

CHART #1: SIDE-BY-SIDE COMPARISON OF LEADING DEMOCRATIC CANDIDATES' HEALTH PLANS

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Hillary Clinton



John Edwards



Barack Obama



Stated Goals for Coverage	<ul style="list-style-type: none"> ➤ Provide affordable, quality health coverage for all Americans¹¹ ➤ Decrease costs, promote wellness and prevent illness 	<ul style="list-style-type: none"> ➤ Provide universal health care that cuts costs and provides better care² 	<ul style="list-style-type: none"> ➤ Provide affordable, comprehensive, and portable health insurance for every American⁷
Mandatory Insurance Requirement	No information found	<ul style="list-style-type: none"> ➤ All residents required to have insurance coverage except in cases of extreme financial hardship or religious beliefs² 	<ul style="list-style-type: none"> ➤ Believes that if health care becomes affordable, most Americans will buy it³ ➤ Mandatory health insurance coverage for children only³ ➤ Young people up to age 25 may continue coverage through parents' plans⁷
Costs of Plan	No information found	<ul style="list-style-type: none"> ➤ \$90 billion to \$120 billion⁴ 	<ul style="list-style-type: none"> ➤ \$50 billion to \$65 billion⁵
How costs are covered	<ul style="list-style-type: none"> ➤ 7 step strategy for reducing health care costs includes: national prevention initiative, "paperless" health information technology system, transformation of care for chronically ill, ending insurance discrimination, establishing an independent "Best Practices" Institute, smart purchasing initiatives, and malpractice reforms¹¹ ➤ Cost savings used to help finance coverage for uninsured⁶ 	<ul style="list-style-type: none"> ➤ Proposes a new tax credit to subsidize insurance purchased through health markets that will be available on a sliding scale for middle and lower income families and refundable for families without income tax liability² ➤ Repeal Bush's tax cuts for people with annual incomes greater than \$200,000² 	<ul style="list-style-type: none"> ➤ Four steps to modernize U.S. health care system to contain health care costs, including: offering Federal reinsurance to some employers for unexpected or catastrophic illnesses, ensuring that patients receive quality care, adopting health information technology, and increasing market competition⁷ ➤ Allow tax cuts on dividends and capital gains and for individuals with annual incomes of more than

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			<ul style="list-style-type: none"> ➤ \$250,000 to expire in 2010⁵ ➤ May increase estate taxes on inheritances valued at more than \$7 million⁵ ➤ Partnerships among Federal and state governments, employers, providers, and individuals⁷ ➤ Provide subsidies for families that don't qualify for Medicaid or SCHIP⁷
Estimated savings	<p>At least \$120 billion/year nationally^{6,11}</p> <ul style="list-style-type: none"> ➤ \$2,200/year/family^{6,11} ➤ \$25 billion in savings for businesses^{6,11} ➤ \$77 billion from use of health IT¹¹ 	<ul style="list-style-type: none"> ➤ 100,000 to 150,000 lives/year² ➤ \$100 billion to \$150 billion/year² ➤ \$2,000 to \$2,500/year/family¹⁰ ➤ Estimated savings of up to \$162 billion/year from use of health IT¹⁰ 	<ul style="list-style-type: none"> ➤ Up to \$2,500/year/family⁷ ➤ Up to \$200 billion/year nationally⁷ ➤ Savings achieved through investments in health IT, prevention, reducing uncompensated care, and increasing insurance industry competition⁷ ➤ Estimated savings of up to \$77 billion/year from use of health IT⁷
Implementation Timeline	No information found	<ul style="list-style-type: none"> ➤ Insure all Americans by 2012² 	<ul style="list-style-type: none"> ➤ Sign universal health care plan into law by end of first term in office (2012)⁷
Coverage for Children	No information found	<ul style="list-style-type: none"> ➤ Commit necessary Federal resources to allow states to expand SCHIP to all children and their parents below 250% of poverty line² 	<ul style="list-style-type: none"> ➤ All children required to have coverage⁷ ➤ Expand eligibility for SCHIP⁷ ➤ Young people up to age 25 can continue coverage through parents' plans⁷
Medicaid Expansion	No information found	<ul style="list-style-type: none"> ➤ Commit necessary Federal resources to cover all adults under the poverty line² 	<ul style="list-style-type: none"> ➤ Expand eligibility for Medicaid⁷
New Federal/Public Plans	No information found	<ul style="list-style-type: none"> ➤ Proposes public insurance plan modeled after Medicare but separate and apart from it² 	<ul style="list-style-type: none"> ➤ Establish new national health plan <ul style="list-style-type: none"> • Will provide affordable, portable health coverage that is similar to plan available to Federal employees⁷ • Open to individuals without access to group coverage, to

