

Figure ES-1. Features of Leading Candidates' Approaches to Health Care Reform

	Clinton	Edwards	Obama	Giuliani	Huckabee	McCain	Romney
Individual Mandate	Yes	Yes	Children only	No	No	No	No
Employer Shared Responsibility	Large firms offer or contribute X% of payroll	Offer or contribute 6% of payroll	Offer or contribute X% of payroll	No	No	No	No
Medicaid/SCHIP Expansion	Yes	Parents/children up to 250% FPL; childless adults up to 100% FPL	Yes	No	No	No	No
Private Insurance Markets	New group Health Choices Menu through FEHBP with private & public plan options	New group regional Health Care Markets with private & public plan options	New group National Health Insurance Exchange with private & public plan options	Purchase private individual insurance in any state	States as laboratories for market-based approaches	Purchase private individual insurance in any state	Emphasis on private individual markets
Subsidies for Low to Moderate Income	Tax credit for premium >X% of income	Refundable sliding scale tax credit up to 400% FPL	Sliding scale premium subsidies	Health insurance credit for low-income	Tax credits for low-income families	Tax credit \$2,500 for individuals, \$5,000 for families	Premium subsidies
Quality and Efficiency Measures	HIT, Transparency, P4P, Prevention, Comparative effectiveness, Chronic disease management, Disparities, Malpractice reform	HIT, Transparency, P4P, Prevention, Comparative effectiveness, Chronic disease management, Disparities, Malpractice reform	HIT, Transparency, P4P, Prevention, Comparative effectiveness, Chronic disease management, Disparities, Malpractice reform	HIT, Transparency, Prevention, Malpractice reform	HIT, Prevention, Malpractice reform	HIT, Transparency, P4P, Prevention, Chronic disease management, Malpractice reform	HIT, Transparency, Malpractice reform

Source: Authors' analysis of presidential candidates' health reform proposals.

Figure ES-2. Where Leading Candidates Stand on Health Care Reform Features

	Clinton	Edwards	Obama	Giuliani	Huckabee	McCain	Romney
Most Candidates from Both Parties Agree							
Expand coverage	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Health IT	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Transparency	Yes	Yes	Yes	Yes	No	Yes	Yes
Malpractice reform	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevention	Yes	Yes	Yes	Yes	Yes	Yes	No
Some Candidates Agree							
Pay for performance	Yes	Yes	Yes	No	No	Yes	No
Candidates Differ							
Universal coverage	Yes	Yes	Yes	No	No	No	No
Individual mandate	Yes	Yes	Children only	No	No	No	No
Employer pay or play	Yes	Yes	Yes	No	No	No	No
Changes to employer benefit tax exemption	Yes	No	No	Yes	Unclear	Unclear	Yes
Regulation of insurance markets	Yes	Yes	Yes	No	No	No	No
Financing source	Yes	Yes	Yes	No	No	No	No

Source: Authors' analysis of presidential candidates' health reform proposals.

Figure ES-3. Design Matters: How Well Do Different Strategies Meet Principles for Health Insurance Reform?

Principles for Reform	Tax Incentives and Deregulation of Individual Insurance Markets	Mixed Private-Public Group Insurance with Shared Responsibility for Financing	Public Insurance
Covers Everyone	0	+	+
Minimum Standard Benefit Floor	-	+	+
Premium/Deductible/ Out-of-Pocket Costs Affordable Relative to Income	-	+	+
Easy, Seamless Enrollment	0	+	++
Choice	+	+	+
Pool Health Care Risks Broadly	-	+	++
Minimize Dislocation, Ability to Keep Current Coverage	+	++	-
Administratively Simple	-	+	++
Work to Improve Health Care Quality and Efficiency	0	+	+

