>➤ Require hospitals and health plans to collect, analyze, and report health care outcomes for disparities and across diverse populations<sup>10</sup></li> <li>➤ Hold hospitals and health plans accountable for any disparities found<sup>10</sup></li> <li>➤ Diversify the workforce to ensure culturally effective care<sup>10</sup></li> <li>➤ Implement and fund evidence-based interventions, such as patient navigator programs<sup>10</sup></li> <li>➤ Will tackle the root causes of health disparities by addressing differences in access to health coverage and promoting prevention and public health<sup>33</sup></li> <li>➤ Support and expand capacity of safety-net institutions that provide a disproportionate amount of care for underserved populations<sup>10</sup></li> </ul>

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<b>VETERANS HEALTH CARE AND WOMEN'S ISSUES</b>	
<ul style="list-style-type: none"> <li>➤ Ensure adequate funding to provide quality health care for veterans<sup>34</sup></li> <li>➤ Provide veterans with the flexibility to carry their VA dollars to health professionals in their community<sup>20</sup></li> <li>➤ All military retirees (even if they are not eligible for VA health care) should be provided with access to health care<sup>34</sup></li> <li>➤ Provide equal treatment of disabled veterans under the retirement system<sup>34</sup></li> <li>➤ Supports allowing military retirees to remain eligible for CHAMPUS or TRICARE military health care programs even when they reach age 65 and are eligible for Medicare<sup>35</sup></li> <li>➤ Supports coverage of mental health in military retiree health plans<sup>35</sup></li> <li>➤ Supports allowing disabled veterans to enroll in the Federal Employees Health Benefits Program<sup>35</sup></li> <li>➤ Supports measures to allow veterans in remote areas of Alaska to get care at existing facilities run by the Indian Health Service or tribal organizations<sup>35</sup></li> <li>➤ Supports a demonstration project to send mobile health centers to remote locations where veterans need care<sup>35</sup></li> <li>➤ Guarantee health benefits to veterans who have been exposed to radiation<sup>35</sup></li> <li>➤ Supports advancing studies on the health effects of exposure to Agent Orange and provide disability benefits to veterans with cancer and other health problems related to Agent Orange<sup>35</sup></li> <li>➤ Provide veterans with hospice benefits</li> <li>➤ Supports efforts to provide veterans with treatment for tobacco related illnesses and substance abuse problems<sup>35</sup></li> <li>➤ Expand educational programs for family members on care of their injured or ill veterans<sup>36</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase the Department of Veterans Affairs' budget<sup>37</sup></li> <li>➤ Extend the window for new veterans to enroll in the VA from two to five years<sup>38</sup></li> <li>➤ Fully fund VA medical care and ensure that the VA budget is always given a "must-pass" status<sup>38</sup></li> <li>➤ Establish a VA Actuary and Planning Division to identify needs and address costs of covering veterans<sup>38</sup></li> <li>➤ Expand Centers of Excellence and invest in specialty care<sup>38</sup></li> <li>➤ Expand Veterans Centers, which provide employment assistance, VA claims, and benefits information, help for homeless veterans along with social service and health care referrals<sup>38</sup></li> <li>➤ Hire more claims workers to reduce backlog<sup>38</sup></li> <li>➤ Build an Electronic Veterans Benefits Administration (VBA)<sup>38</sup></li> <li>➤ Sign an Executive Order to reverse the ban on healthcare enrollment of certain groups of veterans, including "Priority 8" veterans<sup>38</sup></li> <li>➤ Recruit more mental health professionals, improve screening, and promote fairness by guaranteeing that if the military determines on the front end that an individual is fit to serve, that individual will not be denied benefits on grounds of a "pre-existing" condition<sup>37</sup></li> <li>➤ Improve mental health care at every stage of military service—recruitment, deployment, and reentry into civilian life<sup>38</sup></li> <li>➤ Require face-to-face mental health screenings for all service members<sup>37</sup></li> <li>➤ Offer more counseling and support to family members<sup>38</sup></li> <li>➤ Establish standards of care for Traumatic Brain Injury (TBI) treatment, post-deployment screenings and improve case management<sup>38</sup></li> <li>➤ Would improve care for polytrauma vision impairment, prosthetics, spinal cord injury, seniors' and women's health<sup>20</sup></li> <li>➤ Supports encouraging students specializing in vision care and rehabilitation to work at the VA<sup>38</sup></li> </ul>
<b>RESEARCH***</b>	
<b>General Research Investments</b>	
<a href="#">For more information</a>	
<ul style="list-style-type: none"> <li>➤ Provide Federal research funds on the basis of sound science<sup>20</sup></li> <li>➤ Supports greater focus on care and cure of chronic disease<sup>20</sup></li> <li>➤ Supports appointing a panel of experts to recommend research funding priorities to Congress</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase funding for the NIH, NCI, and other medical research<sup>39</sup></li> <li>➤ Supports doubling Federal funding of basic research over the next five years<sup>40</sup></li> <li>➤ Would invest in research to examine gender and health disparities<sup>32</sup></li> </ul>

