

## The ACMHA Santa Fe Summit on Behavioral Health

# Impacting Healthcare Reform

08



Leadership in Moving the Mental  
Health and Substance Use Agenda

Santa Fe  
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2008

2008 Presidential Candidates' Health Reform Proposals and  
Mental Health/Substance Use Perspectives – Summary of Key Issues  
February 2008

## 2008 PRESIDENTIAL CANDIDATES' HEALTH REFORM PROPOSALS AND MENTAL HEALTH / SUBSTANCE USE PERSPECTIVES: SUMMARY OF KEY ISSUES

### Introduction to Matrices

The following matrices are provided in accordance with the ACMHA Summit's components of success (*Building awareness through relevant information; Broad contribution to strategic planning; and Commitment to action*). They are intended to build awareness of presidential candidates' health reform and behavioral health perspectives so that planning and action can take place to ensure the inclusion of mental health and substance use issues in the national health reform agenda.

Health care reform is one of our nation's major domestic needs. In response to that need, presidential candidates have developed proposals/plans to address health care coverage, cost and quality, as well as illness prevention and health promotion generally. For the ACMHA Summit, the information contained in each of the candidates' plans was summarized into a matrix format in order to provide a comparison at a glance of candidate proposals with respect to key healthcare reform issues. For the purpose of moving the mental health and substance use care agenda, it is also important to determine the extent to which behavioral health issues are incorporated into national health reform plans, and how candidates have supported mental health and substance use issues more broadly. Therefore, candidate perspectives on insurance parity, recovery as integral to overall health, and proposed investment in behavioral health were also examined and summarized.

A "Who, What, Where, When, Why, and How?" inquiry approach to examining candidates' health reform plans and behavioral health perspectives was used:

- 1) *In general, how would the plan address health reform goals?*
- 2) *When was the plan published?*
- 3) *Who would be covered?*
- 4) *What would be offered?*
- 5) *Where would coverage be offered?*
- 6) *How would consumers afford/access coverage?*
- 7) *How would the plan impact employers?*
- 8) *How would the plan impact insurers?*
- 9) *How would health care be financed?*
- 10) *How would health care spending be lowered and quality improved?*

11) ***How does the candidate address the Whole Health Campaign Principles?***<sup>1</sup>

***Principle 1:*** Ensure equitable and adequate mental health and addiction treatment coverage in all public and private health care plans.

***Principle 2:*** Support policies that promote both individual and family recovery from mental illnesses and addictions as integral to overall health

***Principle 3:*** Commit to investing in America's future through prevention, early intervention, and research on mental illnesses and addictions.

Matrices for Democratic and Republican candidates are presented one following the other, below. Readers are encouraged to examine the matrices for areas of difference among candidate proposals, including:

- *Health care coverage as a mandate*
- *Government regulation of coverage versus free market approaches*
- *Consumer affordability and general reform financing mechanisms*
- *Promotion of employer versus individual-based coverage*
- *Requirements for insurers, including the guarantee issue*
- *Emphases on personal choice and shared responsibility*
- *Extent to which behavioral health issues are mentioned and supported*

## **Limitations**

Published information on the candidates' health care plans varies in terms of content, depth, detail and style of messaging. The matrices were designed to reflect that variation. With respect to behavioral health issues, the availability of information varied dramatically, with little or no specific behavioral health information being accessible for some candidates. The matrices therefore contain only information that was available at the time they were developed. Additional information from ACMHA members to supplement the matrices is certainly welcome!

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<sup>1</sup> Several candidates responded to a survey, "Bringing Mental Healthcare to the Ballot: Questionnaire for 2008 Presidential Candidates," developed by the National Alliance on Mental Illness (NAMI). Visit the Whole Health Campaign website at <http://wholehealthcampaign.org> for more information on Whole Health Campaign goals, the NAMI questionnaire, political perspectives, news on behavioral health parity issues, etc.

## **Website References**

Clinton

<http://www.hillaryclinton.com/feature/healthcareplan/americanhealthchoicesplan.pdf>

<http://www.hillaryclinton.com/files/pdf/healthcarecosts.pdf>

[http://www.nami.org/Content/ContentGroups/Policy/2008\\_Primaries\\_and\\_Elections/Clinton\\_Response\\_to\\_NAMI\\_Questionnaire.pdf](http://www.nami.org/Content/ContentGroups/Policy/2008_Primaries_and_Elections/Clinton_Response_to_NAMI_Questionnaire.pdf)

Obama

<http://www.barackobama.com/issues/pdf/HealthCareFullPlan.pdf>

[http://www.nami.org/Content/ContentGroups/Policy/2008\\_Primaries\\_and\\_Elections/QuestionnairNAMI122807.pdf](http://www.nami.org/Content/ContentGroups/Policy/2008_Primaries_and_Elections/QuestionnairNAMI122807.pdf)

Edwards

<http://www.johnedwards.com/about/issues/health-care-overview.pdf>

[http://www.nami.org/Template.cfm?Section=2008\\_Primaries\\_and\\_Elections&Template=/ContentManagement/ContentDisplay.cfm&ContentID=55428](http://www.nami.org/Template.cfm?Section=2008_Primaries_and_Elections&Template=/ContentManagement/ContentDisplay.cfm&ContentID=55428)

Richardson

<http://billrichardson.cachefly.net/pdf/whitepapers/richardsonhealthplan.pdf>

<http://billrichardson.cachefly.net/pdf/whitepapers/MentalHealthPlatform.pdf>

McCain

<http://www.johnmccain.com/Informing/Issues/19ba2f1c-c03f-4ac2-8cd5-5cf2edb527cf.htm>

Huckabee

[http://www.mikehuckabee.com/?FuseAction=Issues.View&Issue\\_id=8](http://www.mikehuckabee.com/?FuseAction=Issues.View&Issue_id=8)

<http://modernhealthcare.com/apps/pbcs.dll/article?AID=/20070716/FREE/307170001&SearchID=73288136439680>

Romney

[http://mittromney.com/News/Press-Releases/Policy\\_Briefing\\_Health\\_Care](http://mittromney.com/News/Press-Releases/Policy_Briefing_Health_Care)

Giuliani

<http://www.joinrudy2008.com/issues/view/11>

General information on presidential candidate health reform proposals/perspectives

<http://www.health08.org>



## 2008 DEMOCRATIC PRESIDENTIAL CANDIDATES' HEALTH REFORM PROPOSALS AND MENTAL HEALTH / SUBSTANCE USE PERSPECTIVES: SUMMARY OF KEY ISSUES