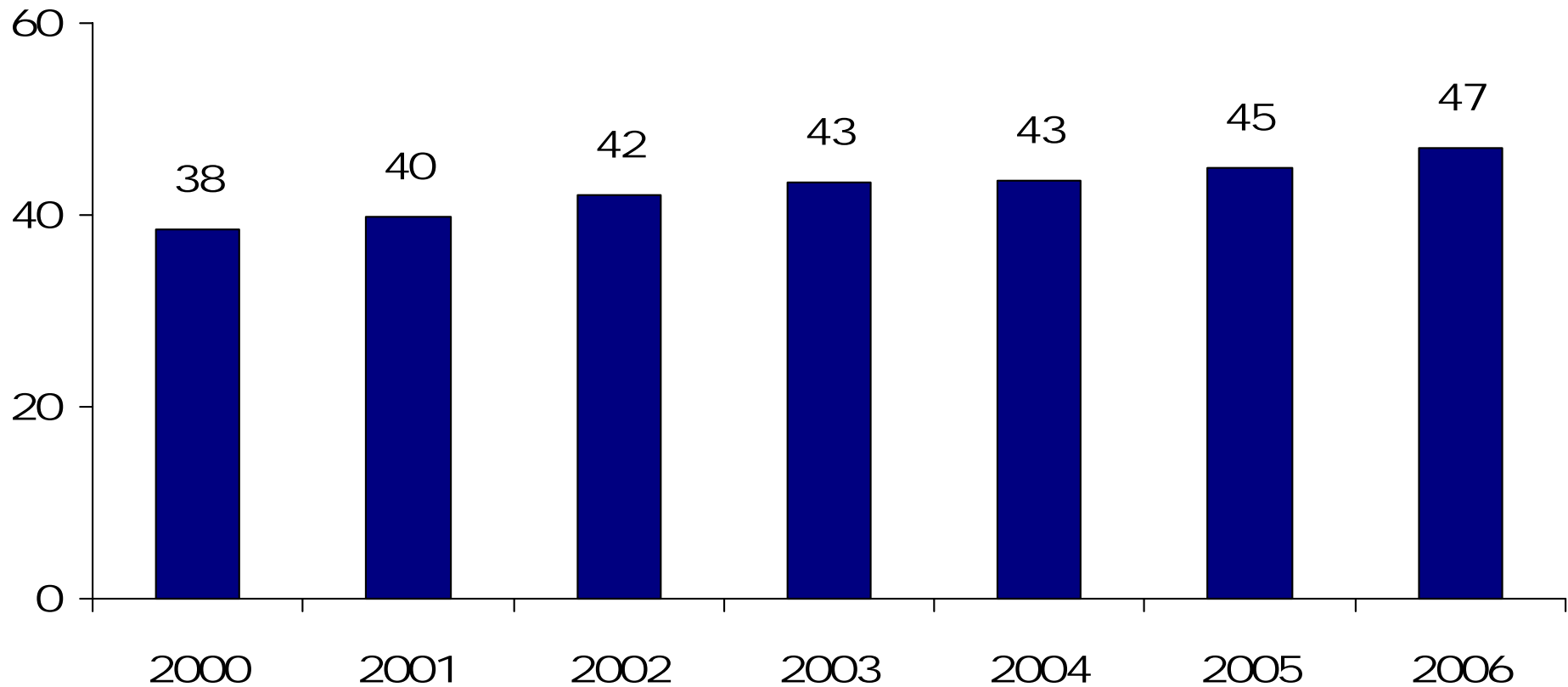
0 = Minimal or no change from current system; — = Worse than current system;

+ = Better than current system; ++ = Much better than current system

Source: S. R. Collins, C. Schoen, K. Davis et al., *A Roadmap to Health Insurance for All: Principles for Reform* (New York: The Commonwealth Fund Commission on a High Performance Health System, Oct. 2007).