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			<p>those who are self-employed, and to small businesses that want to offer insurance to their employees⁷</p> <ul style="list-style-type: none"> • Simple enrollment⁷ • Uninsured can pick from among a group of plans⁷ <p>➤ States can continue to experiment with their plans, provided they meet minimum standards of national plan⁷</p> <p>➤ Provide income-related Federal subsidies for those who do not qualify for Medicaid or SCHIP to buy into the new public plan or purchase private insurance⁷</p> <p>➤ Offer Federal reimbursement to employers for unexpected or catastrophic illnesses if they guarantee to use savings to reduce cost of worker's premium⁷</p>
<p>Insurance Pools</p>	<p>➤ Establishes large insurance pools that lower administrative costs by spreading risk and preventing companies from shifting costs as easily⁶</p>	<p>➤ State and regional Health Markets (non-profit purchasing pools) that offer choice of competing insurance plans to individuals and employers²</p> <p>➤ Choice between private and public insurance, though the system may evolve to a single-payer approach over time if businesses and individuals prefer the public plan²</p>	<p>➤ Establish National Health Insurance Exchange for consumers to either enroll in new public plan or shop among private plans: creates rules and standards for participating private insurance plans to ensure coverage that is more affordable and accessible⁷</p> <ul style="list-style-type: none"> • All plans offered must be at least as generous as new public plan⁷ <p>➤ Insurers required to justify above-average premium increase to National Health Insurance Exchange⁷</p> <p>➤ Exchange acts as a “watchdog” by evaluating plans and making differences between them transparent⁷</p>

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<p>Employer Mandate</p>	<p>No information found</p>	<ul style="list-style-type: none"> ➤ Businesses and other employers required to either cover employees or pay a percentage of their payrolls to a fund that would help individuals purchase health insurance¹¹ ➤ Can choose to purchase insurance through Health Markets for lower costs and reducing administrative burdens² 	<ul style="list-style-type: none"> ➤ Employers have to share cost of ensuring workers either by offering insurance or paying a percentage of their payroll toward the costs of the national plan to provide coverage⁷ ➤ Smallest businesses are exempt from requirement (exact size not yet reported)⁸
<p>Disease Prevention</p>	<ul style="list-style-type: none"> ➤ All insurers who are already participating in a Federal health program, like Medicare, Medicaid or FEHP, required to cover prevention as a condition of doing business with the Federal government⁶ ➤ Provide financial incentives like reducing co-payments to increase utilization of preventive care¹ ➤ Public-private collaborations to ensure that prevention is emphasized in schools, workplaces, supermarkets, and communities through free provision of preventive benefits⁶ ➤ Fund and train new health prevention outreach workers who can effectively communicate with the country's diverse populations⁶ 	<ul style="list-style-type: none"> ➤ Change reimbursement rules to emphasize primary care¹⁰ ➤ Health Markets to offer primary and preventive services at little or no cost² ➤ Incentives reward individuals who schedule free physicals and enroll in healthy living programs⁹ ➤ Redesign Federal insurance programs to include incentives for families to use wellness programs¹⁰ ➤ Include health education efforts in government programs¹⁰ ➤ Increase public health funding and improve coordination among health departments¹⁰ ➤ Promote workplace interventions¹⁰ ➤ Support smoking cessation efforts¹⁰ ➤ Support community efforts to improve health (safe streets, walking and biking trails, safe and well-equipped parks, physical education programs)¹⁰ ➤ Promote diabetes prevention programs in private plans¹⁰ ➤ Create a National Taskforce to 	<ul style="list-style-type: none"> ➤ Promote prevention and strengthen public health to prevent disease⁷ ➤ Support school-based screening programs, clinical services, physical education, and health education programs⁷ ➤ Expand funding of prevention and public health activities to ensure a strong workforce, including worksite health promotion programs⁷ ➤ Require coverage of preventive services in all Federally supported health plans and new public plan including screenings and smoking cessation programs⁷ ➤ Increase funding for community based preventive interventions, including: sidewalks, biking paths, walking trails, restricted tobacco and alcohol advertising to children, and wellness and educational campaigns⁷ ➤ Foster collaboration between governments at all levels⁷ ➤ Optimize organization of the existing 3000 health departments