ISSUE:	Hillary Clinton	Barack Obama	John Edwards	Bill Richardson
<b>HEALTH REFORM PROPOSALS / PLANS</b>				
1) <i>In general, how would the plan address health reform goals?</i>				
Rationale/goals of the health care proposal:	<ul style="list-style-type: none"><li>The American Health Choices Plan proposes to meet the needs of the 47 million uninsured and those who are at risk of losing coverage.</li><li>The plan proposes a reformed system where everyone is covered so that purchasing power is maximized and risk is spread extensively, thereby reducing administrative costs.</li><li>Greater private and public health plan choices would be offered through the plan, which proposes to also contain costs and improve quality of care.</li><li>The plan emphasizes shared responsibility among insurance and drug companies, individuals, providers, employers and government to bring about reform.</li></ul>	<ul style="list-style-type: none"><li>The Plan for a Healthy America proposes to address the health coverage needs of 47 million uninsured Americans, and emphasizes that nine million of them are children.</li><li>The plan asserts that making health insurance universal would reduce spending on uncompensated care.</li><li>Emphasis is on partnerships among federal and state governments, employers, providers and individuals in order to provide health coverage for every American, modernize the US health care system to contain spiraling costs, improve quality of care, and strengthen prevention and public health.</li></ul>	<ul style="list-style-type: none"><li>The Universal Health Care through Shared Responsibility Plan proposes to strengthen America's health care system and provide universal health care. The intent of the plan is to insure all Americans by 2012.</li><li>Through shared responsibility among businesses, families, and governments, the plan proposes reforms to make health care more affordable.</li><li>The plan also proposes to address spiraling health care costs, fragmentation of the insurance system, and inconsistent quality.</li></ul>	<ul style="list-style-type: none"><li>The American Choices Plan describes affordable and secure health care for every American as a national goal.</li><li>The plan presents coverage, cost and care as three critical areas of focus toward reaching the universal health care goal.</li><li>Proposes that providing everyone with health coverage would reduce overall health care spending and costs to consumers</li></ul>
2) <i>When was the plan published?</i>				
Date plan published:	Coverage Plan – 9/17/2007 Cost & Value Plan – 5/24/2007	5/29/2007	2/18/2007	3/24/2007
3) <i>Who would be covered?</i>				
Is health care coverage a mandate?	Universal coverage would be achieved through a requirement/mandate and affordable private and public health plan options.	<ul style="list-style-type: none"><li>Coverage would be "guaranteed" for every American through a new national health plan option, as well as through existing coverage options that would be improved with respect to quality and cost.</li></ul>	<ul style="list-style-type: none"><li>American residents would be required to get insurance once it has been made affordable (through employer requirements to offer coverage, creation of tax credits, expansion of</li></ul>	<ul style="list-style-type: none"><li>Americans would be "guaranteed coverage" through a mix of public and private choices.</li><li>People would have personal responsibility for obtaining coverage.</li></ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
		<ul style="list-style-type: none"> <li>The Plan mandates that all children have health care coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid and SCHIP, insurance law reforms, Health Care Markets purchasing pools, and other innovative steps).</li> <li>Severe financial hardship or religious beliefs would be considered exemptions to the requirement.</li> </ul>	
<b>4) <u>What would be offered?</u></b>  <b>Health plan options/expansion of public programs:</b>	<ul style="list-style-type: none"> <li>People could keep current coverage, choose from private options through the Federal Employee Health Benefits Program (FEHBP) - consistent with those available to members of Congress - or choose a new public plan option modeled on the Medicare program. Public health coverage would compete on a level playing field with traditional private insurance plans. The public plan would be portable and comprehensive to include mental health and dental care, consistent with current FEHBP options.</li> <li>Additionally, the safety net (particularly Medicaid and SCHIP) would be strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>Through a new National Health Insurance Exchange, people would be able to purchase an approved private insurance plan, or opt to buy new public health coverage, similar to the plan available to federal employees (FEHBP). The new public coverage would be available to individuals who don't have access to employer group coverage or other existing public programs. Self-employed individuals and small business could access this program. All public and private coverage options would be portable and comprehensive (including all essential medical services, preventive, maternity and mental health care, disease management, self-management training and care coordination.)</li> <li>Eligibility for Medicaid and SCHIP programs would be expanded to insure they continue to serve their safety net function.</li> </ul>	<ul style="list-style-type: none"> <li>Americans would have the option of existing public programs such as Medicare, Medicaid, SCHIP, coverage through employers, or additional choices within new state or regional "Health Care Markets". The Markets would be non-profit purchasing pools supported by the federal government that would offer private plan options and at least one public program based on Medicare. All plans would be portable and include comprehensive benefits, including full mental health benefits. The Markets would be available to everyone without comparable benefits from employment or other public programs. They would also be available to employers that choose to join rather than offer their own plans.</li> <li>The Plan would expand Medicaid and SCHIP; identifies the need for the health care safety net (e.g., public hospitals, clinics, community health centers) even in a system of universal coverage.</li> </ul>	<p>People could keep current coverage or choose from the following:</p> <ul style="list-style-type: none"> <li>Coverage similar to that available to members of Congress through the Federal Employees Health Benefits Program (FEHBP). Coverage would be portable and available to individuals, families and small businesses.</li> <li>Medicare (expanded to those 55-64 years of age)</li> <li>Medicaid and SCHIP, expanded to ensure coverage for lower-income families</li> <li>Use of existing family coverage for young adults up to age 25</li> <li>Veteran coverage (Heroes Health Card), which would allow services to be accessed outside of the Veterans Administration</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
5) <u>Where would coverage be offered?</u>  Regional and state issues/impacts:	States would have the option of banding together to provide the same coverage choices in a region of the country.	States could continue their health care reform efforts and offer coverage options, provided they meet the minimum standards of the national plan.	States could group together to create regional Health Care Markets.	No specific mention of state flexibility issues
6) <u>How would consumers afford/access coverage?</u>  Mechanisms for making health coverage affordable/accessible for consumers:	<ul style="list-style-type: none"> <li>Refundable, income-related tax credits would limit insurance premium payments to a percentage of income.</li> <li>Medicaid and SCHIP would be strengthened to serve all low-income individuals, including childless adults.</li> </ul>	<ul style="list-style-type: none"> <li>The National Health Insurance Exchange would enforce rules and standards for private insurance plans to ensure fairness and affordability. Differences among plans and costs would be made transparent to consumers.</li> <li>Federal income-related subsidies would be available for individuals and families who do not qualify for Medicaid or SCHIP but still need assistance to keep insurance premiums affordable.</li> <li>Young adults up to age 25 could continue coverage through their parents' plans.</li> </ul>	<ul style="list-style-type: none"> <li>Tax credits would subsidize insurance purchased through the Health Care Markets. Tax credits would be available on a sliding scale to middle class families, and would be refundable to help families without income tax liability.</li> <li>States would receive federal dollars to expand Medicaid and SCHIP to serve all adults under the poverty line and all children and parents under 250 percent of poverty.</li> </ul>	<ul style="list-style-type: none"> <li>A sliding-scale tax credit would be available for those who need help affording coverage through employer plans, the FEHBP or Medicare.</li> <li>Limits would be set on interest rates for medical debt placed on credit cards.</li> </ul>
7) <u>How would the plan impact employers?</u>  Impacts and requirements for employers:	<ul style="list-style-type: none"> <li>Large employers would be expected to provide health insurance plans to their employees or make some contribution to the cost of coverage. Small businesses offering FEHBP-type benefits would receive tax credits that could be combined with consumer tax credits.</li> <li>A Retiree Health Legacy Initiative would provide a tax credit for qualifying private and public retiree health plans to offset a significant portion of catastrophic expenditures that exceed a certain threshold.</li> </ul>	<ul style="list-style-type: none"> <li>Employers would need to offer coverage, contribute to the cost of coverage for their employees, or alternatively, contribute a percentage of payroll toward the costs of the national plan.</li> <li>Federal reinsurance (reimbursement of a portion of catastrophic costs above threshold) would be offered to employers to help ensure that unexpected or catastrophic illnesses do not make health insurance unaffordable for businesses and their employees.</li> </ul>	<ul style="list-style-type: none"> <li>Employers would be required to either provide a comprehensive health plan to their employees or contribute to the cost of covering them through the Health Care Markets.</li> <li>Businesses could also choose to purchase care through the Health Care Markets.</li> </ul>	<ul style="list-style-type: none"> <li>Employers would be required to "do their fair share to contribute to a healthy and covered work force."</li> <li>Contributions to coverage by employers would be relative to the size of the business.</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
8) <u>How would the plan impact insurers?</u>  Requirements for insurers:	<ul style="list-style-type: none"> <li>Insurers would be required to offer coverage to anyone who applies and pays the premium. The <i>guarantee issue</i> ensures no one is denied coverage due to existing or imminent illness. Insurers would be required to automatically renew policies, and would be prohibited from charging large premium differences based on demographic characteristics of consumers.</li> <li>Minimum stop-loss ratios would be required; premiums collected by insurance companies would need to be dedicated to high quality care, not excessive profits and marketing.</li> <li>Coverage of preventive services that experts agree are proven and effective would also be required.</li> </ul>	<ul style="list-style-type: none"> <li>Insurers would be required to guarantee eligibility; no one could be turned away from any insurance plan because of illness or pre-existing condition.</li> <li>Health plans would need to include proven disease management programs for chronic conditions to improve quality and lower cost.</li> <li>Insurers would be required to disclose the percentage of premiums that actually goes to patient care versus administrative expenses.</li> </ul>	<ul style="list-style-type: none"> <li>Insurers would be required to keep plans open to everyone and charge fair premiums, regardless of pre-existing condition, medical history, age, job, etc. (guarantee issue).</li> <li>New national standards would ensure that policies offer preventive and chronic care coverage with minimal cost-sharing.</li> </ul>	<ul style="list-style-type: none"> <li>Insurance companies would be required to end unfair coverage denials due to pre-existing conditions.</li> <li>The tax shelter for high-risk plans would be eliminated.</li> <li>Insurance companies would be required to standardize forms and spend at least 85% of revenues on direct health care and not administration.</li> <li>Health plans would be required to cover a standard set of proven preventive services.</li> </ul>
9) <u>How would health care reform be financed?</u>  What is the cost of reform and how would it be financed (dollar values)?	The Plan proposes that efficiency reforms would account for \$56 billion in federal saving; another \$54 billion to be saved by redirecting tax cuts from top income brackets to health insurance tax credits for lower tax bracket working families. Income tax rate cuts and exemption increases for households making over \$250,000 would be discontinued; the tax exclusion of employer contributions to health coverage for households over \$250,000 would be capped.	The Plan suggests that the typical family would save up to \$2,500 per year through efficiencies and quality reform strategies. A projected savings of \$77 billion per year from electronic health information technology investment and \$30 billion per year savings achieved by allowing direct negotiation between Medicare and drug companies are proposed.	Dollar values not specifically addressed; The Plan sites the Commonwealth Fund Commission on a High Performance Health System, stating, "Better, more consistent performance could save \$50 billion to \$100 billion a year."	The Plan estimates the cost of quality, affordable health coverage at up to \$110 billion per year. Comparable savings are proposed through administrative reforms and investment in prevention, including: Investment in health information technology (savings = \$22 billion/year); Negotiating prescription drug prices through Medicare and allowing seniors to purchase prescriptions directly through Medicare (savings = \$34 billion/year); Eliminating the tax shelter for high-risk plans (savings = \$3 billion/year);

