



ANA-PAC 2008 Presidential Candidate Questionnaire

Candidate Name:
Joseph R. Biden, Jr.

Campaign Address:
Biden for President, PO Box 438, Wilmington, DE 19899

Campaign Website:
www.joebiden.com



1. The American Nurses Association holds a fundamental belief that health care is a basic human right and supports restructuring health care in order to provide access to affordable essential health care services to all residents of the United States, regardless of pre-existing conditions. ANA further believes that health care services should be reorganized to concentrate on community-based primary care and preventive care while also focusing on better control of rising health care costs. How do you plan to address the issue of providing adequate health care coverage for the uninsured and underinsured?

My CARE plan proposes four essential steps in providing coverage for the uninsured and underinsured universal:

1. **Cover all Children**
2. **Access for Adults**
3. **Reinsurance For Catastrophic Cases**
4. **Encouraging Prevention and Modernization**

Step One: Cover all Children

The path to universal health care starts with making sure that the most vulnerable, our children, have health insurance. Today, approximately 9 million children are uninsured.

I would cover all kids by:

- **Expanding the State Children's Health Insurance Program to at least 300 percent of the federal poverty level (\$61,950 for a family of four).**
- **Allowing all families to buy into SCHIP with sliding scale premiums and co-payments based on family income.**
- **Extending coverage to at least age 21 (as states can choose to do in Medicaid)**
- **Emphasizing wellness and prevention by eliminating co-payments for physicals, vaccinations, vision and hearing screenings and preventive dental check-ups for children of any income level.**
- **Automatically enrolling eligible uninsured children at birth, school registration or through other income-tested programs like WIC, reduced price school lunch or Head Start.**

Step Two: Access for Adults

While insuring all children must be our top priority, it is also important to offer uninsured adults access to health care. Building on the existing system, I would open the doors to insurance for adults in three ways:



- **I would allow uninsured Americans to buy into an insurance program that mirrors the Federal Employee Health Benefit Plan (FEHBP) – the program that provides health insurance to members of Congress, their staff, and federal employees. People would be permitted to buy-in on a sliding scale based on income and small businesses would be allowed to participate in the program to help provide insurance for their employees.**
- **I will allow people between the ages of 55 and 64 to buy in to the Medicare program. Like the FEHBP buy-in proposal, the federal government will provide a subsidy for low-income individuals in this age group to afford to purchase early coverage in the Medicare program.**
- **To help people afford health insurance, I would reform the insurance industry to allow insurers that offer individual policies to access the reinsurance pool if they agree not to turn people away because of pre-existing conditions or risk of them. I would also protect against genetic discrimination by prohibiting employers and insurance companies from collecting or using genetic information when making decisions about hiring, providing health coverage, or discriminating in the pricing of an insurance policy.**

Step Three: Reinsurance For Catastrophic Cases

Most Americans, 60 percent, receive health insurance through their employers. But employers are scaling back benefits as the cost of health insurance and health care rises. Millions of workers no longer receive insurance from employers; in fact, approximately 70 percent of the uninsured are employed. Around 5 percent of people with the greatest health care costs account for half of health care spending in this country. Just one employee with high medical expenses can push premiums up for all and make insurance unaffordable. These high cost cases cause insurers to raise premiums, with businesses reacting to the increased cost by either passing the increased premium on to their employees or deciding to stop offering health insurance altogether.

I would stop the race to the bottom in providing health care benefits by establishing a federal reinsurance pool to reimburse employers, insurers or associations (including voluntary employee benefit associations) for 75 percent of catastrophic health costs (those exceeding \$50,000 per individual) for active and retired employees and their families.

Step Four: Encouraging Prevention and Modernization

Too often the debate over health care centers around whether we're spending enough on health care in this country – when the reality is that the US spends more on medical services than any other developed nation, including those countries that provide health insurance for all.



We can afford to provide universal health care in this country – and we can help pay for it with a national agenda of sensible steps to get skyrocketing health care costs under control.