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		<p>provide school nutrition guidelines that emphasize healthy food options¹⁰</p> <ul style="list-style-type: none"> ➤ Increase funding for physical education and healthy lifestyle programs¹⁰ ➤ Provide tax incentives for businesses that promote healthy living programs¹⁰ ➤ Establish nationwide healthy lifestyles campaign to promote individuals' healthy choices¹⁰ 	<p>in the nation as well as collaboration with private partners⁷</p>
<p>Chronic Disease Management</p>	<ul style="list-style-type: none"> ➤ Provide chronic care coordination models, including medical “homes”, accessible under Federally-funded plans⁶ ➤ Ensure higher quality and better coordination of care through incentives for participation in these programs for both patients and physicians¹¹ 	<ul style="list-style-type: none"> ➤ New payment systems for Medicare to ensure that patients have a medical “home” with a doctor to coordinate their care¹⁰ ➤ Require insurers offering health plans through Health Care Markets and other public plans to use disease management programs¹⁰ ➤ Invest in programs that encourage doctors to communicate with each other and technologies that allow them to efficiently access patient information¹⁰ ➤ Use technology to help Medicare patients manage chronic conditions and offer support such as case managers to ensure patient adherence with treatment plans¹⁰ ➤ Provide incentives for private plans to cover disease management¹⁰ ➤ Create new national standards for inclusion of preventive and chronic care management services with minimal cost-sharing¹⁰ ➤ Fund state efforts to expand home care and reform long term care 	<ul style="list-style-type: none"> ➤ Support providers to put in place care management programs and encourage team care through medical “home” models to improve coordination and integration of care⁷ ➤ Require that Federal plans and new public plan utilize proven disease management programs⁷ ➤ Reimburse employer health plans for a portion of catastrophic costs incurred above threshold if there is a guarantee that savings will be used to reduce cost of workers' premiums⁷

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		system ¹⁰	
Long Term Care	<ul style="list-style-type: none"> ➤ Pass legislation to provide respite services for caregivers of elderly and disabled Americans¹¹ 	<ul style="list-style-type: none"> ➤ Help finance state-level reforms⁷ ➤ Establish national standards for nursing home care¹⁰ ➤ Support innovative alternatives to nursing home care¹⁰ ➤ Improve quality of care and crack down on elder abuse through expansion of inspections¹⁰ ➤ Increase national enforcement against abusive nursing home chains¹⁰ ➤ Increase penalties for nursing homes that fail to meet standards for quality care¹⁰ ➤ Provide excellence awards and grants to nursing homes to help improve quality of care¹⁰ ➤ Support respite care and other support services for families, nurses and other aides¹⁰ ➤ Improve wages, training and working conditions for long term care aides¹⁰ ➤ Establish Internet clearinghouse to provide families with more information about available services¹⁰ ➤ Cover agency-employed home health aides under minimum wage and overtime protections¹⁰ 	No information found
Nursing Shortage	No information found	<ul style="list-style-type: none"> ➤ Implement initiatives to retain an estimated 50,000 trained nurses who may be leaving the profession and recruit an additional 50,000 young people into the profession¹⁰ ➤ Increase funding for nursing schools¹⁰ ➤ Foster partnerships between 	No information found

