

**ANA POLICY & 2008 PRESIDENTIAL CANDIDATES**  
**-- DEMOCRATIC --**  
**Dec. 4, 2007 update**

<b>ANA</b>	<b>CLINTON</b>	<b>EDWARDS</b>	<b>KUCINICH</b>	<b>OBAMA</b>	<b>RICHARDSON</b>
	Plan announced in installments: Cost – 05/24/07 Quality – 08/23/07 Coverage – 09/17/07	Plan announced 02/18/07	Announced support of HR 676 (single payer), introduced 1/24/07	Plan announced 05/29/07	Plan announced 03/24/07
<b>ACCESS</b>					
<b>1. HC as a human right</b>			Yes.		
<b>2. Available (geographic; times; alternative sites; disabled; elderly)</b>		Yes. Supports home and community-based care.	Implicit yes.		Yes. Support for community and home-based care.
<b>3. Acceptable (respect autonomy &amp; culture; patient-centered)</b>	Yes. Encourage diversity and cultural competency in healthcare workforce	Yes.	Implicit yes.		
<b>4. Affordable (treatment and followup care; based on ability to pay)</b>	Yes. Refundable tax credit to help “working families” pay for coverage; premiums cannot exceed fixed percentage of family income	Yes. Federal refundable tax credits available to subsidize cost of insurance on sliding scale for middle class families.	Yes. No cost.	Yes. Make federal income-related subsidies available to help individuals buy the new public plan or other qualified insurance.	Sliding scale, refundable tax credits for purchase of coverage through employer plans, or to buy into the FEHBP or Medicare.
<b>5. All citizens and residents</b>	“All Americans”		Yes (incl. Territories)		

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<b>6. Std. package of essential health services</b>	Yes, plus Benefits would be at least as good as an FEHBP benchmark plan	Require participating plans to offer comprehensive preventive benefits	Yes Plus. <u>All med. necessary</u> services are “basic health services.” Incl. Rx drugs, dental, mental, alt/compl. medicine.	Yes plus Comprehensive benefits similar to those available through FEHBP	Yes, plus Comprehensive benefits similar to those available through FEHBP + preventive services
<b>7. Mental health parity</b>	Yes	Yes..	Yes.	Yes.	Yes.

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<b>QUALITY</b>					
<b>IOM 2001, <i>Crossing the Quality Chasm</i>” (1<sup>st</sup> 6 items below)</b>					
<b>1. Safe</b>	Yes, implicit.	Yes, implicit.	Yes.	Require reporting of preventable errors and other patient safety efforts.	Expand patient safety training programs and require health facilities to report preventable errors
<b>2. Effective</b>	Yes. Independent “Best Practices Institute” to disseminate most effective protocols and treatments & help consumers, other purchasers, plans make good care choices	Yes. Promote evidence-based medicine and initiatives to improve provider communications and prevent medical errors	Establishes a National Board of Universal Quality and Access to provide advice on quality, access, and affordability.	Support an independent institute to guide comparative effectiveness reviews	Promote evidence-based care and comparative effectiveness research
<b>3. Patient-centered</b>			Not addressed.	Require hospitals and providers to publicly report measures of health care costs and quality.	Promote transparency on price and quality of health care
<b>4. Timely</b>	Not specifically addressed.	Not specifically addressed.	Not addressed.	Not specifically addressed.	Not specifically addressed.
<b>5. Efficient</b>	Yes. Administrative simplification. Evidence-based.		Yes.		Promote patient navigator programs to help people negotiate health care system.

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<b>6. Equitable (eliminate health disparities_</b>	Yes. Fund more accurate data collection, development of quality measures targeted at reducing racial & ethnic disparities, prioritizing development of medical homes designed to improve quality for minorities. Limit prem. variations on basis of age, gender or occupation.	Yes.	Yes.	Yes. Ins. Premiums must be fair, stable , & not rated on basis of health status.  Address health disparities  Require plans to collect, analyze & report health care quality for disparity populations, & hold plans accountable.	Yes. Work to reduce health care disparities.
<b>7. Continuity of care</b>	Yes. Incentives for coordinators of care	Not addressed	Not addressed	Not addressed	Not addressed
<b>8. Chronic disease management</b>	Yes. Chronic care mgmt. & coord. to improve outcomes	Yes	Not addressed directly.	Yes.	Yes. Support "Independence at Home" program for patients with multiple chronic diseases
<b>9. Disease prevention &amp; health promotion</b>	Yes. Require all insurers that participate in federal programs to cover preventive services based on recs of US Prevention Services Task Force.  Install "groundbreaking national prevention initiative to reduce the incidence of such diseases as diabetes and cancer that impose huge human and financial costs."	Yes. Require participating plans to offer comprehensive preventive benefits  Support public health initiatives (ex: anti-obesity measures, smoking cessation	Yes. Focus on primary care and prevention	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.	Improve prevention and management of chronic conditions Promote healthier lifestyles, health literacy
<b>10. End of life care</b>	Not addressed	Not addressed	Not addressed	Not addressed	Not addressed