As president, I will begin to bring health care costs under control and increase quality of care by:

- **Focusing on prevention and wellness.**
 - **Improving management of chronic diseases.**
 - **Increasing comparative effectiveness research.**
 - **Investing in information technology.**
 - **Requiring uniform billing and claims.**
- a) Describe what benefits and services you believe should be included in basic health care coverage.

The current health system reimburses providers for treating patients when they are sick, but does not do enough to reward measures to prevent illness and the manifestation of chronic diseases.

In addition to all of the benefits and services currently included in Medicaid and SCHIP for children, I would improve access to wellness and prevention measures by eliminating cost-sharing for physicals, vaccinations, vision and hearing screenings and preventive dental check-ups. For seniors enrolled in Medicare, I would waive copayment requirements for mammography screenings, prostate exams, colonoscopies and other screening efforts. Insurers participating in the Federal Employee Health Benefit Plans would be required to offer increased wellness and prevention services.

In terms of the overall benefit package Americans should receive, at a minimum we must give everyone access to the same health care plans that Members of Congress have by allowing people who don't have insurance to buy-in on a sliding scale based on income to the plans in the Federal Employee Health Benefit plan. These plans provide quality basic health care coverage.



b) Describe the mechanism you believe would best finance such coverage.

Yes, this will cost money, but we can afford it by simply getting rid of the tax cut that this President gave to the people who make over \$435,000 a year.

The top one percent earned 21.2 percent of the country's income in 2005 – more than any other time since the beginning of the 20th century. The bottom 50 percent earned just 12 percent. The top one percent doesn't need the tax breaks.

If we rescind that tax cut, we will have \$85 billion that we can use toward the programs I have outlined.

c) What is your position on coverage of mental health services?

Mental health is an important part of one's overall health and deserves attention and dedicated resources. It is estimated that 26.2 percent of Americans over 18, approximately 57.7 million people, suffer from a diagnosable mental disorder in a given year. Even though mental disorders are widespread in the population, mental disorders and people suffering from them face great stigmatism and discrimination. We must work to reduce the stigma attached to mental illness, and to create opportunities for people to seek help and treatment for their illness. I believe in investing in research for new methods of prevention and treatment, and working to make sure these innovations are available to patients by guaranteeing that insurance providers must provide parity for mental health treatment. I was a co-sponsor of the Paul Wellstone Mental Health Equitable Treatment Act and I remain committed to the goals of the act as a cosponsor of the Mental Health Parity Act of 2007 in this Congress. In addition, I have fought to make sure that Medicare patients pay the same co-payments and deductibles for a mental health issue as they would for a physical injury.

I have fought and will continue to fight to improve the resources available to medical practitioners to learn about diagnosing mental health illnesses, so that more Americans have access appropriate services.

2. What policy initiatives would you propose to ensure that Americans receive safe, cost-effective, comprehensive, quality comprehensive health care services?

The US spends far more per capita on health care than any other industrialized nation; but the increased spending does not result in better health outcomes. In addition, the United States is the largest consumer of medical devices in the world.

Our current system reimburses providers on the volume of services used, without truly examining what services work best. We need to establish a mechanism to examine what methods work better than others.



To reduce ever-increasing health care costs, I will create a comparative effectiveness panel to evaluate treatment protocols, medical devices and new technology and establish best practices for management of chronic diseases. This could be housed in an existing federal agency like AHRQ, NIH or HRSA, or it can be an independent, public-private partnership receiving funding from both the federal government and private industry. Many other countries—including Australia, Canada, England, and Germany—already require clinical and economic assessments of medical services as a condition for reimbursement.

We also need to invest in information technology. My home state of Delaware is a leader in adopting new health information technology. The Delaware Health Information Network (DHIN) is a state-wide health information and electronic data interchange network for public and private use. With funding from both the federal and state government, DHIN is building a Clinical Information Exchange Utility to provide secure, fast, and reliable exchange of health information among the many health care providers treating patients throughout Delaware.

The potential for a significant improvement in the delivery of health care when healthcare providers and consumers have access to complete health and treatment histories is enormous:

Improved quality of care: When a health provider or hospital has information about a patient's prescription medications, medical history, treatment history and allergies, he/she can make better clinical decisions, which result in better health outcomes for the patient.