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	Savings associated with these reforms would be reinvested to strengthen and modernize the health care system.			Paying for up-front coverage to avoid emergency care later (savings = \$9 billion/year); Promoting coordination of care and disease management (savings = \$38 billion/year); and Increasing the use of generic drugs (savings = \$5 billion/year).

**10) How would health care spending be lowered and quality improved?**

**Mechanisms for lowering overall health care spending and improving quality**

Information has been categorized into the headings listed below:

<b>Insurance Efficiencies / Changes:</b>	<ul style="list-style-type: none"> <li>• Phasing-out excessive Medicare overpayments to HMOs and other managed care plans</li> <li>• Dedicating savings from unnecessary Medicare and Medicaid Disproportionate Share Hospital (DSH) payments (given universal coverage) to new investments in the safety net</li> </ul>	<ul style="list-style-type: none"> <li>• Eliminating excessive, unnecessary subsidies to Medicare Advantage plans, bringing them in line with regular Medicare</li> <li>• Increasing insurance industry competition and reducing underwriting costs, profits, and overhead</li> <li>• Requiring insurers to pay out a reasonable share of premiums for patient care instead of keeping exorbitant amounts for profits and administration</li> <li>• Providing reinsurance for catastrophic coverage to reduce insurance premiums</li> <li>• Strengthening of anti-trust laws to prevent insurers from overcharging physicians for malpractice insurance</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Care Markets would be able to hold down administrative costs by reducing the need for underwriting and market activities.</li> <li>• Low premiums could be negotiated through economies of scale.</li> </ul>	<p>The following are in addition to #9, above:</p> <ul style="list-style-type: none"> <li>• Placing cost controls on insurance companies</li> <li>• Requiring standard forms for providers and insurance companies</li> <li>• Simplifying reporting requirements for physicians and hospitals</li> <li>• Limiting overpayment to private Medicare Advantage Plans</li> </ul>
<b>Pharmaceutical Efficiencies/Reforms:</b>	<ul style="list-style-type: none"> <li>• Competition and market access to generic drugs</li> <li>• Medicare negotiation</li> <li>• Reimportation</li> <li>• Increasing Medicaid rebates</li> <li>• E-prescribing technology</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing the use of generic drugs and prohibiting drug companies from keeping generics out of the market</li> <li>• Repealing the ban on Medicare direct negotiation with drug companies</li> <li>• Allowing drug reimportation</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing protections against medication dangers by restricting direct drug advertisements to consumers</li> <li>• Strengthening of the FDA's ability to monitor drugs once in the</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiating prescription drug prices through Medicare and allowing seniors to purchase prescriptions directly through Medicare</li> <li>• Increasing the use of generic drugs</li> </ul>

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		if drugs are safe and prices are lower than in the US	<ul style="list-style-type: none"> <li>marketplace</li> <li>Assurances that drug and medical device research is independent</li> </ul>	
<b>Modernization through Information Technology:</b>	<ul style="list-style-type: none"> <li>Modernization through widespread adoption of health information technology</li> <li>Doctors would receive financial incentives for adoption of health information technology systems.</li> </ul>	Investment in electronic health information technology systems would reduce errors and inefficiencies associated with paper systems.	<ul style="list-style-type: none"> <li>Adoption of electronic medical records to reduce errors and administrative waste</li> <li>Other health information technology advancements would include automated medication dispensers, electronic consultation/communication/support groups, computerized physician order entry, patient reminder systems, and hospital staff handheld devices.</li> </ul>	Investment in health information technology would increase quality and lower cost.
<b>Prevention, Service Coordination, Public Health:</b>	<ul style="list-style-type: none"> <li>Investment in evidence-based preventive services to reduce chronic diseases (e.g., heart disease, stroke, diabetes, etc.)</li> <li>Promotion of coordinated chronic care management programs and innovative models (e.g., medical homes)</li> <li>Public/private coordination and pooling of public funding sources as a means of increasing prevention activities and ensuring prevention is pushed into schools, workplaces, supermarkets and communities</li> </ul>	<ul style="list-style-type: none"> <li>Investment in care management programs, team care, and implementation of medical home type models that improve coordination and integration of care for chronic conditions</li> <li>Promotion of shared responsibility among individuals, families, school systems, employers, the medical and public health workforce and all levels of government <ul style="list-style-type: none"> <li>Employers and schools would offer onsite health promotion/wellness programs, preventive services, and nutritional and exercise opportunities.</li> <li>The health care and public health workforces would be supported through loans, grants, training and infrastructure</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Offering lower premiums to individuals who schedule free physicals and enroll in healthy living programs</li> <li>Supporting community efforts (e.g., street safety, walking and biking trails, well-equipped parks and physical education for children)</li> <li>Regular monitoring of chronic care patient health to reduce emergency room visits</li> </ul>	<ul style="list-style-type: none"> <li>Supporting efforts to prevent and manage chronic diseases</li> <li>Instituting a nationwide ban on smoking in workplaces</li> <li>Preparing for natural and man-made disasters</li> <li>Promoting coordination of care and disease management</li> <li>Providing incentives to businesses to invest in employee health</li> </ul>

