



ANA-PAC 2008 Presidential Candidate Questionnaire

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- 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?**

I believe that every American has the right to affordable, comprehensive and portable health coverage. My plan will guarantee coverage for every American through partnerships among employers, private health plans, the federal government, and the states. My plan both builds on and improves our current insurance system, which most Americans continue to rely upon, and leaves Medicare intact for older and disabled Americans. Under my plan, Americans will be able to maintain their current coverage if they choose to, and will see the quality of their health care improve and their costs go down. My plan also addresses the large gaps in coverage that leave 47 million Americans uninsured. Specifically, my plan will: (1) establish a new public insurance program, available to Americans who neither qualify for Medicaid or SCHIP nor have access to insurance through their employers, as well as to small businesses that want to offer insurance to their employees; (2) create a National Health Insurance Exchange to help Americans and businesses that want to purchase private health insurance directly; (3) require all employers to contribute towards health coverage for their employees or towards the cost of the public plan ; (4) mandate that all children have health care coverage; (5) expand eligibility for the Medicaid and SCHIP programs; and (6) allow flexibility for state health reform plans.

I will go after runaway health care costs by investing in information technology, focusing on preventive care, increasing health care quality, reducing medical errors, and stopping pricegouging by drug and insurance companies. Together, these changes will create up to \$2500 in savings for the typical family.

Moreover, while covering the uninsured and modernizing America's health care system are urgent priorities, they are not enough. Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people. Too many Americans go without high-value preventive services, such as cancer screening and immunizations to protect against flu or pneumonia. Providers are not adequately reimbursed for helping patients manage chronic illnesses like diabetes or asthma. Similarly, community-based prevention efforts, which have helped to drive down rates of smoking and lead poisoning, for example, are under-utilized despite their effectiveness. The nation faces epidemics of obesity and chronic diseases as well as new threats of pandemic flu and bioterrorism. Yet despite all of this, less than 4 cents of every health care dollar is spent on prevention and public health. Our health care system has become a disease care system, and the time for change is well overdue.

My health plan calls for increased investment in prevention and public health. Individuals and

families must have access to such as cancer screenings and



essential clinical preventive services

smoking cessation programs, and my health plan will require coverage of such services in all federally supported health plans, including Medicare, Medicaid, SCHIP and the new public plan. Americans also benefit from healthy environments that allow them to pursue healthy choices and behaviors that can help ward off chronic and preventable diseases. Healthy environments include sidewalks, biking paths and walking trails; local grocery stores with fruits and vegetables, restricted advertising for tobacco and alcohol to children; and wellness and educational campaigns. I will sign into law my Healthy Places Act, which helps state and local governments assess the health impact of new policies or projects, whether it's a new highway or shopping center. Finally, I will increase funding to expand community based preventive interventions to help Americans make better choices to improve their health.

I have a proven record on expanding access to affordable health care. . In the Illinois State Senate, I spearheaded successful legislation to extend health care coverage to 150,000 families.

a) Describe what benefits and services you believe should be included in basic health care coverage.

Under my plan, the benefit package will be similar to that offered by the Federal Employees Health Benefit Program (FEHBP), the program through which Members of Congress get their own health care. The new public plan will include coverage of all essential medical services, including preventive, maternity and mental health care. Moreover, coverage will include disease management programs, self management training and care coordination for appropriate individuals.

Individuals will also be able to purchase separate private insurance as an alternative to, or as a supplement to, my plan's public component. There is no limit on what services these private plans will provide for, but the National Health Insurance Exchange will assure that every participating insurer provides a common baseline level of benefits that equals those provided by my new public plan.

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

Under my plan, the medical system as a whole will save money; we will realize tremendous savings within the health care system from improving efficiency and quality and reducing wasted expenditures system-wide. Specifically, these savings will result from investments in health information technology, improvements in prevention and management of chronic conditions, increased insurance industry competition and reduced industry overhead, the provision of federal reinsurance for catastrophic coverage, and reduced spending on uncompensated care.



For example, today administrative costs in private insurance average 14 percent of benefits. I will considerably reduce insurance industry overhead by instituting the National Health Insurance Exchange, which will provide purchasing pools, standardize insurance packages, reduce marketing expenses, and promote competition. It has been estimated that this innovation will save upwards of \$46 billion per year.