Improved patient-provider communication: When a patient has access to more information, he/she is more likely to engage his/her health care providers in communication about treatment options and wellness opportunities. As a result, the patient is more involved in treatment decisions, improving compliance and overall health outcomes.

Reduced duplication of services and treatments: Two of the most significant cost drivers in the health care industry are prescription drugs and high technology diagnostic and testing services, such as MRIs and CT scans. Compounding these costs is the potential for duplication of these treatments or tests. A quick check of an electronic medical record can show a provider the results of tests already performed and stop duplicative tests and procedures from being performed.

The potential savings to the health care industry from full adoption of electronic medical records is substantial. In fact, researchers at the RAND Corporation estimated that full adoption of electronic medical records could save \$77 billion annually. RAND also determined that by 2004, 15 to 20 percent of U.S. physician offices had adopted electronic medical records systems.



To get to 100 percent I would:

- **Invest at least \$1 billion dollars per year in moving to electronic health records systems.**
 - **Provide grants to states to develop electronic medical records and other health IT systems.**
 - **Assist hospitals, medical facilities and doctors in upgrading to electronic record systems and implementing them in their practice.**
- a) **What is your position on legislation or regulations that would require health care facilities to develop and implement systems that ensure appropriate and safe registered nurse staffing levels?**

We are facing a severe nursing shortage in this nation, and we need to do all we can to increase the number of registered nurses for hospitals, clinics and veteran's health centers. If we can get an adequate supply of registered nurses in the workforce we can reduce the stress on the system that has forced hospitals and other health care facilities to rely on double shifting and other staffing mechanisms that create stress on nurses who are currently in the workforce. As President, I would support efforts to ensure that health care facilities adopt appropriate and safe registered nurse staffing levels.

3. **How would you seek to address the severe nursing shortage facing this country?**

Throughout my career in the Senate, I have recognized and supported the important role that nurses play in our nation's health care industry. I have long championed efforts to recruit, educate and train nurses—especially in periods like the past decade when there has been a nursing shortage—and have assisted in providing federal funding to renovate or build new facilities for nursing schools. This year, I introduced the Nursing Education Opportunities Act which seeks to help train and employ 100,000 new nurses in the workforce over the next five years. I have also supported resolutions to honor the achievements and dedication of nurses in America. In 2002, I cosponsored the Nurse Reinvestment Act, which includes programs of scholarship and loan repayments for nursing students, grants to nursing schools and health organizations, and public information programs to encourage entry into the nursing profession. I have subsequently cosponsored amendments and cosigned letters to the Appropriations Committee for the last five years to ensure that the Nurse Reinvestment Act is fully funded. In addition, just this year, I cosponsored the Community-Based Health Care Retraining Act to establish a demonstration project to train unemployed workers for employment as health care professionals, including nurses. In addition, I support the Troops to Nurse Teachers program which encourages nurses leaving the military to become nurse educators.



- a) What is your position on measures that address working conditions for registered nurses and the safety of their patients, such as legislation prohibiting the use of mandatory overtime as a staffing tool, and “whistleblower protections” that would support nurses’ right to speak without reprisal about activities, practices, or conditions that threaten the health and safety of their patients or the environment?

The use of mandatory overtime as a staffing tool is dangerous and unfair to both nurses and their patients. A recent study found that nurses who work shifts of twelve and a half hours or more are three times more likely to commit errors than nurses who work a standard shift of eight and a half hours or less. Pilots and truck drivers, along with other professionals whose jobs effect public safety have limits on the number of hours they can work to ensure the safety of the worker and of the public, yet no similar standard applies to nurses. I support measures that would improve working conditions for registered nurses and protect their rights to report dangerous conditions.

- b) What measures would you support to encourage more people to enter and stay in the field of nursing? What level of federal funding would you provide for Title VIII programs and the Nurse Reinvestment Act to ensure sufficient numbers of qualified nurses are available to provide a full range of nursing services in all geographic areas?