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		<p>improvements.</p> <ul style="list-style-type: none"> <li>▪ All levels of government would collaborate, in order to develop and implement a national strategy for public health.</li> </ul>		
<b>Personal Responsibility:</b>	Providing incentives for patient and provider participation in care coordination including drug management, diet and exercise counseling, lifestyle management (includes promotion of patient responsibility for self-management)	Individuals and families would be expected to take personal responsibility for healthy behaviors; government would be expected to promote healthy environments and community-based preventive interventions.	Providing lower premiums for individuals who schedule free physicals and enroll in healthy living programs	Promoting individual responsibility for health and disease prevention
<b>Research Promotion:</b>	<ul style="list-style-type: none"> <li>• Promotion of research and a Best Practices Institute achieved through federal government and private sector partnerships</li> <li>• The Institute would fund research on what treatments work best and disseminate that information to patients and doctors to increase quality and cost-effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of an independent institute to guide reviews and research on comparative effectiveness of drugs, devices, procedures, etc.</li> <li>• People and their doctors would have accurate and objective information upon which to make decisions.</li> </ul>	Establishment of a non-profit or public organization, possibly within the Institutes of Medicine, to research the best methods of providing care	Promotion of evidence-based care and comparative effectiveness research
<b>Quality Assurance/Transparency:</b>	Promotion of physician medical error disclosure and liability protections (consistent with the National error Disclosure and Compensation [MEDiC] Act) to improve patient trust and satisfaction, and reduce malpractice suits, administrative, and legal costs	<ul style="list-style-type: none"> <li>• Collection and public reporting by hospitals and providers on standard measures of health care cost and quality, including data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, disparities in care, costs, and health information technology advancements</li> <li>• Alignment of incentives with quality, not volume: Providers would be rewarded for achieving</li> </ul>	<ul style="list-style-type: none"> <li>• Development of partnerships among academic medical centers, Medicare, and other federal agencies to ensure high-quality medicine is practiced everywhere</li> <li>• Preventing medical errors and incentivising quality care by paying higher rates to providers who provide the best care, lowering premiums for high-quality plans, and penalizing plans that fail</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting transparency on price and quality of health care</li> <li>• Restructuring federal incentives to reward high-quality care provided by hospitals and physicians</li> <li>• Improving patient safety by expanding provider safety training programs and requiring facilities to report preventable errors</li> <li>• Ensuring an adequate health care workforce through training, scholarships and loan</li> </ul>

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		<p>performance thresholds on physician-validated outcome measures.</p> <ul style="list-style-type: none"> <li>• Promotion of new models to address physician errors that improve patient safety, strengthen the doctor-patient relationship and reduce the need for malpractice suits</li> <li>• Addressing disparities in health care access and quality by: <ul style="list-style-type: none"> <li>▪ Promoting prevention and public health</li> <li>▪ Requiring health care quality data for disparity populations, and holding providers/plans accountable for any differences</li> <li>▪ Diversifying the workforce</li> <li>▪ Implementing and funding evidenced-based interventions</li> <li>▪ Expanding capacity of safety-net institutions</li> </ul> </li> </ul>	<p>to meet easily obtainable benchmarks</p> <ul style="list-style-type: none"> <li>• Creation of a “Consumer Reports” for health care, which would function as a report card to help people evaluate hospitals’ effectiveness and drive providers to offer better services at lower costs</li> <li>• Addressing health disparities, through support to medical research into disparities, reduction in pollutions and toxins, support to translation, and increasing health care access and insurance</li> </ul>	<p>programs</p> <ul style="list-style-type: none"> <li>• Reducing health disparities</li> </ul>