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	<ul style="list-style-type: none"> <li>➤ Restore and enhance the status of the President's Science and Technology Advisor<sup>41</sup></li> <li>➤ Appoint individuals with strong science and technology backgrounds to key positions<sup>41</sup></li> <li>➤ Establish clear guidelines for selecting and vetting members of science and technology advisory committees for White House and federal agencies<sup>41</sup></li> <li>➤ Issue an Executive Order establishing clear guidelines for review and release of federally-sponsored research, guaranteeing that results are released in a timely manner<sup>41</sup></li> <li>➤ Rescind the Executive Order requiring each agency to have a politically appointed "regulatory policy officer" who can prevent career professionals from initiating rulemaking processes<sup>41</sup></li> <li>➤ Strengthen protection for "whistle blowers" who report abuses of these processes<sup>41</sup></li> <li>➤ Invest \$42 billion more in university-based R&amp;D<sup>40</sup></li> <li>➤ Invest in future innovators by training 100,000 more engineers and scientists over the next four years</li> <li>➤ Provide new research grants to the most outstanding young scientists in the country<sup>40</sup></li> <li>➤ Establish an independent institute for comparative effectiveness research to determine which drugs, devices and procedures are the best diagnostic and treatment options for patients<sup>10</sup></li> <li>➤ Increase research into new vaccines<sup>42</sup></li> <li>➤ Increase participation in clinical trials to 10 percent of adult cancer patients by requiring coverage of patient clinical trial costs in the new public and private plans offered through the National Health Insurance Exchange<sup>31</sup></li> <li>➤ Enforce the Executive Memo issued in 2000 that expanded Medicare coverage for routine clinical trial costs and reverse any actions taken by the current administration to change this safeguard<sup>31</sup></li> <li>➤ Provide additional funding for research on rare cancers and those without effective treatment options; for the study of health disparities and evaluation of interventions; and efforts to better understand genetic factors and their efforts on health outcomes</li> <li>➤ Supports efforts to expand CDC biomonitoring programs<sup>31</sup></li> <li>➤ Expand collaboration between the CDC and state public health officials to increase understanding and improve treatment of individuals negatively affected by environmental factors<sup>31</sup></li> </ul>
<b>Stem Cell Research</b>	
<ul style="list-style-type: none"> <li>➤ Supports embryonic stem cell research using human embryos left over from fertility treatments<sup>43</sup></li> <li>➤ Opposes embryonic stem cell research that uses cloned human embryos<sup>43</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Through an Executive Order would expand federal funding for embryonic stem cell research<sup>45</sup></li> <li>➤ Will allow scientists to participate in stem cell research with ethical</li> </ul>

