ANA POLICY & 2008 PRESIDENTIAL CANDIDATES
OBAMA & McCAIN

Updated August 18, 2008

ANA	OBAMA (Dem.)	McCAIN (Rep.)
American Nurses Association's ***Health System Reform Agenda*** (Updated February 2008)	Plan announced 05/29/07	Plan announced 10/11/07
Overall goal(s) of reform plans	Provide guaranteed affordable, high-quality health care coverage through a mix of private and expanded public insurance.	Provide access to affordable health care by only paying for quality health care, having diverse insurance choices that are responsive to individual needs, and encouraging personal responsibility.
ACCESS		
1. HC as a human right	No	No.
2. Available (geographic; times; alternative sites; disabled; elderly)	Not addressed	Yes. "Provide access to health care for every citizen, whether temporarily or chronically uninsured, living in rural areas with limited services or residing in inner cities where access to physicians is often limited." Give veterans ability to use their VA benefits to pay for timely high quality care from providers in the best locations. Promote alternative treatment settings (e.g., walk-in clinics in retail outlets).

		Where cost effective, use telemedicine and clinics in rural and underserved areas.
3. Acceptable (respect autonomy & culture; patient-centered)	Yes.	Not addressed.
4. Affordable (treatment and followup care; based on ability to pay)	Yes. Make federal income-related subsidies available to help individuals buy the new public plan or other qualified insurance.	Work with states to develop a best practice model - a Guaranteed Access Plan or GAP - to reflect best experiences of states to ensure patients have access to health coverage. Set reasonable limits on premiums; assistance available for Americans below a certain income level. Provide access to affordable health care for all by paying only for quality health care, having insurance choices that are diverse and responsive to individual needs, and encouraging personal responsibility.
5. All citizens and residents	All Americans, unclear about residents. Says “every American man, woman and child [should] be guaranteed affordable, comprehensive health care… with everyone in and no one left out.”	No; American citizens only. “We must provide access to health care for all our citizens - whether temporarily or chronically uninsured, whether living in rural areas with limited services, or whether residing in inner cities where access to physicians is often limited.
6. Std. package of essential health services	Yes plus Comprehensive benefits similar to those available through FEHBP (Federal Employee Health Benefits Program, available to Members of Congress)	Not addressed.
7. Mental health parity	Yes.	Not addressed.

QUALITY		
IOM 2001, *Crossing the Quality Chasm*" **(1st 6 items below)**		
1. Safe	Require reporting of preventable errors and other patient safety efforts. Monitor RN/patient ratios.	Bar Medicare payments for preventable medical errors or mismanagement
2. Effective	Support an independent institute to guide comparative effectiveness reviews	Yes. Establish national standards for measuring and recording treatments and outcomes
3. Patient-centered	Require hospitals and providers to publicly report measures of health care costs and quality.	Choice: Provide consumers with more information on treatment options and require provider transparency regarding medical outcomes
4. Timely	Not specifically addressed.	Not addressed
5. Efficient	Yes. Care coordination; spectrum of care.	Yes. Provide Medicare payments for care coordination
6.Equitable (eliminate health disparities)	Yes. Ins. Premiums must be fair, stable & not rated on basis of health status. Address health disparities, in part, by promoting public health & prevention. Require plans to collect, analyze & report health care quality for disparity populations, & hold plans accountable.	Not addressed
7. Continuity of care	Yes.	Yes.
8.Chronic disease management	Yes.	Yes

9. Disease prevention & health promotion	Yes. Require health plans to cover std. set of evidence-based preventive services. Improve prevention and management of chronic conditions Promote and strengthen public health and prevention Support preventive health strategies including initiatives in the workplace, schools, and communities.	Yes. Invest in prevention and care of chronic illnesses. Provide Medicare payments for diagnosis, prevention Promote education of children about health, nutrition, and exercise. Support public health initiatives to stem obesity and diabetes. Promote smoking cessation programs.
10. End of life care	Not addressed	Not addressed
COST/FUNDING		
1.Support single payer as "most desirable option"	No. Guaranteed coverage thru mix of public & private insurance	No. Explicitly rejects.
2. Public funding thru Medicare expansion, based on payroll taxes, general fund revenues; employers play or pay & individuals can buy into system; additional services purchased thru private insurers	Employers "pay or play" (small business exempt & would receive new tax credit to offset costs). Expand Medicaid and SCHIP. Require all children to have health insurance; no individual mandate for adults. Create National Health Insurance Exchange- small biz & otherwise uncovered indivs could enroll in new public plan or approved private plans. Private plan benefits must be at least as generous as new public plan (similar to FEHBP).	No. Drop favorable tax treatment of employer-sponsored insurance & provide tax credit to all individuals and families to increase incentives for insurance coverage; Opposes individual mandates
3. Cost of essential services should be borne by private-public partnership	Yes. See above. Also, federal income-based subsidies available to help individuals buy the new public plan or other qualified insurance.	Tax credit of $2,500 (individuals) & $5,000 (families) to all individuals & families to buy insurance. Require any state receiving Medicaid to develop financial "risk adjustment" bonus for high-cost and low-income

