	Gov.10-07	AB8	Hillary	Edwards	Obama	Romney-MA
Employer Role	Employers to contribute on a sliding scale: Those with more than 10 employees would dedicate 4% of payroll to health services. Businesses with fewer than 10 employees would contribute on a sliding scale between 0-4%. -- This is not a pay-or-play structure, meaning if they don't contribute, they're not required to pay into the pool. And if they pay into the pool, there's no guarantee that the money would be used to help their specific worker with coverage. There is no provision for part time	Employers required to spend 7.5% of payroll on health benefits for both full-time & part-time workers. If they don't provide health care, they have to pay into the state pool to help provide coverage for their workers. Purchasing pool covers workers and dependents.	Large employers would be expected to provide health insurance or contribute to the cost of coverage: small businesses would receive a tax credit to continue or begin offering coverage. *(Small Business Tax Credit=50% premiums for firms with fewer than 25 employees. Scaled up)*	Required to provide ***comprehensive health plan*** to employees or conntribute to the cost of covering them through Health Care Markets.	Employers must offer "meaningful" coverage or contribute a percentage of payroll toward costs of plan. Government would help partially reimburse employers for their catastrophic health care costs if employers guranteed that premium savings would be used to reduce worker premiums.	Businesses with more than 11 employees must contribute at least 33% of premium costs for at least 25% of workers --OR pay $295 per employee per year.
Individual Mandate	Every CA required to have coverage. No exemptions for affordability/availability/immigration/hardship.	Requirement to take up coverage ONLY if premium and all out of pocket costs (total cost of health care annually) is less than 5 percent of a person's income.	Individuals: will be required to get and keep insurance in a system where insurance is ***affordable and accessible.***	"***Once insurance is affordable***, everyone will be expected to take responsibility for themselves and their families by obtaining health coverage."	Requires children to have coverage. Allows young adults to stay on their parents' health plans until age 25.	Everyone must have coverage: EXEMPTIONS/ hardship -- the minimum creditable coverage is unaffordable, or religious beliefs preclude a person from buying coverage.
Public Program Expansion	Children, regardless of immigration, up to 300% FPL; Parents (legal, citizens) to 300%	Children & parents to 300% FPL, Regardless of imm. Status.	**Expand programs by "strengthening Medicaid and SCHIP":** The Plan will fix the holes in the safety net to ensure that the most vulnerable populations receive affordable, quality care."	All adults under 100% FPL; Children and parents under 250% FPL	"expand eligibility"	Children up to 300% of poverty. Adults (with or without children) could receive subsidized private health insurance with NO deductibles. Those under 150% poverty would not have to pay premiums.

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Children	All children insured: expands Medi-Cal & HF up to 300% regardless of imm. Status	All children insured: HF & Medi-Cal up to 300% FPL regardless of immigration statue.	Medi-Caid and CHIP expansion	All children insured	"mandatory" coverage of children -- Young adults to 25 may remain on parents' plans	Children up to 300% of poverty covered by MediCaid and SCHIP. Young adults would stay on parents' insurance plans for two years past the loss of despendent status or until Age 25.
Immigrants	Undoc. Children eligible for Medi-Cal & HF. Undoc adults not eligible for subsidies, but Ind. Mandate would still apply	All workers				
Insurance Pool	100-250% FPL may be eligible for subsidized coverage. Undocs and people above 250% FPL can but into the pool, but is unsubsidized. "benchmark" plans offered by private insurers.	Yes. Employees and their dependents whose employers pay into the pool could get coverage.	Health Choices Menu -- Part of Federal Employee Health Benefit Program- has menu of "high quality" insurance choices, which include mental health and dental.	"Health Market Plans" - regional, non-profit purchasing pool would compete with private insurers. Would provide a range of choices between private and public progducts. Tax benefits would be available on a sliding scale -- tax credit available on sliding scale for middle income, and refundable for low-income.	National Health Insurance Exchange, which acts as a regulator "watchdog" that creates rules and standards for insurance plans that want to offer products in the "exchange." Sliding scale subsidies provided. This coverage could be carried from job to job.	Connector - Commonwealth Choice. All mandated benefits protected. Multiple employers can contribute for full- or part-time worker.
Public Insurer Option	none	Uses existing county infrastructure to set up public insurer as alternative to private plans.	A public insurance option "modeled on Medicare" program has same benefits as those in Healthy Choices.	Medicare-like public insurance plan would be available through the regional "Health Market Plan"	Public plan option in National Health Insurance Exchange.	None
COST & QUALITY						