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<b>COST/FUNDING</b>					
<b>1. Support single payer as “most desirable option”</b>	No. Universal coverage thru mix of public & private insur.	No. Universal coverage thru mix of public & private insur.	Yes. “Enhanced Medicare for Everyone”	No. Universal coverage thru mix of public & private insur.	No. Universal coverage thru mix of public & private insur.
<b>2. Public funding thru Medicare expansion, based on payroll taxes, general fund revenues; employers play or pay &amp; indivs can buy into system; add'l services purchased thru private insurers</b>	New Health Choices Menu offered to all Americans through the FEHBP w/ public plan option similar to Medicare.  Indiv. mandate  Pay or play	Creates Health Mkts - nonprofit purchasing pools offering competing public and private health plans, -  Indiv. mandate to be (phased in)  Pay or play  Universal coverage by 2012.	Only public or non-profit entities eligible to provide care; also non-profit HMOs that deliver care in own facilities. Financed: (1) from existing sources of Gov’t revenues for health care; (2) increase personal income taxes on top 5% earners; (3) institute progress. excise tax on payroll & self-empl. income; & (4) small tax on stock & bond transactions.	Pay or play  Expand Medicaid and SCHIP. Require all children to have health insurance.  Create National Health Insurance Exchange- small biz & otherwise uncovered indivs could enroll in new public plan or approved private plans. Benefits similar to FEHBP.	Options include: maintaining existing coverage, expanding Medicaid and SCHIP programs, and create opt’y to buy into Medicare (for 55-64). Up to 25 can stay on family plan.  Create new options for indiv, families & small biz to buy into coverage under FEHBP.  Phase in indiv mandate  Expand VA health care so vets can access community care.
<b>3. Cost of essential services should be borne by private-public partnership</b>	Expand Medicaid and SCHIP safety net for vulnerable pops to plug gaps, (ex: lack of coverage for poor, childless adults.	Expand Medicaid and SCHIP to serve all adults under 100% FPL & all children & parents under 250% FPL	All med.necessary svcs covered. Insurers may sell plans covering non-necessary (ex: cosmetic surgery).	Fed income-based subsidies available to help individuals buy the new public plan or other qualified insurance.	Sliding scale, refundable tax credits to purchase coverage through employer plans, or to buy into the FEHBP or Medicare.
<b>4. Protect families from impoverishment from high medical expenses</b>	Yes. Also prohibit insurers from “carving out benefits,” charging higher rates to people with health problems or who are at risk of developing them.	Yes.	Yes.	Yes – Fed subsidies to partially reimburse <i>employers</i> for catastrophic hc costs if prem. savings used to reduce employee premiums	Yes. Limit interest rates charged to individuals for medical debt and protect individual credit ratings

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<b>5. Personal responsibility (beneficiaries pay portion of care)</b>	Yes	Yes.	No. Only pay for non-medically necessary services.		
<b>6. Rebalance investment in acute vs. primary &amp; preventive care</b>	Install "groundbreaking national prevention initiative to reduce the incidence of such diseases as diabetes and cancer that impose huge human and financial costs."	Not explicitly. Require participating plans to offer comprehensive preventive benefits Improve prevention and management of chronic conditions	Not addressed directly.	Not explicitly. 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	Not addressed
<b>7. Recognize economic value of RNs</b>	Not addressed	Not addressed	Supports fair compensation.	Not addressed	Not addressed
<b>8. Administrative simplification/ Health IT</b>	Yes. "Paperless" health information technology system	Yes. HIT to help reduce admin costs. Invest in telemedicine for rural areas	Yes.	Invest \$50 billion toward adoption of electronic medical records and other health information technology	providing grants for adoption of health information technology Simplify reporting requirements for physicians and hospitals, improve coordination between government programs, and standardize administrative forms
<b>9. Money for HC provider education; R &amp; D</b>	Not addressed	Not addressed	Not addressed specifically, although supports RN education.	Yes. Expand funding to improve the PCP & public health practitioner workforce including loan repayments, improved reimbursement, & training grants.	Yes. Expand training, scholarship and loan programs to ensure an adequate health care workforce.