Moreover, there is significant room for savings by investing in health information technology. Even by conservative estimates, it has been predicted that such investments could save \$77 billion per year long-term. I propose we spend \$10 billion per year, for five years, to accelerate adoption of health IT so that we can harness these much greater savings more quickly.

Finally, better care management has the potential to save significant amounts of money as well. A RAND study has predicted that roughly \$120 billion can be saved by improving our efforts regarding prevention and disease management. My plan commits to promoting healthier lifestyles in schools, the workplace, and the home, as well as preventive services, disease management, care coordination, and other efforts.

Under my plan, we can expect to save roughly \$200 billion. And these are only conservative estimates. This translates into savings of up to \$2,500 for the typical family. Other researchers estimate substantially larger possible savings.

The additional federal costs of the income subsidies that my plan provides would be paid for by allowing the Bush tax cuts to expire for people making more than \$250,000 per year, as they are scheduled to do,

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

Under my plan, private insurance offered by employers and the public insurance plans will include coverage of all essential medical services, including mental health care. I am a strong supporter of mental health parity and I believe that serious mental illnesses must be covered on the same terms and conditions as are applicable to physical illnesses and diseases. I do not think health insurance companies should be allowed to discriminate against the mentally ill. That's why I co-sponsored and passed a mental health parity law in Illinois and co-sponsored the Mental Health Parity Act of 2007 in the U.S. Senate.



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

My plan proposes numerous initiatives to ensure that patients receive and providers deliver safe, cost-effective, and quality care. I will support disease management and care coordination programs, require full transparency about quality and costs from providers, expand and accelerate patient safety initiatives, align incentives for excellence, support comparative effectiveness reviews and research, tackle disparities, and reform medical malpractice while preserving patient rights.

First, I will support disease management and care coordination programs. Rates of chronic diseases have skyrocketed in the last 2 decades, and over 133 million Americans have at least one chronic disease. In addition to the needless suffering and early death they cause, these chronic conditions cost a staggering \$1.7 trillion yearly. Over seventy-five percent of total health care dollars are spent on patients with one or more chronic conditions, such as diabetes, heart disease, and high blood pressure. The good news is that with proper care, the onset and progression of these diseases can be contained for many years. Many patients with chronic diseases benefit greatly from disease management programs, which help patients manage their condition and get the care they need. I will require that plans that participate in the new public plan, Medicare or the Federal Employee Health Benefits Program (FEHBP) utilize proven disease management programs. Moreover, my plan recognizes that more than half of Americans with serious chronic conditions have 3 or more different physicians, leading to duplicate testing, conflicting treatment advice and prescription drugs that are contraindicated. My proposal will support providers that put in place care coordination programs as well as encourage team care through implementation of medical home type models that also improve coordination and integration of care of those with chronic conditions.

Second, I will require full transparency about quality and costs. Health care quality and costs can vary tremendously among providers; however, patients have limited access to this information. All Americans should have access to information that provides them with what works and what does not work in our health care system. That's why I led the successful effort in Illinois to pass the Hospital Report Cards Act, which mandated hospitals to disclose details about the quality of care they provide to their patients. I continued this leadership in the U.S. Senate, where I led efforts to create national Hospital Quality Report Cards that require hospitals to report on the effectiveness, safety and timeliness of the care they provide. As president, my plan will require hospitals to collect and publicly report measures of health care costs and quality, including data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, disparities in care, and costs. Health plans will be required to disclose the percentage of premiums that actually goes to paying for patient care as opposed to administrative costs and profits.

I will similarly improve transparency for our seniors' prescription drugs. I will require companies to send Medicare Part D beneficiaries a complete list of the drugs the individual used the past year as well as the pertinent fees paid the previous year. Companies will also be required to provide seniors with online versions of this information, so that they can use it at a



third-party comparison shopping site, similar to Priceline.com. Providing this information will help individuals determine which Medicare prescription drug plans can help them reduce their out-of-pocket costs and improve their health.

Third, I will promote patient safety. Reduction of medical errors is one of my top priorities. About 100,000 Americans die from medical errors in hospitals every year. Prescription drug errors alone cost the nation more than \$100 billion every year. We know that most medical records are still stored on paper, which contributes to medical errors and makes it difficult to coordinate care and measure quality. As noted above, my plan will invest \$10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records. To immediately promote patient safety, my plan requires providers to report preventable medical errors. Over the long-term, I will support hospital and physician practice improvement, through provision of both technical assistance and financial incentives, to prevent future occurrences.