ISSUE:	Hillary Clinton	Barack Obama	John Edwards	Bill Richardson
<b>MENTAL HEALTH / SUBSTANCE USE PERSPECTIVES</b>				
<i>How has the presidential candidate addressed mental health and substance use issues?</i>				
Guided by the Whole Health Campaign Principles, what are the candidates' perspectives on insurance parity, recovery, and investment in behavioral health?				
<p>Senators Clinton, Edwards and Obama responded to a survey, "Bringing Mental Healthcare to the Ballot: Questionnaire for 2008 Presidential Candidates," developed by the National Alliance on Mental Illness (NAMI). Governor Richardson drafted a plan specific to behavioral health issues, "A Commitment to Affordable, Quality Behavioral Health Care for All Americans." The summaries presented in the matrix below are based primarily on these sources of information. References for these sources of information are provided in the introductory section of these materials.</p>				
<b>How does the candidate address Whole Health Campaign Principle 1?</b> <p>Principle 1: Ensure equitable and adequate mental health and addiction treatment coverage in all public and private health care plans</p> <p>Information has been categorized into the headings listed below:</p>				
Mental health and substance use coverage addressed in the candidate's health care plan:	<ul style="list-style-type: none"> <li>Coverage would include mental health parity, consistent with typical, existing FEHBP private insurance options.</li> <li>People would have the same plan options as members of Congress, "most of which cover mental health care and many of which cover substance abuse treatment".</li> <li>The American Health Choices Plan would cover prevention, including early detection and treatment of mental illness.</li> <li>Insurers would be prohibited from discriminating against people on the basis of pre-existing conditions, including mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>The Plan for a Healthy America would provide comprehensive coverage that includes mental health care.</li> <li>People would have affordable, comprehensive and portable health coverage for all essential medical services, including mental health care.</li> <li>No one would be turned away due to a pre-existing condition such as mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>"All plans [provided through the Health Care Markets] would include comprehensive benefits, including full mental health benefits."</li> <li>Under the Universal Health Care Through Shared Responsibility Plan, "there will be full mental health parity". Substance abuse treatment would also be fully covered under the health care plan.</li> <li>The guarantee issue, reflected in the plan, would keep coverage open to everyone regardless of pre-existing condition.</li> </ul>	<ul style="list-style-type: none"> <li>Through the American Choices Plan, affordable health care coverage would include behavioral health care.</li> <li>Unfair coverage denials, including pre-existing mental illness would be prohibited.</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
<b>Candidate's behavioral health parity accomplishments:</b>	<ul style="list-style-type: none"> <li>Senator Clinton reports that she has supported mental health parity since the 1990's when mental health parity was provided to federal employees during the Clinton Administration.</li> <li>Recently co-sponsored the Mental Health Parity Act of 2007: This bill would prohibit employers and health plans from imposing time and financial limitations on coverage for mental illness.</li> <li>Sponsored the Help Expand Access to Recovery and Treatment Act which would provide equitable access to substance abuse treatment services</li> </ul>	<ul style="list-style-type: none"> <li>In Illinois, Senator Obama passed the state's mental parity law.</li> <li>In the Senate, co-sponsored the Mental Health Parity Act of 2007</li> <li>Supported the bipartisan Paul Wellstone Mental Health and Additional Equity Act of 2007</li> <li>Believes treatment and financial coverage limitations on mental health and substance-related disorder services should be prohibited</li> <li>Supports ending discrimination against people suffering from mental illness and addiction</li> </ul>	<ul style="list-style-type: none"> <li>Senator Edwards co-sponsored the Wellstone Mental Health Equitable Treatment Act.</li> <li>Would work to ensure insurance companies provide the same level of coverage for mental and physical illnesses</li> </ul>	Governor Richardson made behavioral health care a focus of his state administration.
<b>Parity and reforms in federal programs:</b>	<ul style="list-style-type: none"> <li>Believes Medicare's restrictive lifetime limit on inpatient psychiatric care should be repealed and true parity should be provided in the Medicare program</li> <li>Believes in true parity in Medicare, Medicaid and other plans with respect to prescribed mental health medications, and fair access to Medicare Part D prescriptions</li> <li>Supports Medicaid coverage of mental health services; supported a moratorium on the current Administration's proposal to cut Medicaid and rehabilitative services in the recent SCHIP reauthorization legislation</li> </ul>	<ul style="list-style-type: none"> <li>Believes there should be parity for mental health coverage in all federal health programs, and that people with disabilities or mental illness should receive Medicaid and Medicare benefits efficiently and at low cost</li> <li>Worked to urge the Department of Health and Human Services to provide clear and reliable information on the Medicare drug benefit</li> <li>Would work to protect consumers from fraudulent claims by marketers and drug plan agents</li> <li>Would support efforts to improve coordination between Medicaid and Medicare for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Supports mental health parity in all comprehensive health insurance programs, including Medicare and Medicaid</li> <li>Believes that there should be access to mental health medications in government programs (e.g., Medicare, Medicaid and other federal programs)</li> <li>Will work to lower Medicaid drug costs through re-importation, allowing Medicare to negotiate drug costs with drug makers for Medicare Part D, and allowing Medicare beneficiaries to obtain drugs through traditional Medicare rather</li> </ul>	<ul style="list-style-type: none"> <li>As president, would ensure that all health plans, including Medicare, Medicaid, and SCHIP provide equal coverage for mental health, substance use disorders, and physical health plan benefits, including prescriptions</li> <li>Would reduce bureaucratic obstacles to obtaining needed prescriptions for those dually eligible for Medicare and Medicaid</li> <li>Supports full mental health parity in the State Children's Health Insurance Program (SCHIP)</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
	<ul style="list-style-type: none"> <li>Opposes current federal Medicaid policy that prohibits coverage for services delivered in institutions for mental disease</li> <li>Co-sponsored the Children's Mental Health Parity Act which would require private sector SCHIP plans to cover treatment for mental illness at the same level as other illnesses</li> </ul>	<ul style="list-style-type: none"> <li>with disabilities</li> <li>Supports Medicare Part D guidance and other special protections for mental health medication coverage</li> <li>Believes Medicare policies should provide effective mental health services for people who live with mental illness</li> <li>Would support changes to Medicaid policy to allow reimbursements for inpatient care and treatment in facilities that focus on mental health services</li> <li>Supports mental health coverage in the SCHIP program; is concerned with ensuring coverage for children in particular</li> </ul>	<ul style="list-style-type: none"> <li>than through a private company</li> <li>Would support repealing the Medicaid policy that excludes coverage for adults ages 22-64 in Institutions for Mental Disease; believes this policy is a barrier to treatment and quality of care</li> <li>Supports full mental health parity in the State Children's Health Insurance Program (SCHIP)</li> </ul>	
<b>Veteran Benefits:</b>	<ul style="list-style-type: none"> <li>Introduced Heroes at Home legislation and secured funding for veterans, those on active duty and reservists to help with transitioning from military duty, mental health assessments (including PTSD), expansion of telehealth, and family caretaker education for brain and psychological injuries</li> <li>Co-sponsored the Healing the Invisible Wounds Act of 2006 to protect PTSD compensation, enhance counseling services for returning military, and provide Vet Center funding</li> </ul>	<ul style="list-style-type: none"> <li>Would work to improve mental health care at every stage of military service – recruitment, deployment, and re-entry into civilian life</li> <li>Would increase mental health professionals, improve screenings for military duty, and ensure that health conditions found initially will not lead to denial of coverage benefits later on</li> <li>Would place more mental health professionals with troops and reduce stigma by enhancing training and providing counseling to support family members</li> <li>Would require post-deployment mental health screenings, increase the VA budget for mental health professionals, make PTSD benefits fairer and</li> </ul>	<ul style="list-style-type: none"> <li>As president, would increase capacity within the Department of Defense for recognizing and treating Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)</li> <li>Would increase training for health professionals, increase counseling resources within TRICARE and VA networks, permit access outside of networks, ensure outreach to families, and increase research on treatment of PTSD and TBI</li> <li>Would require service members to be provided with a Homefront Redeployment Plan that includes PTSD screening, benefits information and</li> </ul>	<ul style="list-style-type: none"> <li>As Governor, created a partnership among the state, the federal VA system, and private behavioral health care providers to provide PTSD screenings, early intervention, and treatment services, regardless of ability to pay or involvement in other coverage plans</li> <li>Granted administrative leave to state employees with military family, and extended military leave 15 days for every soldier deployed</li> <li>As president, would offer every veteran a Heroes Health Card which would allow them their choice of care (including behavioral health care) in the community when they</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
		<p>more accurate, expand Vet Centers in rural areas, and provide states resources for better follow-up for returning guard units</p> <ul style="list-style-type: none"> <li>• Co-sponsored legislation to improve care for traumatic brain injuries (TBI); would establish standards of care for TBI</li> <li>• Would fully fund the VA</li> </ul>	<p>transfer of medical records</p> <ul style="list-style-type: none"> <li>• Would create a national chain of care to ensure veterans can access coordinated care both within and outside the VA network</li> </ul>	<p>can't access the VA</p> <ul style="list-style-type: none"> <li>• Would provide all coverage options under the American Choices Plan to veterans</li> <li>• Would increase funding for programs like Access to Recovery which provide behavioral health care and supports to veterans, families and others</li> <li>• Would guarantee full funding for the VA, and ensure that VA medical funding keeps pace with inflation</li> <li>• Would require federal collection and reporting of accurate statistics on veteran suicides, screening for suicide risk factors, and tracking of at-risk veterans</li> <li>• Supports the recommendations of the Dole-Shalala Commission to prevent and treat PTSD and TBI; assumes these conditions are service-connected</li> <li>• Would increase mental health specialists and clinicians, reduce stigma, and fund crisis hotlines</li> <li>• Supports the Wounded Warriors Act that addresses the disconnect between the DOD and national and state VA systems</li> <li>• Would offer a comprehensive disabilities insurance policy that would offset the financial consequences of family members caring for wounded veterans</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
<b>How does the candidate address Whole Health Campaign Principle 2?</b>				
Principle 2: Support policies that promote both individual and family recovery from mental illnesses and addictions as integral to overall health				
<i>Information has been categorized into the headings listed below:</i>				
<b>Primary care coordination:</b>	<ul style="list-style-type: none"> <li>Believes in an integrated approach to health care reform</li> <li>In 2006, supported Positive Aging Act provisions to assist seniors with mental health care needs in home and community-based settings</li> <li>Introduced the Positive Aging Act of 2007 to make mental health services for older adults an integral part of primary care services, available in community settings (The Positive Aging Act would allow SAMHSA to establish demonstration grants to integrate mental health in primary care settings.)</li> </ul>	<p>Believes in medical home type models for disease management, coordination, and integration of care; applies this rationale to mental health and primary care integration</p>	<ul style="list-style-type: none"> <li>Supports the integration of mental health and primary care through the “advanced medical home” concept</li> <li>Under Medicare, would develop new payment systems to ensure beneficiaries have a medical home with “a doctor who knows them and coordinates their care”</li> </ul>	<ul style="list-style-type: none"> <li>Supports integrated (primary care and mental health provider) health care teams, and home and community-based programs that provide integrated/coordinated care for individuals with behavioral health care needs</li> <li>Discusses (in NAMI survey response) the impact of mental illness on ability to prevent and manage chronic diseases, as well as how chronic diseases can contribute to mental illness, such as depression</li> <li>Consistent with Behavioral Health Collaborative efforts made as Governor in New Mexico – as president, would charge the Secretary of Health and Human Services with improving coordination of prevention and treatment processes for mental illness and substance use disorders</li> </ul>
<b>Cultural Competency:</b>	<ul style="list-style-type: none"> <li>Discusses (in NAMI survey response) racial, ethnic, socioeconomic and gender disparities with respect to access and quality of care</li> <li>Would address disparities</li> </ul>	<ul style="list-style-type: none"> <li>Supports adoption of the Cultural and Linguistically Appropriate Services (CLAS) standards; believes more work should be done with respect to cultural competence standards for</li> </ul>	<ul style="list-style-type: none"> <li>Discusses (in NAMI survey response) the importance of cultural and linguistic competence in mental health, with respect to assessment and treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Supports cultural competence requirements and training for health professionals, as well as additional research and funding for evidence-based, culturally-tailored</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
	through research, increasing provider knowledge, and workforce incentives and development	<ul style="list-style-type: none"> <li>• mental health care</li> <li>• Supports the recruitment and training of mental health professionals to increase workforce diversity and serve rural areas</li> <li>• Discusses (in NAMI survey response) disparities in access, quality, prevention and public health; would expand the capacity of safety-net institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Supports incorporating cultural competence standards in requirements for federal mental health funding</li> </ul>	<pre>preventive and treatment services • Would increase medical homes (coordinated care) for diverse populations to reduce health disparities</pre>
<b>Consumer education and school-based services:</b>	Supports full federal funding of the Individuals with Disabilities Education Act (IDEA), as well as enhancing the special education workforce	Supports full funding of the Individuals with Disabilities Act (IDEA) and passing legislation to fund school-based mental health services	Supports increased funding of the Individuals with Disabilities Act (IDEA); opposes associated recent proposed cuts by the current Administration	<ul style="list-style-type: none"> <li>• Supports full funding of the Individuals with Disabilities Act (IDEA) to ensure mental health and special education services for children</li> <li>• Supports school-based health centers, and college and university programs that address student mental health issues and crises</li> <li>• Supports the Mental Health in Schools Act that focuses on training school personnel to recognize early signs of mental illness and substance use disorders, and on providing community mental health services coordination</li> </ul>
<b>Housing:</b>	Discusses (in NAMI survey response) supportive housing as key to empowering people with mental illness	<ul style="list-style-type: none"> <li>• Supports increasing housing opportunities for people with serious mental illness</li> <li>• As president, would create an Affordable Housing Trust Fund to develop housing for lower-income individuals in mixed-income neighborhoods</li> <li>• Would ensure adequate funding to fully investigate</li> </ul>	<ul style="list-style-type: none"> <li>• Believes that securing the rights of people with serious mental illnesses to live independently (and to receive the services and supports they need) is essential to guaranteeing equal opportunity</li> <li>• Proposed a Living with Dignity initiative to reform Medicaid and Medicare to enable people to choose</li> </ul>	Would invest in cost-effective housing programs, including increasing the number of housing units available to people with mental illness