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		<p>nursing schools and hospitals in order to increase the number of nursing students by 30% over five years¹⁰</p> <ul style="list-style-type: none"> ➤ Provide tuition assistance for nursing students who agree to work in underserved areas¹⁰ ➤ Improve workplace conditions through Federal challenge grants and mentoring programs¹⁰ 	
<p>Quality/Evidence-based Health Care</p>	<ul style="list-style-type: none"> ➤ Provide incentives to encourage doctors to keep up with research advances and prescribe most effective treatments⁶ ➤ Establish new Independent “Best Practices” Institute: partnership among public and private sectors to finance comparative effectiveness research⁶ ➤ Utilize best practices: provide guidance for professionals on what drugs, devices, surgeries and treatments work best⁶ ➤ Reduce use of inefficient and ineffective treatments⁶ 	<ul style="list-style-type: none"> ➤ Devise systems to pay doctors for results, as opposed to current fee-for-service system¹⁰ ➤ Establish a non-profit or public organization, (perhaps within IOM), to research and compile best methods of providing health care¹⁰ <ul style="list-style-type: none"> • Will evaluate devices and drugs, compare effectiveness, and disseminate findings to health care providers and patients¹⁰ ➤ Incentives for the use of evidence-based care and treatments¹⁰ ➤ Use new technologies to provide doctors with easy access to the latest health information¹⁰ ➤ Partnerships among academic medical centers, Medicare, and other Federal agencies to ensure practice of high-quality medicine across the U.S.¹⁰ ➤ Public-private collaborations to reorganize patient care, improve internal communications, reduce errors through electronic prescribing and establish basic quality benchmarks¹⁰ 	<ul style="list-style-type: none"> ➤ Participating providers in new public plans, National Health Insurance Exchange, Medicare, and FEHB will be rewarded for achieving performance thresholds on physician-validated outcome measures⁷ ➤ Require providers and hospitals to collect and report data to ensure standards are being met for quality, IT, patient safety , and administration⁷ ➤ Establish independent Institute to guide reviews and research on comparative effectiveness drugs, devices and procedures to improve medical decision-making⁷ ➤ Require health plans to disclose percentage of premiums spent on direct patient care⁷

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<p>Transparency/Consumer Friendliness</p>	<ul style="list-style-type: none"> ➤ Develop and institute a standard health form with a common vocabulary that insurance companies must use⁶ 	<ul style="list-style-type: none"> ➤ Institute “Consumer Reports” for health care: universal, easy-to-use report card to help individuals evaluate hospitals’ treatment effectiveness —readily available on Internet and in hard copy¹⁰ ➤ Require health plans to disclose percentage of premiums spent on patient care and administration¹⁰ ➤ Require doctors and hospitals to provide information on several key quality measures¹⁰ 	<ul style="list-style-type: none"> ➤ Simplify paperwork for providers ➤ Require hospitals and providers to collect and publicly report measures of health care costs and quality⁷ ➤ Require health plans to disclose percentage of premiums spent on direct patient care⁷
<p>Information Technology (IT)</p>	<ul style="list-style-type: none"> ➤ Estimated net savings of \$77 billion/year⁶ ➤ Require providers who participate in Federal programs to adopt private, secure, and interoperable health information technology⁶ ➤ Invest \$3 billion a year in health IT grants to develop a “paperless” health care system⁶ ➤ Provide doctors with financial incentives to adopt health IT¹¹ 	<ul style="list-style-type: none"> ➤ Estimated savings of up to \$162 billion/year¹⁰ ➤ Ensure protection of patients’ privacy rights² ➤ Require physicians who want to participate in Federal insurance programs to use interoperable IT that protects privacy¹⁰ ➤ Offer financial incentives to doctors and hospitals if needed to implement¹⁰ ➤ Require doctors receiving technology grants to report key quality measures¹⁰ ➤ Provide resources to hospitals for medication dispensers that quickly and accurately fill prescriptions¹⁰ ➤ Promote patient-doctor communication systems and patient support systems via e-mail¹⁰ ➤ Institute computerized physician order entry¹⁰ ➤ Develop computerized patient reminder systems¹⁰ ➤ Use wireless handheld devices to allow hospital staff to communicate directly to 	<ul style="list-style-type: none"> ➤ Estimated savings of up to \$77 billion/year⁷ ➤ Invest \$10 billion/year over the next five years for health IT system⁷ ➤ Adopt standards-based electronic health information systems including electronic health records⁷ ➤ Phase in requirements for full implementation of health IT and commit Federal resources for implementation⁷ ➤ Ensure that systems are developed in coordination with health providers and institutions, including rural and underserved areas⁷ ➤ Ensure protection of patients’ privacy⁷