Fourth, my plan will align incentives for excellence. Both public and private insurers tend to pay providers based on the volume of services provided, rather than the quality or effectiveness of care. My plan will accelerate efforts to develop and disseminate best practices, and align reimbursement with provision of high quality health care. Providers who care for patients enrolled in the new public plan, the National Health Insurance Exchange, Medicare and FEHBP will be rewarded for achieving performance thresholds on physician-validated outcome measures.

Fifth, my plan will promote comparative effectiveness reviews and research. Comparative effectiveness studies provide crucial information about which drugs, devices and procedures are the best diagnostic and treatment options for individual patients. This information is developed by reviewing existing literature, analyzing health care data, and conducting simple, real world studies of new technologies. I will establish an independent institute to guide reviews and

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?

I support measures that would require health care facilities to develop and implement systems that ensure appropriate and safe registered nurse staffing levels. My health plan includes a provision requiring health care facilities to monitor issues such as nurse-patient ratios.



I have a history of supporting such measures. In the Illinois Senate, I was the chief sponsor of bill that created a Hospital Report Card to monitor these same issues. In the U.S. Senate, I was the chief sponsor of the Hospital Quality Report Card Act, a bill that requires reporting of staffing levels for nurses which will help to ensure that the number of nurses is consistent with the types of care needed by the patients and the capabilities of the staff.

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

The nursing workforce shortage ranks as one of the top pressing issues facing our health care system. Nurses play a critical role in every aspect of patient care, including care provided in schools, public health departments, clinics, hospitals and long-term care facilities, and also serve as administrators and executives in clinical and policy settings. As such, national efforts to expand health coverage and improve health care quality are dependent on an adequate supply of highly trained and experienced nursing professionals.

Yet, too many young adults are choosing not to enter the nursing profession, and a significant number of current nurses are switching careers or retiring early. I know that working conditions are one of the main factors contributing to this trend. To address the growing nursing shortage, which is particularly acute in hospitals, I will: a) support minimum nursing staff ratios and limitations on overtime, to keep both nurses and patients safe; b) reauthorize Title VIII training programs, with greater financial incentives for students and nurse faculty, including scholarships and loan repayment; c) expand and accelerate health system redesign, especially initiatives emphasizing multidisciplinary care and those targeting the most challenging work environments such as emergency rooms; d) support adoption of health IT, which will help to streamline processes of care, increasing efficiency and minimizing needless paperwork and administrative requirements; and e) continue to recognize and support nurses' right to organize.

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?

I support such measures that improve nurses' working conditions and the safety of their patients, as outlined above. I have a history of addressing working conditions for nurses. I have supported the prohibition of mandatory overtime for nurses. As noted above, in the Illinois Senate, I was the chief sponsor of bill that created a Hospital Report Card to monitor issues such as nurse-patient ratios. This bill also provided requirements for orientation, training of hospital staff, whistleblower protection and requires hospitals to prepare a quarterly report detailing specified information as a condition of licensure. In the U.S. Senate, I was the chief sponsor of



the Hospital Report Card Act, a bill that requires reporting of staffing levels for nurses which will help to ensure that the number of nurses is consistent with the types of care needed by the patients and the capabilities of the staff. I also co-sponsored the Safe Nursing and Patient Care Act of 2007, which would limit the number of mandatory overtime hours a nurse may be required to work when working for a provider paid under the Medicare program. This bill aims to help protect patients and nurses by ensuring that nurses are at their best when they do their jobs, and will help providers recruit and maintain nurses, decreasing staffing shortages.

- 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?**

In addition to improving working conditions so that the profession can continue to attract high-quality individuals, I support reauthorization of Title VIII training programs with greater financial incentives for students and nurse faculty, including scholarships and loan repayment; Please see answer above. Given the dire shortage of nurses, no less than \$200 million should be allocated for Title VIII programs and the Nurse Reinvestment Act.

- 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?**

The nation is facing a worsening shortage of primary care providers and specialists, and advanced practice registered nurses can play a critical role in this regard. I will support inclusion and expanded reimbursement for APRN services through federal health programs, my new public plan, and private plans offered through my plan's National Health Insurance Exchange.

- a) Given that APRNs typically serve underserved communities, what is your position regarding APRNs as primary care providers in community settings?**

Please see answer above.