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<ul style="list-style-type: none"> <li>➤ Opposes the intentional creation of human embryos for research purposes<sup>44</sup></li> <li>➤ Would make it a federal crime for researchers to use cells or fetal tissue from an embryo created for research purposes<sup>44</sup></li> <li>➤ Supports funding for research programs including amniotic fluid and adult stem cell research<sup>44</sup></li> </ul>	<p>guidelines proposed by the National Research Council<sup>46</sup></p>
<b>AUTISM</b>	
<ul style="list-style-type: none"> <li>➤ Supports federal research into the causes of autism for purposes of prevention<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Appoint a Federal Autism Spectrum Disorders (ASD) Coordinator to oversee all Federal ASD efforts<sup>47</sup></li> <li>➤ Fully fund the Combating Autism Act and Federal Autism Research Initiatives, which provides nearly \$1 billion in autism related funding over the next 5 years<sup>47</sup></li> <li>➤ Support Special Needs Education for Children with ASD</li> <li>➤ Supports universal screening for ASD<sup>47</sup></li> <li>➤ Increase funding for the Individuals with Disabilities Education Act<sup>22</sup></li> </ul>
<b>PUBLIC HEALTH PREPAREDNESS INITIATIVES</b>	
<ul style="list-style-type: none"> <li>➤ No Information Found</li> </ul>	<ul style="list-style-type: none"> <li>➤ Government should lead the effort to develop a national and regional strategy for public health preparedness and align funding mechanisms to support implementation<sup>10</sup></li> <li>➤ Optimize organization and coordination of the existing 3000 health departments in the nation<sup>10</sup></li> <li>➤ Support collaborative arrangements between all levels of government and private sector partners; establish performance and accountability indicators; create interoperable communication networks and disaster preparedness and response programs<sup>10</sup></li> <li>➤ Examine agricultural, educational, environmental and health policies to assess their effects on public health<sup>10</sup></li> <li>➤ Modernize public health infrastructure, particularly public health laboratories<sup>10</sup></li> </ul>
<b>HIV/AIDS AND GLOBAL HEALTH</b>	
<b>HIV/AIDS****</b> <a href="#">For more information</a>	
<p><b>Domestic</b></p> <ul style="list-style-type: none"> <li>➤ Committed to supporting the development of a National AIDS Strategy with input from state, local and federal government officials along with the private sector, doctors, drug companies and AIDS advocates<sup>48</sup></li> <li>➤ Supports abstinence until marriage sex education and HIV/AIDS domestic prevention programs<sup>49</sup></li> </ul>	<p><b>Domestic</b></p> <ul style="list-style-type: none"> <li>➤ Released his own HIV/AIDS plan to combat national and global HIV/AIDS<sup>33</sup></li> <li>➤ During first year of his Presidency will develop and implement a National AIDS Strategy that includes involvement of all Federal agencies<sup>33</sup></li> </ul>