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		physicians ¹⁰	
Telemedicine	No information found	<ul style="list-style-type: none"> ➤ Assist rural hospitals and health centers to purchase and implement telemedicine systems¹⁰ ➤ Establish at least 15 Regional Telemedicine Centers across the country and share best practices¹⁰ 	No information found
Health Insurance Regulations/Eligibility	<ul style="list-style-type: none"> ➤ Prohibit insurance companies from carving out benefits or charging higher rates to people with pre-existing health conditions⁶ ➤ Insurers participating in pools would be required to prove that they spend less on marketing strategies and more on direct caregiving⁶ 	<ul style="list-style-type: none"> ➤ Establish national accounting standards requiring insurers to spend at least 85% of premiums on patient care¹⁰ ➤ Direct U.S. Department of Justice to conduct an immediate and comprehensive review of health insurance market and make recommendations about how to ensure a competitive market¹⁰ ➤ Update the 2001 Patients' Bill of Rights calling for common-sense protections often available in managed care¹⁰ ➤ Make sure that patients are not penalized for reasonably but unknowingly using out of network doctors¹⁰ ➤ Require insurers to keep plans open to everyone (regardless of pre-existing conditions) and charge fair premiums¹⁰ 	<ul style="list-style-type: none"> ➤ Proposed health plan would ensure that no American is denied access to health care because of illness or pre-existing conditions⁷ ➤ Eliminate excessive subsidies of Medicare Advantage program and pay some amount it would cost to treat patients under regular Medicare⁷ ➤ Increase general regulations on mergers between health insurers⁷
Malpractice/Professional Liability	<ul style="list-style-type: none"> ➤ Pass National Medical Error Disclosure and Compensation (MEDiC) Act: Encourages liability protections for physicians that disclose medical errors to patients and who offer to enter into negotiations for fair compensation¹ 	<ul style="list-style-type: none"> ➤ Require lawyers to have an expert testify that malpractice has occurred before bringing a suit¹⁰ ➤ Sanctions for lawyers who file frivolous cases¹⁰ ➤ Revisit insurance company exception to national antitrust laws¹⁰ ➤ Provide resources and incentives to state medical boards for more 	<ul style="list-style-type: none"> ➤ Promote new models to address patient safety, strengthen the doctor-patient relationship, and reduce need for malpractice suits⁷ ➤ Require providers to report preventable medical errors and support hospital and physician practice improvement programs⁷ ➤ Strengthen antitrust laws to prevent insurers from

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		<p>responsible discipline¹⁰</p> <ul style="list-style-type: none"> ➤ Create a knowledge bank that encourages doctors to report medical errors voluntarily¹⁰ 	<p>overcharging physicians for malpractice insurance⁷</p>
<p>Increasing Drug Availability and Reducing Their Costs</p>	<ul style="list-style-type: none"> ➤ Remove barriers to generic drug competition¹¹ ➤ Increase funding for Office of Generic Drugs at the FDA to eliminate backlog of generic drug applications¹¹ ➤ Give FDA authority to approve safe and effective biogeneric drugs¹¹ ➤ Allow Medicare to negotiate lower drug prices¹¹ ➤ Provide more oversight of drug advertising, marketing excesses and inappropriate financial relationships with providers¹¹ ➤ Reduce overpayments to private managed care plans¹¹ 	<ul style="list-style-type: none"> ➤ Convene an expert panel to identify whether there are discoveries where prizes, not patent monopolies, would offer new incentives to researchers¹⁰ ➤ Drug companies are guaranteed a significant payment in exchange for allowing competition in manufacturing and distribution¹⁰ ➤ Give the FDA authority to approve safe and effective generic biologic alternatives which will create more choices and lower costs¹⁰ ➤ Ensure that electronic pedigrees accurately document the sales path of a drug to help combat counterfeiting and illegal drug wholesaling¹⁰ ➤ Require independent testing of drugs and make information about comparative effectiveness available to the FDA and to the public¹⁰ ➤ Require new restrictions on drug advertisements to ensure accurate information about side effects and efficacy¹⁰ ➤ Double FDA resources dedicated to enforcing direct-to-consumer advertisement rules¹⁰ ➤ Require independent comparative testing of drugs as a condition of FDA approval¹⁰ ➤ Institute rules against gift-giving from pharmaceutical companies to 	<ul style="list-style-type: none"> ➤ Increase competition in drug market⁷ ➤ Allow Federal government to negotiate prices for medications directly with pharmaceutical companies under Medicare prescription drug benefit⁷ ➤ Allow U.S. residents to purchase medications from Canada and other industrialized nations if drugs are safe and prices are lower than in U.S.⁷ ➤ Increase use of generics in Federal and new public plans⁷ ➤ Prevent large drug companies from keeping generics out of market⁷