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
		housing discrimination claims from individuals with disabilities	<ul style="list-style-type: none"> <li>home-based care</li> <li>Would create one million new Section 8 affordable housing vouchers, thousands of which would be available to people with serious mental illness</li> </ul>	
<b>Vocational services and consumer employment:</b>	<ul style="list-style-type: none"> <li>Supports the Vocational Rehabilitation Program to assist individuals with disabilities to achieve meaningful employment opportunities</li> <li>Supports the Work Incentives Improvement Act/Ticket to Work legislation which makes it possible for individuals with disabilities to keep their Medicaid coverage when they go back to work</li> <li>Has developed strategies for improving employment opportunities for individuals with disabilities</li> <li>Goals are to hire more people with disabilities, enact tax credits, and reduce disincentives to work that currently exist in federal programs (e.g., SSI, SSDI, Medicaid, SCHIP)</li> </ul>	<ul style="list-style-type: none"> <li>Would fund and better enforce the Americans with Disabilities Act and strengthen other legislation to ensure individuals with disabilities or mental illness have equal opportunity to participate in the workplace</li> <li>Would promote widespread understanding and compliance with the Rehabilitation Act throughout the federal government</li> <li>Through the Plan for a Healthy America, would ensure health care coverage for people with disabilities who return to work</li> </ul>	<ul style="list-style-type: none"> <li>Believes the federal government should lead the way to full inclusion of qualified individuals with disabilities (including serious mental illness) in the workplace</li> <li>Would actively recruit people with disabilities and support telecommuting/flexible work schedules, combat attitudes that are barriers to businesses employing people with disabilities, and create stepping stone jobs for transitioning to permanent work</li> <li>Through the universal health care plan, coverage would be maintained for people with disabilities who return to work</li> </ul>	Would invest in cost-effective employment programs
<b>Criminal justice system diversion:</b>	<ul style="list-style-type: none"> <li>Would support expansion of best practices (adult and youth) criminal justice system diversion programs for people with mental illness</li> <li>Through the American Health Choices Plan, would address post incarceration access to mental health care</li> </ul>	<ul style="list-style-type: none"> <li>Supports "smart and effective crime policy that ensures that individuals with mental illnesses receive the treatment they need...includes young people involved with our juvenile justice system"</li> <li>Would support efforts to ensure that SSDI/SSI and Medicaid benefits are provided to people with mental illness upon release</li> </ul>	<ul style="list-style-type: none"> <li>Supports alternatives to incarceration, including drug courts for non-violent offenders with mental illness</li> <li>Supports the goals of the Second Chance for Ex-Offenders Act, and establishment of a National Adult and Juvenile Offender Reentry Resource Center to assist community groups with</li> </ul>	Would support cost-effective programs such as mental health courts and drug courts to save taxpayer dollars and help more individuals with mental illness and addiction problems obtain services in jail diversion, community-based programs

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
		from jail	<ul style="list-style-type: none"> <li>• ex-offender reentry programs</li> <li>• Supports access to SSI/SSDI, Medicaid and other federal benefits for people with mental illness who are released from jail/prison; sees denial of benefits as a barrier to progress</li> </ul>	
<b>Keeping families together:</b>	Co-sponsored the Keeping Families Together Act to end the practice of parents giving legal custody of their seriously emotionally disturbed children to State agencies for the purpose of obtaining mental health services for them	Supports the Keeping Families Together legislation; believes it is “bad policy” to have parents relinquish custody of their child in order for the child to receive mental health services	Supports passage of the Keeping Families Together bill; believes we should work to ensure that families have the resources they need to care for a child with mental illness	Supports the Keeping Families Together legislation that focuses on increasing home and community-based services for children with mental illness, promoting coordinated care, and providing state incentives for these services
<b>Seclusion and restraint reform:</b>	Discusses (in NAMI survey response) the humane and safety issues related to use of seclusion and restraints	Would evaluate appropriate use, if any, of seclusion and restraints, and the development of effective and humane alternatives	Supports guidelines for seclusion and restraint that promote compassionate treatment of all patients	Not specifically addressed
<b>Other:</b>	None specified	None specified	<ul style="list-style-type: none"> <li>• Supports strengthening the mental health workforce and rural health resources</li> <li>• Would establish a nationwide network of safety net clinics and public hospitals including mental health treatment facilities</li> <li>• Would support investments in telemedicine</li> </ul>	<ul style="list-style-type: none"> <li>• Would ensure that federal Medicaid dollars could be used for evidence-based and emerging practices for recovery and for preventing negative consequences of untreated/under-treated mental illness</li> <li>• Would address the mental health impact of trauma</li> <li>• Would work to reduce stigma associated with mental illness and substance use disorders</li> <li>• Supports peer-to-peer services for individuals with mental illness and substance use disorders</li> </ul>

<b>ISSUE:</b>	<b>Hillary Clinton</b>	<b>Barack Obama</b>	<b>John Edwards</b>	<b>Bill Richardson</b>
<b>How does the candidate address Whole Health Campaign Principle 3?</b>				
Principle 3: Commit to investing in America's future through prevention, early intervention, and research on mental illnesses and addictions				
<i>Information has been categorized into the headings listed below:</i>				
<b>Suicide Prevention:</b>	Co-sponsored the Garrett Lee Smith Memorial Act of 2004 and the more recent Reauthorization Act to address youth suicide	Supports greater funding for the Garrett Lee Smith Memorial Act and other initiatives that would prevent suicide across all populations	Supports increased federal investment in preventing suicide	Would increase funding for the Garrett Lee Smith Memorial Act to help avert suicides among youth and young adults
<b>Federal Block Grants:</b>	Supports continuation of the Mental Health Services Block Grant that supports states' efforts to provide community-based mental health services	Would support expanding resources to the Community Mental Health Services Block Grant, as well as other programs for mental health	Would support new investments in the Mental Health Services Block Grant; sees programs funded under the block grant as part of the safety net for those with serious mental illness	Would invest additional resources in the Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant programs
<b>NIMH and other funding:</b>	As president, would increase (double) the NIH budget, including NIMH	Supports greater investment in NIMH	Would support "substantial" increases in funding for NIH (of which NIMH is a part)	<ul style="list-style-type: none"> <li>• Would increase funding for mental health and substance use disorders research through NIMH, the National Institute on Drug Abuse (NIDA), SAMHSA and related agencies</li> <li>• Would ensure the FDA has necessary resources to ensure safety and efficacy of new drugs</li> <li>• Would ensure research funds are used to promote recovery and reintegration, improve prevention and treatment of co-occurring disorders, and promote dissemination of evidenced-based treatments</li> <li>• Would increase support for Autism Disorders</li> </ul>



## 2008 REPUBLICAN PRESIDENTIAL CANDIDATES' HEALTH REFORM PROPOSALS AND MENTAL HEALTH / SUBSTANCE USE PERSPECTIVES: SUMMARY OF KEY ISSUES