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<p><b>International</b></p> <ul style="list-style-type: none"> <li>➤ Believes that fighting disease and extreme poverty in Africa is in America's strategic and moral interests<sup>49</sup></li> <li>➤ Supports PEPFAR<sup>49</sup></li> <li>➤ Will fund AIDS treatment and prevention programs in Africa<sup>49</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Strongly supports comprehensive sex education that is age-appropriate<sup>50</sup></li> <li>➤ Signed <a href="http://08stopaids.org">08stopaids.org</a> "Presidential Pledge for Leadership on Global AIDS"<sup>51</sup></li> <li>➤ Expand funding for AIDS research, especially for prevention options including the development of a vaccine and microbicides<sup>33</sup></li> <li>➤ Ensure that at least 4.5 million people are on ARV treatment for AIDS worldwide by 2013<sup>42</sup></li> <li>➤ 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 HIV<sup>52</sup></li> <li>➤ Supports increasing Federal appropriations for science-based HIV prevention programs to no less than \$1 billion annually<sup>52</sup></li> <li>➤ Supports legislation to lift the ban on Federal funding for needle exchange<sup>33</sup></li> <li>➤ Supports increased funding for Housing Opportunities for People with AIDS (HOPWA) and other pertinent Federal housing program<sup>33</sup></li> <li>➤ Pledges to protect the Ryan White Care Act and its multifaceted services<sup>33</sup></li> <li>➤ Supports bringing Medicaid coverage to low income, HIV+ Americans through the Early Treatment for HIV Act<sup>33</sup></li> <li>➤ Supports JUSTICE Act to help prevent transmission of HIV among incarcerated populations<sup>33</sup></li> <li>➤ Committed to targeting resources to promote innovative HIV/AIDS testing initiatives in minority communities by partnering with a wide-range of community leaders from churches to community organizations<sup>33</sup></li> <li>➤ Would tackle root causes of health disparities related to HIV/AIDS by addressing differences in access to health insurance coverage and promoting prevention and public health<sup>33</sup></li> </ul> <p><b>International</b></p> <ul style="list-style-type: none"> <li>➤ Supported reauthorization of PEPFAR in 2008 but would rewrite the bill to ensure that best practices and scientific evidence drive funding for HIV/AIDS programs<sup>33</sup></li> <li>➤ Pledges to provide at least \$50 billion by 2013 for the global fight against HIV/AIDS, including the U.S.' fair share of the Global Fund, in order to at least double the number of HIV-positive people on treatment<sup>33</sup></li> <li>➤ By 2012 will increase PEPFAR funding by providing at least \$1 billion a year in new money to expand the program to Southeast Asia, India, and Eastern Europe<sup>33</sup></li> <li>➤ Will dedicate as much funding to HIV/AIDS as possible (without</li> </ul>
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	<p>cutting into other critical foreign assistance programs) to ensure a comprehensive fight against this global pandemic<sup>33</sup></p> <ul style="list-style-type: none"> <li>➤ Ensure that poor countries are able to develop the health care infrastructure necessary to prevent and treat HIV/AIDS, promote basic health care, reduce the spread of malaria and TB, and prevent and contain other possible pandemics<sup>33</sup></li> <li>➤ Supports the rights of sovereign nations to access quality-assured, low-cost generic medication to meet their public health needs<sup>33</sup></li> <li>➤ Supports the repeal of the ban against people who are HIV+ entering the U.S. as travelers or immigrants and barring HIV+ people already in the U.S. from legalizing their immigration status<sup>52</sup></li> </ul>
<b>Global Health</b>	
<ul style="list-style-type: none"> <li>➤ Work to eradicate malaria from Africa<sup>53</sup></li> <li>➤ Work to eradicate childhood disabilities and diseases in low-income countries<sup>53</sup></li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase and lift the 33% cap on U.S. contributions to the Global Fund to Fight AIDS, TB, and Malaria<sup>33,42</sup></li> <li>➤ Proposes to establish a \$2 billion global education fund<sup>54</sup></li> <li>➤ Double U.S. foreign assistance to \$50 billion per year to meet the Millennium Development Goals, including halving the number of people who die of TB and/or are affected by malaria<sup>33</sup></li> <li>➤ Coordinate and consolidate PEPFAR, the Millennium Challenge Corporation, Middle East Partnership Initiative, and many other foreign assistance programs currently housed in more than 20 executive agencies into a restructured USAID<sup>55</sup></li> <li>➤ Work with and leverage engagement of the private sector and private philanthropy to launch Health Infrastructure 2020 – a global effort to work with developing countries to invest in the full range of infrastructure needed to improve and protect both American and global health<sup>55</sup></li> <li>➤ Supports training new health professionals who commit to sustained service in their home countries<sup>55</sup></li> <li>➤ Double funding for the President's Malaria Initiative<sup>42</sup></li> <li>➤ Expand access to mosquito nets to prevent malaria<sup>42</sup></li> <li>➤ Expand access to ACTs to treat people with malaria<sup>42</sup></li> <li>➤ Target new funding toward strategic development goals, including helping developing nations build healthy and educated communities, reduce poverty, develop markets, and generate wealth<sup>33</sup></li> <li>➤ Improve coordination of trade and development policies to use America's economic power to help developing nations benefit from the global trading system<sup>33</sup></li> <li>➤ Expand access to clean water and sanitation through increased funding of up to \$1.3 billion annually and support innovative programs like 'play pumps'<sup>42</sup></li> <li>➤ Increase funding for child and maternal health and survival programs<sup>42</sup></li> </ul>

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

	<ul style="list-style-type: none"><li>➤ Expand access to vaccinations<sup>42</sup></li><li>➤ Expand access to reproductive health programs worldwide<sup>42</sup></li><li>➤ Invest at least \$2 billion in a Global Education Fund<sup>42</sup></li></ul>
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\*\* 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.

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

*While efforts have been made to make these charts on the Presidential candidates' proposals 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.*

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