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		<p>physicians¹⁰</p> <ul style="list-style-type: none"> ➤ Require Pharmacy Benefit Managers (PBM) to disclose dealings with drug industry¹⁰ 	
Eliminating Health Disparities	No information found	<ul style="list-style-type: none"> ➤ Support medical research on health disparities² ➤ Reduce pollutions and toxins that disproportionately harm communities of color² ➤ Support language translation services to address language barriers² 	<ul style="list-style-type: none"> ➤ Address disparities in access to health coverage and promote prevention and public health⁷ ➤ Hospitals and health plans required to collect, analyze, and report health care quality for disparities⁷ ➤ Hold hospitals and health plans accountable for differences found⁷ ➤ Ensure diverse workforce to provide culturally effective care⁷ ➤ Implement and fund evidence-based interventions, such as patient navigator programs⁷ ➤ Support and expand capacity of safety-net institutions, which provide a disproportionate amount of care for underserved populations⁷
Public Health Preparedness Initiatives	No information found	<ul style="list-style-type: none"> ➤ Establish single disease control office with authority to direct and coordinate government's response to disease outbreaks¹⁰ ➤ Establish real-time, unified national tracking system for diseases and vaccines that is easily accessible to public health officials¹⁰ ➤ Direct NIH to do research on more efficient vaccine production methods¹⁰ ➤ Establish national plan to increase reserves of needed vaccines⁹ ➤ Provide additional Federal support 	<ul style="list-style-type: none"> ➤ Strengthen public health to protect against natural and man-made disasters⁷ ➤ Optimize organization of the existing 3000 health departments in the nation⁷ ➤ Foster collaboration between all levels of government and private sector partners⁷ ➤ Establish performance and accountability indicators, integrated and interoperable communication networks and disaster preparedness and response⁷

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		<ul style="list-style-type: none"> to states to build their public health systems¹⁰ ➤ Increase public health funding and improve coordination among health departments¹⁰ 	<ul style="list-style-type: none"> ➤ Modernize public health infrastructure including labs⁷ ➤ Examine agricultural, educational, environmental and health policies to assess and improve their effects on public health⁷
Mental Health	No information found	<ul style="list-style-type: none"> ➤ Acknowledges mental health care¹² 	No information found

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¹ Michelle Andrews, "Candidates write their prescriptions," US News and World Report 11 June 2007: 32-33.

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⁴ Kathleen Gray, "Edwards: Health cost cuts need to start with drug, insurance firms." Detroit Free Press 14 June 2007.

⁵ "Presidential Candidate Sen. Obama Proposes Plan to Cover Uninsured, Improve Premium Affordability." Kaiser Daily Health Policy Report 30 May 2007. <http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=45226&dr_cat=3>

⁶ "HEALTH CARE: Hillary Remarks on Reducing the Cost of Health Care." Hillary for President. 25 June 2007 <<http://www.hillaryclinton.com/news/speech/view/?id=1789>>

⁷ "Barack Obama's Plan for a Healthy America." Obama '08. 26 June 2007. <<http://www.barackobama.com/pdf/HealthPlanFull.pdf>>

⁸ Karen Tumulty, "Obama Channels Hillary on Health Care." TIME 29 May 2007.

¹⁰ "Reforming Health Care to Make it Affordable, Accountable, and Universal." John Edwards 08. 26 June 2007. <<http://johnedwards.com/news/headlines/20070614-health-care-costs-quality.pdf>>

¹¹ "Hillary Clinton Announces Agenda to Lower Health Care Costs and Improve Value for All Americans." Hillary for President. 24 May 2007.

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