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<b>WORKFORCE</b>					
<p><b>1. Supply – recruitment and retention of RNs; improve RN work environment; increase RN diversity</b></p>	<p>Encourage diversity and cultural competency in healthcare workforce</p> <p>Strongly supports safe staffing. (“Nurse for a Day” experience.)</p>	<p>“Improve work conditions” to address nursing shortage.</p> <p>Strong pro-union.</p>	<p>Addressed in questionnaire: cosponsored H.R. 2123: Nurse Staffing Standards for Patient Safety and Quality Care Act of 2007.</p> <p>Supports incentives to ensure RNs can provide quality care and earn fair compensation. Incentives needed to keep nurses in their fields, with full worker's rights that everyone has the right to organize, the right to collective bargaining, the right to strike, the right to decent wages &amp; benefits, the right to a safe workplace, the right to a secure retirement, and the right to participate in a political process.</p>	<p>Not addressed</p>	<p>Yes. Supports expanding safety training programs &amp; working with hospitals to improve working conditions for RNs.</p> <p>Protect RNs’ pensions</p> <p>Supports prohibition on mandatory overtime; endorses whistleblowers’ rights; improve RN safety training;; push safe patient lifting tech</p>

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<b>2. Education – expand # nursing faculty; create stable RN funding streams for loans and scholarships</b>	<p>Yes. Provide federal funding to address nursing through new training &amp; mentoring programs, linking RN education &amp; quality;.</p> <p>Fed. recognition to “<b>physician-driven</b>” maint. of certificate (MOC) prgms to spur continuing education about latest advances in care &amp; procedures.</p>		<p>Yes. Co sponsored Nurse Reinvest. Act. “Dedicated to making health care and qualified nurses available to everyone who needs and wants them; one of biggest priorities under a program of universal health care.</p>	<p>Yes. Expand funding to improve the primary care provider and public health practitioner workforce, including loan repayments, improved reimbursement, and training grants</p>	<p>Yes. Expand training, scholarship and loan programs to ensure an adequate health care workforce.</p>
<b>3. Distribution – financial and other incentives to bring RNs to rural and underserved areas; National RN Corp funding; distance learning</b>	Not addressed	Not addressed	See above.	Not addressed	<p>Yes. Offer debt forgiveness to RNs practicing in underserved &amp; high-need areas (Q)</p>
<b>4. Utilization – address barriers to practice in current reimbursement system; Scopes of practice; APRNs as primary case mgrs (amend Medicaid)</b>	<p>Not addressed in public info. Her questionnaire is in agreement on basic premise.</p>	Not addressed	<p>Yes. More funding for APRNs. APRNs should have the ability to become primary care providers in community settings “Nurses care for patients as a whole, where as Doctors care for the diseases. Both are very important and need to be properly utilized.”</p>	Not addressed explicitly in plan.	<p>Not addressed in plan But, in ANA Questionnaire: “Fully utilize talents &amp; skills of PCPs such as APRNs.”</p>

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<p><b>PRIORITIES OF CANDIDATES THAT ANA'S PLAN DOES NOT CURRENTLY ADDRESS</b></p>	<p>Linking medical error disclosure with physician liability protection</p> <p>P4P; also no pay for "never events"</p> <p>Strengthen consumer protections for long-term care insurance</p> <p>Breaks for small employers</p> <p><b>Women's Health:</b> expand access to family planning services for low-income women, require health ins. companies to cover contraception, provide dedicated funding stream for age-appropriate, medically accurate, comprehensive sex education.</p> <p><b>HIV/AIDS:</b> develop "national strategy" &amp; increase global \$\$,</p>	<p>Malpractice reforms; encourage voluntary reporting of medical errors.</p> <p>P4P</p> <p>Require all health insurers to spend at least 85% of premiums on patient care benefits</p> <p>Initiate policies aimed at making prescription drugs more affordable</p> <p><b>Reform long-term care</b> to promote choice and emphasize home and community care.</p> <p><b>HIV/AIDS:</b> develop comprehensive national strategy &amp; global strategy</p>	<p>Spouse, Elizabeth, is member of Congressional Holistic Health Caucus.</p> <p>Eventually pull Indian Health Service into Nat'l health care structure</p> <p>Emphasis on environmentalism and cleaning up toxics in workplace</p>	<p>P4P - Reward provider performance through the National Health Insurance Exchange &amp; other public programs.</p> <p>Improve public health infrastructure &amp; disaster prep at state &amp; local level.</p> <p>Require all health insurers to spend at least x % of premiums on direct patient care benefits</p> <p>Maintain existing state health reform plans if they meet min. standards of the national plan.</p> <p><b>Women's Health:</b> Pro-choice</p> <p><b>HIV/AIDS:</b> develop national strategy and increase global \$\$.</p>	<p>P4P - reward quality performance and care coordination.</p> <p>Promote public health preparedness.</p> <p>Require all health insurers to spend at least 85% of premiums on patient care benefits</p> <p>In Q: strong commitment to environmental care and health, &amp; addressing global warming.</p> <p><b>"Heroes Health Card"</b> for all vets; choice of physicians wherever they live.</p> <p><b>Women's Health:</b> Pro-choice (although does not "personally believe in" abortion).</p> <p><b>Care for Seniors:</b> "Independence at Home" plan emphasizes streamlined, in-home, and coordinated health care for seniors. Voluntary.</p> <p><b>Obesity:</b> emphasis on prev. &amp; treatment. Include fed. protections for the obese in the ADA and by the EEOC.</p>