ISSUE:	John McCain	Mike Huckabee	Mitt Romney	Rudy Giuliani
<b>HEALTH REFORM PROPOSALS / PLANS</b>				
1) <i>In general, how would the plan address health reform goals?</i>	<p><b>Rationale/goals of the health care proposal:</b></p> <ul style="list-style-type: none"><li>The plan emphasizes that access to health care must be provided to all citizens, that insurance reforms fostering competition and innovation will increase the variety and affordability of insurance coverage, and that personal responsibility is critical for illness prevention and treatment adherence.</li><li>The plan's goal is to address the "rapidly rising cost of US health care." Emphasis is on bringing costs under control to promote affordable health insurance, preservation of Medicare and Medicaid programs, protection of private health benefits for retirees, and effective international competition for American companies.</li></ul>	<ul style="list-style-type: none"><li>The plan focuses on preventive health care, private sector, market-based approaches to cost reduction, the role of states as "laboratories" for new approaches, and consumer-based control over health care options.</li><li>The plan asserts that the broken health care system is in part due to a focus on health care and not "health generally."</li><li>The plan opposes federal mandates and additional taxes to bring about universal health care.</li></ul>	<ul style="list-style-type: none"><li>The plan proposes to address inflationary health care costs, affordability, loss of coverage, and the cost of uninsured individuals being placed on those with insurance.</li><li>The plan opposes a government-run, regulated health care system, in favor of individual health care decision-making based on the free market that "promotes creativity, innovation and consumer choice."</li></ul>	The plan proposes a health care reform strategy, focused on increased quality, affordability and portability, achieved through competitive free market solutions and tax cuts, as well as empowerment of consumers and doctors.
2) <i>When was the plan published?</i>				
<b>Date plan published:</b>	10/11/2007	4/24/2007	8/24/2007	7/30/2007
3) <i>Who would be covered?</i>	<p><b>Is health care coverage a mandate?</b></p> <ul style="list-style-type: none"><li>Access to health care would be provided for all citizens, including those temporarily or chronically without insurance, and those living in rural or inner city areas where services are limited.</li><li>There is no mandate for health care coverage.</li></ul>	The plan opposes a federal mandate for health care coverage.	The plan has no mandate for health care coverage.	The plan opposes a mandate for health care coverage; asserts that state mandates limit coverage options and increase costs.

<b>ISSUE:</b>	<b>John McCain</b>	<b>Mike Huckabee</b>	<b>Mitt Romney</b>	<b>Rudy Giuliani</b>
<b>4) <u>What would be offered?</u></b>  <b>Health plan options/ impact on public programs:</b>	<ul style="list-style-type: none"> <li>Individuals would be able to get insurance through any organization or association, e.g., employers, individual purchases, churches, professional associations, etc.</li> <li>Insurance policies would be available to small business and the self-employed.</li> <li>Coverage would be portable across jobs and bridge the time between retirement and Medicare eligibility.</li> <li>Medicare and Medicaid would be preserved.</li> </ul>	<ul style="list-style-type: none"> <li>The plan states that “Americans will have more control of their health care options, not less.”</li> <li>People would be able to buy private insurance, and costs and access issues would be addressed through market-based processes.</li> <li>The plan opposes the employer-based insurance system.</li> </ul>	<ul style="list-style-type: none"> <li>The plan would allow the purchase of private insurance and opposes government-managed health care.</li> <li>The plan would expand and deregulate private coverage; would use the free market-based system to get “all of our citizens in the system.”</li> </ul>	<ul style="list-style-type: none"> <li>The plan proposes an expansion of private insurance choices outside of employer-based coverage by reforming the tax code to benefit those without access to employer health plans; could lead to a shift for those with employer-based coverage to individual insurance.</li> <li>Employer contributions to coverage and Medicaid would be maintained.</li> </ul>
<b>5) <u>Where would coverage be offered?</u></b>  <b>Regional and state issues/impacts:</b>	<p>States would be given flexibility and encouraged to experiment with the following:</p> <ul style="list-style-type: none"> <li>Alternative forms of access</li> <li>Risk-adjusted payments per episode covered under Medicaid</li> <li>Use of private insurance in Medicaid</li> <li>Alternative insurance policies and insurance providers</li> <li>Different licensing schemes for medical providers</li> </ul>	<p>States would be encouraged to act as “laboratories for new market-based approaches.”</p>	<p>States would be encouraged to eliminate insurance regulations, and would be given flexibility to spend Medicaid dollars in ways they find most efficient and effective.</p>	<ul style="list-style-type: none"> <li>States would be encouraged/ rewarded for making health insurance more affordable and for improving quality.</li> <li>Federal block grants would be offered to states to encourage innovation, reduction in health costs, enrollment of those who are eligible, but uninsured, and resolution of adverse selection issues.</li> <li>Citizens would be allowed to purchase coverage through interstate markets.</li> <li>Medicaid payments would be tied to states' successes in promoting preventive care and tracking obesity in children.</li> </ul>

<b>ISSUE:</b>	<b>John McCain</b>	<b>Mike Huckabee</b>	<b>Mitt Romney</b>	<b>Rudy Giuliani</b>
<p>6) <b><u>How would consumers afford/access coverage?</u></b></p> <p><b>Mechanisms for making health coverage affordable/accessible for consumers:</b></p>	<ul style="list-style-type: none"> <li>The federal tax code would be reformed to eliminate bias toward employer-sponsored health insurance. Individuals would receive a \$2,500 tax credit; families would receive \$5,000.</li> <li>Health savings accounts would be expanded, and people who have innovative multi-year policies that cost less than full credit could deposit the balance into these accounts.</li> <li>The plan emphasizes that families should be in charge of their health care dollars, and have more control over their care. Patients would be the center of care and have a larger role in prevention/services; more decisions and responsibility would be in their hands.</li> <li>To maximize choices and increase competition among insurance plans, families would be able to purchase health insurance nationwide and across state lines. Business competition is proposed to eliminate excess overhead and administrative costs from the system.</li> <li>States receiving Medicaid would be required to develop a financial "risk adjustment" bonus for high-cost and low-income families to supplement tax credits and Medicaid funds.</li> <li>Veterans would be able to use their VA dollars for any provider that gives them timely and high quality care in an accessible location.</li> </ul>	<ul style="list-style-type: none"> <li>Health savings accounts would be expanded to everyone, not just those with high deductibles.</li> <li>Health insurance would be tax deductible for individuals and families as it now is for businesses.</li> <li>Low income families would get tax credits instead of tax deductions.</li> </ul>	<ul style="list-style-type: none"> <li>Federal and state subsidies that currently support those who are uninsured with high-cost care (e.g., emergency rooms) would be redirected to health coverage subsidies for low-income, uninsured families.</li> <li>All health care expenses would be tax deductible (including qualified medical expenses and coverage premiums).</li> <li>The minimum deductible requirement associated with health savings accounts would be eliminated.</li> </ul>	<ul style="list-style-type: none"> <li>An income exclusion of up to \$15,000 for those without employer coverage is proposed to make insurance more affordable.</li> <li>"Health Insurance Credit" for low-income individuals could be combined with other revenue sources such as Medicaid and employer contributions to make coverage more affordable.</li> <li>Consumers would be able to buy affordable insurance through interstate markets; the plan asserts that a state coverage mandate could make state-specific coverage unaffordable.</li> <li>Rules and regulations for health savings accounts would be simplified in order to expand their access and maximize health care value relative to consumer health care needs.</li> </ul>