- 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?**

Six of the top ten occupations at highest risk for back injuries are in health care, according to the federal Bureau of Labor Statistics. Nurses are at high risk for sustaining back injuries, which are most likely to occur when moving a patient. Such injuries lead to loss of time at work, limitations and restrictions in duties, and increased workers' compensation cost. Moreover, back injuries dissuade individuals from pursuing careers in nursing, and force others to leave the field prematurely.

For all of these reasons, safe-lift technology is critically important in protecting nurses from preventable injury. Indeed, many practitioners and researchers have noted that the traditional approach to "safe lifting" is simply ineffective, and advocate for use of "safe lift" or "no-lift" technologies. As President, I will expand and accelerate research to identify novel and innovative technologies, as well as to determine which technologies are the most effective for use in various medical settings. Equally important, I commit to mandating—with federal financial support and technical assistance—hospitals, nursing and long-term care facilities to employ safe- or no-lift technologies that have been demonstrated to be effective in reducing injury, or face penalties at the federal level.

- 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?**

I am acutely aware that the health of our environment is inextricably linked to America's health care crisis. In my Administration, environmental protection will be understood as a cornerstone of disease prevention. We need to preserve our parks, forests, farms and wilderness, because they are beautiful and deserve our protection, but also because without these places, our children will become more sedentary. Our children have a right to be protected from environmental toxins like mercury and lead poisoning, and we must confront diesel pollution and the other



environmental triggers that have led to an explosion in pediatric asthma in urban and rural areas alike. We also need to remember that environmental degradation is just one more force that disproportionately hurts low-income and minority communities. In fulfilling this obligation to practice disease prevention, we will also be pursuing a more effective and economically efficient approach to health care.

Air pollution causes thousands of deaths each year. I will strengthen and vigorously enforce the Clean Air Act. I will protect American families from smog and soot, which harm lung function and may aggravate asthma.

As President, I will reinvigorate the drinking water standards that have been weakened under the Bush administration and update them to address new threats, such as perchlorate, a rocket fuel that contaminates ground water. I will also help communities deal with wastewater and clean up point and non-point source pollution.

I want the Environmental Protection Agency to be able to identify the sources for toxics that are entering our food chain and endangering our health, and take action to stop the flow of toxics into the environment. We know the biggest source of mercury is coal plants. Under the Bush plan, we delay major reductions in mercury emissions past 2025. Big coal wrote the proposal, and there are lawsuits underway in which states are fighting for a better way. This is unacceptable, and we can do better and we must have aggressive reductions in mercury emissions from coal plants immediately.

While the United States has become more vigilant in collecting and containing mercury, it still remains one of the leading exporters of this dangerous product. In 2006, I introduced two pieces of legislation that would cause the U.S. to lead by example and encourage other nations to eliminate their dependence on mercury.

Lead poisoning in children plummeted significantly since the banning of lead in paint and fuels - yet today, there are 400,000 American children who continue to suffer from lead poisoning, most of these children from low-income families. As president, I will call on Congress to enact legislation I have introduced during my time in the Senate that would protect American children from lead poisoning. This legislation would prevent children's products from containing lead, provide incentives for property owners to eliminate or contain lead paint in homes with low-income young children or women of child-bearing age, and require that all child care facilities outside the home be lead-safe within five years. And I will work tirelessly to protect our children from toys covered in lead paint.

As a Senator, I introduced the Healthy Communities Act, and as President, I will use that office to push for its passage. The act focuses federal attention on the environmental health problem of toxicants and pollutants, expanding research and providing the resources to clean up blighted communities. We know that blacks and other minorities are significantly more likely to be



affected by toxins and pollutants than other Americans are.

I will continue my fight, begun as a community organizer working to remove asbestos from residences, to protect our communities from toxins. As a Senator, I have pressed the Environmental Protection Agency to report on what it is doing to reduce and control human exposure to hazardous contaminants at more than 100 Superfund sites nationwide. As president, I will require polluters to pay for the cleanup of contaminated sites they created.

Finally, we need to prevent our government from testing pesticides on human subjects. This is just common sense, but with the present administration, it's been a tough road. I was an original cosponsor of legislation by Sen. Barbara Boxer (D-CA) to prohibit the testing of pesticides on humans, and we passed that legislation. Unfortunately, the EPA ignored parts of it when making its rule, and so they are now being taken to court. Under an Obama administration, that never would have happened.

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