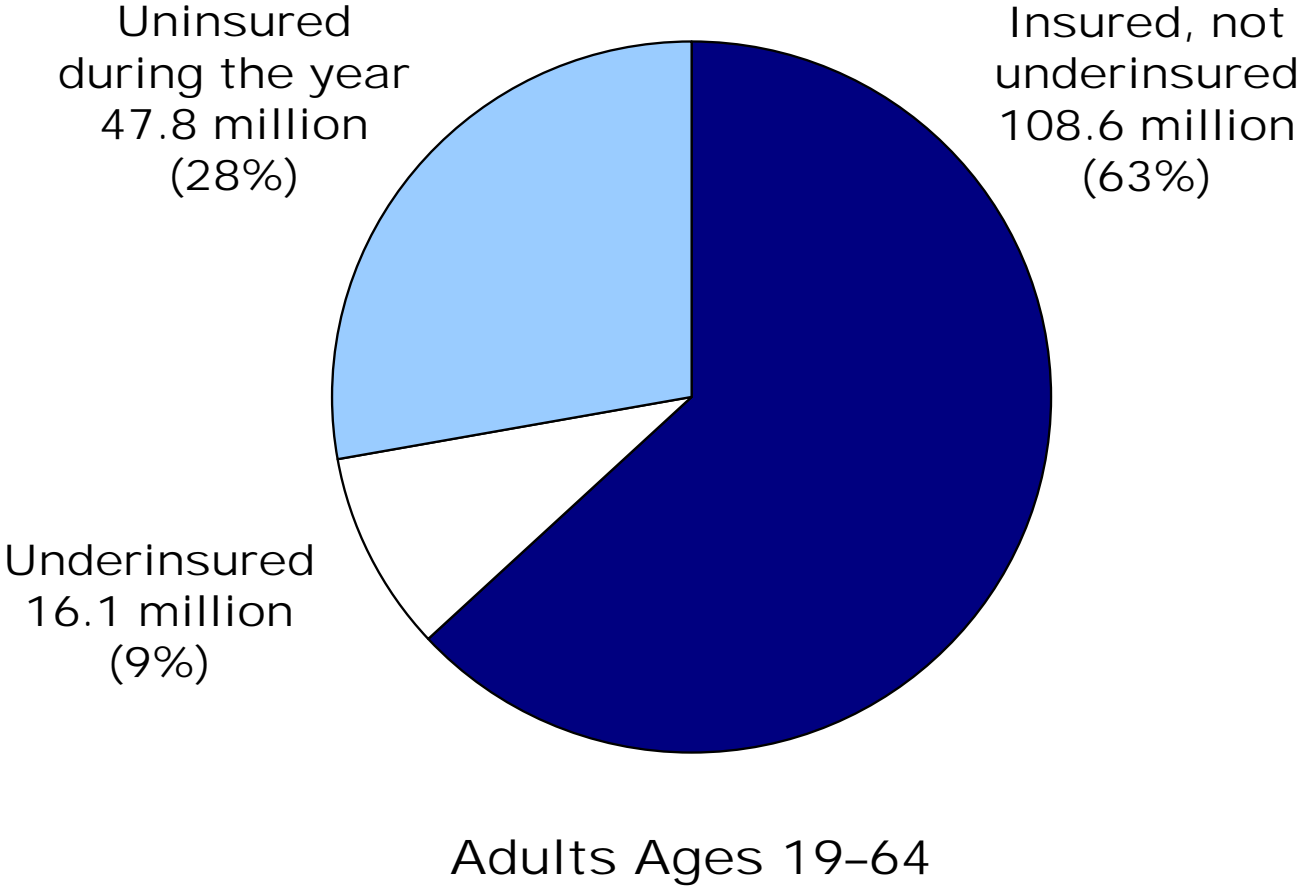
Figure 1. 47 Million Uninsured in 2006;
Increase of 8.6 Million Since 2000

Number of uninsured, in millions



Source: U.S. Census Bureau, March Current Population Survey, 2001–2007.