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Affordability	In the purchasing pool: No cost-sharing for adults under 150% fpl. Subsidies available for citizens under 250% fpl - limiting premium cost to 5% of income. Tax credit for those between 250-350%FPL. Outside the purchasing pool: none.	Limits total premium and out-of-pocket costs (co-pays, deductibles, etc) to no more than 5% of a person's annual income.	**Limit Premium Payments to a Percentage of Income:** The refundable tax credit will be designed to prevent premiums from exceeding a percentage of family income, while maintaining consumer price consciousness in choosing health plans.	Tax credit for health coverage available on sliding scale for middle income, and refundable for low-income. Non-profit regional purchasing pools could also help drive down costs through economies of scale.	"fair premiums" and "minimal co-pays and deds for preventive services" -- Says his plan would reduce premiums by $2,500 for a family through efficiency and economies of scale. no other details	Adults earning less than 150% of poverty ($15,315 for an individual) would not have to pay any premiums and deductibles. (the original law set no-cost Medicaid to only those below 100% poverty, but Connector board later revised that). Adults (with or without children) up to 300% of poverty could receive subsidized private health insurance on a sliding scale with NO deductibles. Those above 300% of poverty could buy health coverage offered through the connector board with $2,000 (individual) and $4,000 (family) deductibles, with a $10,000 out of pocket maximum
Cost Containment	Health-information tech, eprescribing, one-time advisory committee to put in place transparency, cost/quality guidelines	Transparency - disclosure of costs, quality for dors, hosps, nursing homes, hmos. Bulk purchasing of Rx. Public insurer. Health IT	Prevention, Health IT, efficiency/modernization, "best practices institute" to raise level of quality/reduce costs, reducing medical errors, limit prescription drug marketing	Promote evidence-based medicine, Health IT, quality imnprovement, pay-4-performance, preventing medical errors, preventive care, chronic disease maintenance, transparency	Health IT, Public insurer option, prevention and chronic disease, prescription drug rimportation, generic drugs, Medicare Part D direct negotiation w/ drug companies, cost and quality reporting by providers, some kind of rate justification process for insurance companies	None

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Prevention	Health Axns incentives: rewards for gym membership and weight management as well as premium reductions; Health risk assessment; Diabetes initiative; obesit strategy; tobacco control	chronic disease maintenance, prevention	National prevention effort. Chronic care coordination	Primary and preventive care - offered through purchasing pool -- at little or no cost. Incentivize preventive care by patients. Healty communities.	Promotes worksite prevention (flu shots, clinics, gyms); Safe neighborhoods for kis to walk; increase number of medical practitioners,	no express emphasis
Minimum Coverage	$5,000 ded./$10,000 max out-of-pocket. No dental/mental health. No Prescription drugs. Employer-sponsored plans that provide less than this are permitted.	Knox Keene + Drugs	Keep existing coverage or access same insurance that congressmembers get (includes mental health parity and, usually, dental coverage), or options similar to Medicare	Comprehensive plans that offer low-/no cost sharing for plans.	says "meaningful" coverage should be provided by employers - or else they have to pay into pool. Says "private insurance offered by employer" and in the NHIE pool would have to cover all "essential" medical services, including mental health.	Includes: Prescription drugs, preventive doctors (deductible waived), caps deductibles at $2,000 (ind) and $4000 (family); Caps Out-of-pocket costs at $5,000 (ind) and $10,000 (family), bans insurance payout limits on benefits per year per illness. maternity is also mandated
Ind. Mkt Reforms	Insurers req'd to sell to every individual: No pre-ex. Condition exclusions	Insurance cos required to sell to 95% of Caifornians. Remaining 5% into High-Risk-Pool w/ subsidied premiums.	Insurers req'd to sell to every individual: Guaranteed Issue; Guaranteed renewal, modified community rating (age, gender, occupation), Medical-loss ratios (% not specified)	Insurers req'd to sell to every individual: guaranteed issue, community rating.	Guaranteed issue. Some kind of rate justification that prevents insurers from "abusing monopoly power through unjustified price increases". Disclosure of MLR	Guaranteed issue, and community ratng for both health and age already existed.

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Insurance Companies	85% MLR averaged across ALL products; phased-in GI (after ind. Mandate enforcement in place), modified comm. rating	85% Medical loss ratio per product	Higher Medical Loss Ratio, though No specificity on what percent. " insurance companies will end discrimination based on pre-existing conditions or expectations of illness and ensure high value for every premium dollar"	Plans must also have preventive and chronic care coverage with minimal cost-sharing.	Plans must include comprehensive benefits, preventive, maternity and mental health care. Chronic disease management and coordination.	MA has no Medical Loss Ratio. The Insurance department has authority to reject rates for "unreasonableness" though they never have. HOWEVER, because the state's insurers are nonprofit, the loss ratios are between 85-95% (for both PPO and HMO products, as opposed to CA's 51% on some products)
HEALTH INDUSTRY						
Public Hospitals	Privdier fee; future rate increases; Takes $1 billion from counties, which would affect $ for public hospitals	No fees, no rate increases. No funding for transition of county hosps.	Some of money saved having fewer uncompensated care situations would be dedicated to DSH	"Secure the health care safety net."		
Private&district Hospitals	Hospital fee of 4%	nothing		pay 4 p	Must collect and report data on health quality and IT (but only if participating in National Health Insurance Exhange)	
Physicians	Reduces phys. Supervision ratio and makes it easier for nurses and p.a.s to oversee clinics.	nothing		pay 4 p	Full transparency: Must collect and report data on health quality and IT (but only if participating in National Health Insurance Exhange)	
Prescription drugs	not addressed	Bulk purchasing	Allow Medicare to negotiate lower drug costs through part D, more competition for generics, overight over pharm. Cos. Relationships with providers		Would allow drug reimportation; increase use of generics; Allow Medicare to negotiate directly with drug companies under Part D	
FINANCING						

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state/federal funds						federal hospitals funds. sEction 125
Fees	Hospital fee/employer contributions/counties/ Lottery	Employer contribution; worker contribution; assessment on insurers				assessment on insurers for high risk pool already existed.
Income Tax			Discontinue tax breaks for families earning more than $250k annually toward health reform.	Rolls back tax cuts for those earning more than $200k annually.	Discontinue tax breaks for families earning more than $250k annually.	
Business Taxes			Tax credit for standard benefit plan. But richer plans above and beyond standard plan in the "American Health Choices Plan" would not have tax benefit.			employer contribution of $295 per employee per year, or coverage