I often say that if there are any angels in heaven, they have to be nurses. The nurses who took care of me during my months long stay at Walter Reed Hospital will always hold a soft spot in my heart. They literally breathed life back into my lungs, washed me, brushed my teeth and went on search missions for the most comfortable pillows available. I have consistently supported the Nurse Reinvestment Act to ensure that underserved populations in this nation are able to have access to the high quality nursing services.

Unfortunately, the US is in the midst of a nursing shortage that is expected to intensify as baby boomers age and the need for health care grows. Shortages plague hospitals and create unneeded stress for over-extended nursing staff.

There is a severe nursing faculty shortage that is creating a bottleneck of more than 40,000 nursing school applicants being turned down from nursing schools because they simply don’t have enough faculty to accept more students. To address this aspect of the nursing shortage I introduced the Nursing Education Opportunities Act (S.2230), which seeks to help train and employ 100,000 new nurses in the workforce over the next five years by:

- **Increasing yearly loan amounts available in the Nurse Student Loan Program.**
- **Explicitly including accelerated degree nursing students—those who already have an undergraduate degree in another field who have gone back to school to get a degree in nursing—in the Nursing Student Loan Program.**
- **Providing funds for academic institutions to establish doctoral nursing degree programs in states that currently lack even one such program.**



- **Establishing doctoral nursing consortia pilot projects to allow academic institutions to share faculty and other resources to better teach nursing students.**
 - **Establishing pilot projects between health facilities and academic institutions to allow nurses to stay in their jobs while also attending school to earn a graduate degree and eventually teach.**
4. Advanced Practice Registered Nurses (APRNs) play a crucial role in providing health care services in our nation's most underserved areas. These nurses typically hold degrees at the highest levels of education and receive advanced training in specialty areas of practice (i.e. Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists, among others). Despite the resolution of many practice and reimbursement issues, APRNs still experience discrimination and barriers to practice in our health care system. What is your position on the full utilization of APRNs?
- a) Given that APRNs typically serve underserved communities, what is your position regarding APRNs as primary care providers in community settings?

The use of Advanced Practice Registered Nurses is a key step to achieving access to high quality, affordable, health care for all Americans. I support APRNs as primary care providers in community settings and support measures that provide for their full reimbursement for their services.

5. On-the-job injuries caused by the strain of lifting and repositioning patients cause 12% of nurses to leave the profession annually. The average nurse working an 8 hour shift is currently required to lift 1.8 tons. If elected, how would you require health care facilities to invest in safe patient lifting technology to reduce the risk of workplace injuries to nurses?

We need to be ever vigilant that American workers, including nurses and other health care providers, have safe and tolerable working conditions. I believe that all employees should be covered by regulations that ensure a safe working environment and their personal safety on the job. I support the widespread use of safe patient lifting technology and would work to encourage its usage to reduce the risk of workplace injuries to nurses.



6. The Centers for Disease Control has confirmed the presence of hundreds of potentially harmful chemicals in the blood, urine, and breast milk of the U.S. population. Even more, toxic chemicals have also been detected in umbilical cord blood, indicating the ability of these chemicals to cross the placenta and reach the fetus. The incidence of diseases thought to have an environmental component are on the rise: Asthma prevalence has doubled in ten years; autism has increased more than tenfold; 1 in 6 children are born with a developmental disability; and a woman's lifetime risk of breast cancer is now 1 in 7. What is your plan to create a healthy environment in order to reduce the rates of environmental causes of illness?

When I first came to Congress I worked to make sure that lead would be removed from gas and to eliminate lead from paint – in part because data showed such dangerous levels of lead in children in cities. Today, I remain committed to creating a healthy environment and reducing the environmental causes of illness.

We must tighten health standards for particulates and smog and reduce emissions from power plants. Power plant pollution – which contributes to ground level ozone – can worsen asthma. We must also restore the Superfund polluter pays program, because the cost of doing business does not require us to accept poor air quality.

Return to:

**Carlos Jackson, Senior Political Action Specialist
Department of Government Affairs
American Nurses Association (ANA)
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
www.anapoliticalpower.org
Phone: (301) 628-5088
Fax: (301) 628-5348
carlos.jackson@ana.org**