Figure 2. 16 Million Adults Under Age 65 Were Underinsured in 2005

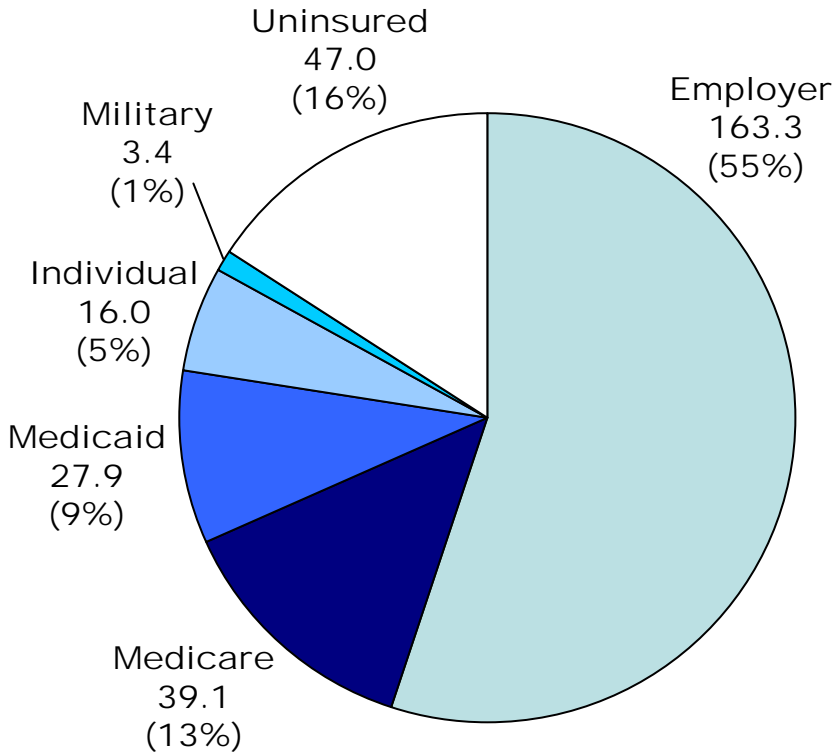


Note: Underinsured defined as having any of three conditions: 1) annual out-of-pocket medical expenses are 10% or more of income; 2) among low-income adults, out-of-pocket medical expenses are 5% or more of income; 3) health plan deductibles are 5% or more of income.

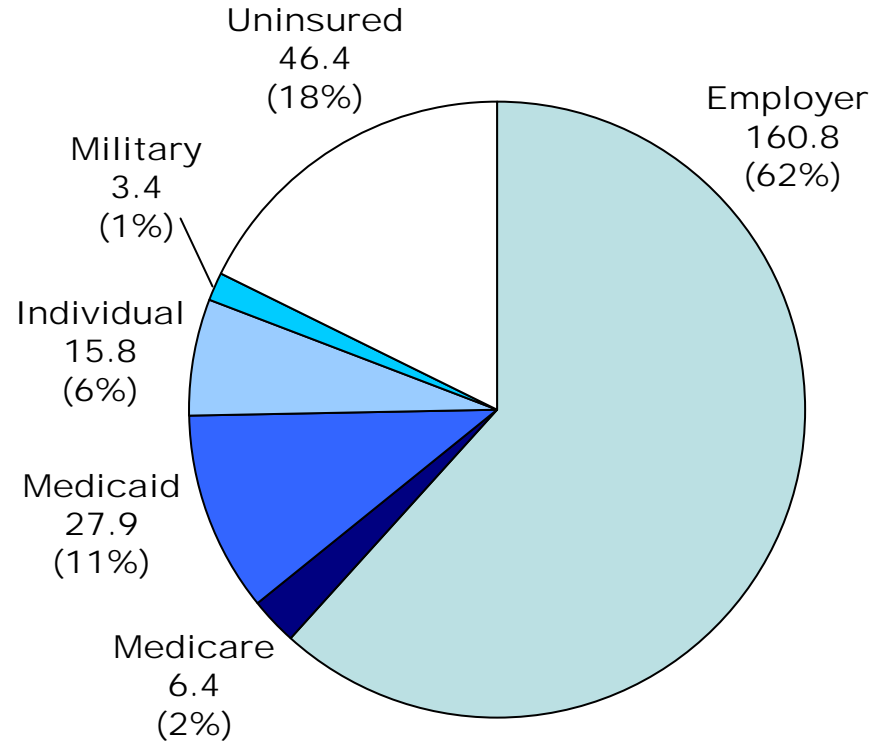
Source: Analysis of the Commonwealth Fund Biennial Health Insurance Survey (2005).

Figure 3. Employers Provide Health Benefits to More than 160 Million Working Americans and Family Members

Numbers in millions, 2006



Total population = 296.7



Under-65 population = 260.7

Data: U.S. Census Bureau, Current Population Survey, Mar. 2007.

Source: S. R. Collins, C. White, and J. L. Kriss, *Whither Employer-Based Health Insurance? The Current and Future Role of U.S. Companies in the Provision and Financing of Health Insurance* (New York: The Commonwealth Fund, Sept. 2007).

Figure 4. Features of Leading Candidates' Approaches to Health Care Reform

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Figure 6. Design Matters: How Well Do Different Strategies Meet Principles for Health Insurance Reform?

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Easy, Seamless Enrollment	0	+	++
Choice	+	+	+
Pool Health Care Risks Broadly	-	+	++
Minimize Dislocation, Ability to Keep Current Coverage	+	++	-
Administratively Simple	-	+	++
Work to Improve Health Care Quality and Efficiency	0	+	+

0 = Minimal or no change from current system; — = Worse than current system;

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Source: S. R. Collins, C. Schoen, K. Davis et al., *A Roadmap to Health Insurance for All: Principles for Reform* (New York: The Commonwealth Fund Commission on a High Performance Health System, Oct. 2007).