<b>ISSUE:</b>	<b>John McCain</b>	<b>Mike Huckabee</b>	<b>Mitt Romney</b>	<b>Rudy Giuliani</b>
7) <u>How would the plan impact employers?</u>  Impacts and requirements for employers:	<ul style="list-style-type: none"> <li>The tax code would be reformed to eliminate bias toward employer-sponsored health insurance.</li> <li>Private health benefits for retirees would be protected</li> </ul>	<ul style="list-style-type: none"> <li>The plan opposes the employer-based health insurance system; asserts that wages are stagnant due to high health care coverage by employers.</li> <li>The plan describes that people are afraid to change jobs for fear of coverage loss. Proposes that under this plan, health coverage would be portable because it would be individual-based, not employer based.</li> </ul>	The tax code would be reformed to “eliminate special treatment afforded employer-provided health plans.”	The plan proposes that “Americans without employer-based insurance should have tax benefits” just as those with employment-based coverage have. Implies a resulting shift from employer-based to individual-based coverage through individual coverage income tax exclusions. Employer contributions to coverage would continue.
8) <u>How would the plan impact insurers?</u>  Requirements for insurers:	Health plans would need to meet rigorous standards and certification criteria (not specified).	Coverage would be individual-based (see #7, above).	<ul style="list-style-type: none"> <li>No specific requirements for insurers</li> <li>The plan emphasizes state de-regulation; asserts that coverage mandates, the guarantee issue, etc. are over-regulation, and negatively impact coverage affordability.</li> </ul>	<ul style="list-style-type: none"> <li>Requirements for insurers are not specified.</li> <li>The plan asserts that health insurance must be “redefined to cover wellness as well as sickness” (which may impact insurers).</li> </ul>
9) <u>How would health care reform be financed?</u>  What is the cost of reform and how would it be financed (dollar values)?	<ul style="list-style-type: none"> <li>Dollar values not specifically addressed</li> <li>The plan asserts that health coverage would be made more affordable through reforms targeting cost containment.</li> </ul>	<ul style="list-style-type: none"> <li>Dollar values not specifically addressed</li> <li>The plan suggests that the private sector should seek innovative ways to bring down costs.</li> </ul>	<ul style="list-style-type: none"> <li>Dollar values not specifically addressed</li> <li>Reports no tax increases</li> </ul>	<ul style="list-style-type: none"> <li>Dollar values not specifically addressed</li> <li>The plan proposes that cost reduction can be achieved “through tax cuts, not tax hikes.”</li> </ul>
<b>10) How would health care spending be lowered and quality improved?</b>				

#### Mechanisms for lowering overall health care spending and improving quality

Information has been categorized into the headings listed below:

<b>Insurance/provider changes and competition:</b>	<ul style="list-style-type: none"> <li>Building national markets by permitting providers to practice nationwide</li> <li>Promoting competition across the system, among providers and treatments</li> <li>Services associated with preventable medical errors or mismanagement would not be reimbursed.</li> </ul>	Supporting private sector cost-containment innovation and improvements to free-market health care	Emphasizing free market dynamics in insurance coverage	Providing incentives for insurance markets that promote wellness and better outcomes for chronic diseases
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<b>Pharmaceutical Efficiencies/Reforms:</b>	<ul style="list-style-type: none"> <li>Fostering the development of routes for safe, less expensive, generic versions of drugs and biologic pharmaceuticals</li> <li>Development of safety protocols that permit re-importation of medications to increase competition</li> </ul>	Not directly mentioned in plan	Not directly mentioned in plan	Streamlining the FDA process to reduce government regulations that delay the availability of new drugs
<b>Modernization through Information Technology:</b>	<ul style="list-style-type: none"> <li>Promoting rapid deployment of 21<sup>st</sup> century information systems</li> <li>Telemedicine would be employed where services and providers are limited.</li> </ul>	Adopting electronic record keeping	Promoting health information technology through federal incentives	Investing in health information technology and standards setting to reduce medical errors, improve efficiencies and detect health threats
<b>Prevention, Service Coordination, Public Health:</b>	<ul style="list-style-type: none"> <li>Reforming the payment system in Medicare to compensate providers for prevention and care coordination</li> <li>Supporting innovative delivery systems such as clinics in retail outlets, as well as ways of providing greater market flexibility in roles for nurse practitioners, nurses and doctors</li> <li>Increasing public health initiatives that target obesity, diabetes and smoking</li> </ul>	Emphasizing preventive care and chronic disease management	Not directly mentioned in plan	Supporting initiatives to promote healthy lifestyles and wellness programs
<b>Personal Responsibility:</b>	<ul style="list-style-type: none"> <li>Emphasizing to individuals that they must do more to take care of themselves to prevent chronic diseases, and do more to adhere to treatment after diagnosis</li> <li>Children should be taught about health, nutrition and exercise in order to reduce childhood obesity, diabetes and high blood pressure</li> </ul>	Expanding health savings accounts and premium reductions to encourage healthy lifestyles and limit service usage	Emphasizing personal responsibility	Not directly mentioned in plan
<b>Research Promotion:</b>	Dedicating federal research funds on the basis of sound science to improve care and work toward cure for chronic diseases	Not directly mentioned in plan	Not directly mentioned in plan	Not directly mentioned in plan

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<b>Quality Assurance/ Transparency:</b>	<ul style="list-style-type: none"> <li>Facilitating the development of national standards for measuring and recording treatments and outcomes</li> <li>Making information public on treatment options</li> <li>Requiring transparency by providers regarding medical outcomes, quality of care, costs, and prices</li> <li>Enforcing federal protections against collusion, unfair business actions and deceptive consumer practices</li> </ul>	Not directly mentioned in plan	Not directly mentioned in plan	Create visibility of price, provider qualifications, and risk-adjusted procedure outcomes to expand competition and create motivations for improving quality and reducing cost
<b>Medical Liability Reform:</b>	<ul style="list-style-type: none"> <li>Passing tort reform to eliminate frivolous lawsuits and excessive damage awards</li> <li>Providing a safe harbor for doctors who follow clinical guidelines and adhere to patient safety protocols</li> </ul>	Reforming medical liability	Reforming the medical liability system; instituting federal caps on non-economic and punitive damage awards to eliminate frivolous lawsuits	Reforming the medical liability system; ending frivolous lawsuits without limiting compensation for real economic loss

## MENTAL HEALTH / SUBSTANCE USE PERSPECTIVES

*How has the presidential candidate addressed mental health and substance use issues?*

**Guided by the Whole Health Campaign Principles, what are the candidates' perspectives on insurance parity, recovery, and investment in behavioral health?**

Limited information was available on Republican candidates' perspectives on behavioral health issues. Senator McCain provided a statement in response to a questionnaire developed by the National Alliance on Mental Illness (NAMI). The statement content is summarized below. A *Modern Healthcare* essay from Governor Huckabee may provide some insight into his behavioral health perspectives; it is summarized briefly below. References for these sources of information are provided in the introductory section of these materials. Unfortunately, no formal, published information was accessible on Governor Romney's or Mayor Giuliani's overall perspectives on mental health and substance use issues.

<b>Mental health and substance use coverage addressed in the candidate's health care plan:</b>	The plan mentions employing community and mental health clinics where services and providers are limited.	Not directly mentioned in plan	Not directly mentioned in plan	Not directly mentioned in plan
<b>General perspectives on behavioral health:</b>	<ul style="list-style-type: none"> <li>In a statement on behavioral health, Senator McCain reports that behavioral health spending is "rapidly rising." Asserts that growth in health care spending is dominated by chronic disease, and that people with chronic illnesses often have behavioral health</li> </ul>	As reflected in an essay for a special election issue of <i>Modern Healthcare</i> , Governor Huckabee reasons that three-quarters of disease is chronic and that smoking and obesity cause most chronic disease. Based on his own successes in addressing diabetes through weight loss - and	<i>No formal, published information available</i>	<i>No formal, published information available</i>

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	<p>problems as well</p> <ul style="list-style-type: none"> <li>• Believes we can provide quality mental health services that are more responsive, and delivered to more people at lower cost</li> <li>• Sees mental health as “a necessary complement to physical health in all aspects of our daily lives”</li> <li>• Proposes that reimbursement should be designed to take care of the whole patient, recognizing the role of mental health treatment in overall health and in the reduction of physical health needs</li> <li>• Reports a strong background fighting for the needs of vulnerable populations, including those seeking better mental health</li> <li>• Supports public housing programs, including those for people with severe mental illness; worked to decrease homelessness for veterans, including those with mental illness</li> <li>• Emphasizes personal responsibility as a means of lowering health care costs; sees personal fitness, better lifestyles, and reducing addictions as yielding “dramatic improvements in the cost of chronic illness and high-cost medical care”</li> <li>• Asserts that we can do a better job of treating addictions, and that we must also teach children “the benefits of good lifestyles and the perils of addictive activities”</li> </ul>	<p>emphasizing personal responsibility generally, his goal is to ensure that Americans exercise, eat right and stop smoking, thereby saving hundreds of billions of dollars in health care costs.</p>		