		families to supplement tax credits and Medicaid funds.
4. Protect families from impoverishment from high medical expenses	Yes – Fed subsidies to partially reimburse *employers* for catastrophic hc costs if premium savings used to reduce employee premiums.	Not addressed
5. Personal responsibility (beneficiaries pay portion of care)	Yes. Federal subsidies would be income-related.	Yes. "Families should be in charge of their health dollars and have more control over their care."
6. Rebalance investment in acute vs. primary & preventive care	Yes. Invest in prevention and chronic disease mgmt. Require health plans to cover a standard set of evidence-based preventive services. Expand funding to improve the primary care provider and public health practitioner workforce. Repeal ban on gov't price negotiation with drug companies.	Not addressed, although emphasizes importance of prevention services. Also pay for coordinated care; pay a single bill for high-quality heart care, for ex., rather than all independent elements separately.
7. Recognize economic value of RNs	Not addressed	Not addressed
8. Administrative simplification/ Health IT	Invest $50 billion toward adoption of electronic medical records and other health information technology. Protect patient privacy.	Promote deployment of HIT. Where cost effective, employ telemedicine and clinics in rural and underserved areas
9. Money for HC provider education; R & D	Yes. Expand funding to improve the primary care provider & public health practitioner workforce, including loan repayments, improved reimbursement, & training grants. Invest in and better coordinate biomedical research, esp. NIH and NSF.	For R&D: Support federal research related to science-based care and cure of chronic disease

WORKFORCE		
1 Supply – recruitment and retention of RNs; improve RN work environment; increase RN diversity	Yes: Monitor RN-patient ratios; also, make transparent to consumers. Limit mandatory overtime. Adopt assistive technology to keep RNs safe on the job.	Not addressed
2. Education – expand # nursing faculty; create stable RN funding streams for loans and scholarships	Yes. Expand funding to improve the primary care provider and public health practitioner workforce, including loan repayments, improved reimbursement, and training grants. $4,000 tuition credit every year for all student nurses.	Not addressed
3. Distribution – financial and other incentives to bring RNs to rural and underserved areas; National RN Corp funding; distance learning	Full scholarships to nurses willing to work in underserved communities/facilities upon graduation.	"Build genuine national markets by permitting providers to practice nationwide." (unclear whether through national licensing or reciprocity)
4. Utilization – address barriers to practice in current reimbursement system; Scopes of practice; APRNs as primary case mgrs (amend Medicaid)	Not addressed.	Promote use of alternative providers (e.g., APRNs). Support innovative delivery systems, such as retail clinics and other ways that provide greater market flexibility in permitting appropriate roles for nurse practitioners, nurses, and doctors. Give states flexibility to "experiment with different licensing schemes for medical providers." Change provider payment to encourage coordinated care (eg., pay a single bill for high quality heart care rather than indiv services).

ADDENDUM: **Candidates' health plan elements not directly addressed in *ANA's Health System Reform Plan***		
	P4P - Reward provider performance through the National Health Insurance Exchange & other public programs. Strengthen antitrust laws to prevent high malpractice premiums for providers. Improve public health infrastructure & disaster prep at state & local level. Require all health insurers to spend at least *x* % of premiums on direct patient care benefits; require health plans to disclose percent of premiums for care vs. administrative cost. Maintain existing state health reform plans if they meet minimum standards of the national plan. **Disabilities:** Strengthen and better enforce Americans with Disabilities Act; $1B for autism research + assistance to persons with autism and their families. **Women's health:** Pro-choice **Children's health:** require child-care facilities be lead-free in 5 years. **Environmental health:** reduce mercury in food supply and monitor pregnant women and their newborns for toxicity. **HIV/AIDS:** develop national strategy and increase global $$.	P4P - Promote competition among providers by paying only for quality Contain costs through payment changes to providers, tort reform and other measures. Supports Association Health Plans--coverage would be portable & bridge time between retirement & Medicare eligibility. Require rigorous stds and certification. (ANA vigorously opposes AHPs) Increase competition and reduce administrative overhead costs of private insurance by permitting sale of nationwide insurance (i.e., not regulated by the states). **Women's health:** Pro-life. **Disabilities:** Autism - increase public awareness and screening, promote use of evidence-based interventions, and create Centers of Excellence for Autism Spectrum Disorder Research and Epidemiology. **Elderly**: develop strategy for meeting challenge of population needing greater long-term care. Look to state examples such as Cash and Counseling or The Program of All-Inclusive Care for the Elderly (PACE)for delivering care to people in a home setting.

Information in this chart relies substantially on materials from the Obama and McCain campaigns, speeches and websites, as well as the Kaiser Family Foundation.