



A Comparison of the 2008 Gubernatorial Candidates Health Policy Proposals

In the 2008 election, health policy remains a significant concern to many voters. This side-by-side comparison of the candidates for the Office of the Governor of Indiana was prepared by faculty and students at the IU Center for Health Policy to help Hoosiers make more informed choices on November 4, 2008. This document was prepared to parallel the comparison of the 2008 Presidential candidates prepared by the Kaiser Family Foundation (http://www.health08.org/healthissues_sidebyside.cfm). The information presented was collected from the candidates' official position statement and policy documents as well as local news media reports. All of the sources used are provided at the end of this side-by-side comparison (All sources accessed on October 8, 2008).

	Mitch Daniels	Jill Long Thompson	Andy Horning
Party Affiliation	<ul style="list-style-type: none"> • Republican 	<ul style="list-style-type: none"> • Democrat 	<ul style="list-style-type: none"> • Libertarian
Goal	<ul style="list-style-type: none"> • Increase access to health care and control rising costs by providing assistance to uninsured Hoosiers through the Healthy Indiana Plan (HIP) which offers qualifying individuals subsidized health insurance and a health savings account designed to promote greater personal responsibility. 	<ul style="list-style-type: none"> • Provide affordable health care and control rising costs through insurance pooling and a quasi-governmental agency to connect Hoosiers to affordable insurance plans. 	<ul style="list-style-type: none"> • Remove government from health care; allow the free market to produce lower costs, increase access, and improve quality.
Overall approach to expanding access to coverage	<ul style="list-style-type: none"> • Supports an incremental coverage expansion strategy targeting uninsured Hoosiers who do not have access to employer-sponsored health insurance and who are not eligible for Medicare or Medicaid. 	<ul style="list-style-type: none"> • Establishes a health insurance pool for individuals and small businesses to join by merging the small- and non-group market to reduce premium costs and expand access. • Proposes the establishment of an insurance exchange to make it easier for Hoosier employers and employees to purchase affordable health insurance products. 	<ul style="list-style-type: none"> • Opposes expanding the role of the State in the health care market.
A. Requirement to obtain or offer coverage	<ul style="list-style-type: none"> • No requirement. 	<ul style="list-style-type: none"> • No requirement. 	<ul style="list-style-type: none"> • No requirement.
B. Expansion of public programs	<ul style="list-style-type: none"> • Expand access to commercial insurance coverage through the State-supported HIP program to uninsured Hoosiers who: 1) have been uninsured for over six month; 2) do not have access to health insurance coverage through their employer; 3) who are not eligible for Medicaid or Medicare; 4) are 19 to 64 years old; 5) have a combined household income equal to or less than 200% FPL; and, 6) are not eligible for Medicare or Medicaid. 	<ul style="list-style-type: none"> • Expand self-determination for individuals on CHOICE and Medicaid waiver services to reduce the cost of health care, expand employment opportunities in home and community based care, and ensure individuals are serviced in or near home in the most appropriate setting. 	<ul style="list-style-type: none"> • Opposes expanding the role of the State in the health care market.

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	Mitch Daniels <i>(continued)</i>	Jill Long Thompson <i>(continued)</i>	Andy Horning <i>(continued)</i>
B. Expansion of public programs <i>(continued)</i>	<ul style="list-style-type: none"> • Provide HIP-eligible participants with 1) a Personal Wellness and Responsibility (POWER) account valued at \$1,100 per adult to pay for medical care costs; 2) a basic commercial benefits package once medical costs exceed \$1,100; and 3) coverage for preventive services up to \$500 a year. • Allow uninsured individuals with incomes above 200% FPL to buy-in to the HIP by paying the full cost of coverage based on rates set by age, gender, and health status. 		
C. Premium subsidies to individuals	<ul style="list-style-type: none"> • Require individual contributions to cover the cost of the POWER account and basic commercial health insurance coverage based on percent of gross family income (0-100% of FPL: 2%; 100-125% FPL: 3%; 125-150% FPL: 4%; and, 150-200% FPL 4.5-5%) and must not exceed 5%. 	<ul style="list-style-type: none"> • No provision. 	<ul style="list-style-type: none"> • No provision.
D. Premium subsidies to employers	<ul style="list-style-type: none"> • No provision. 	<ul style="list-style-type: none"> • Proposes to offer financial incentives to businesses that offer health insurance to their employees through the pool and by paying a portion of the premium using a portion (3 cents) of the cigarette tax increase of 2007. 	<ul style="list-style-type: none"> • No provision.
E. Tax changes related to health insurance	<ul style="list-style-type: none"> • Provide tax credits to businesses that provide a qualified wellness program that encourage appropriate weight loss, smoking cessation, and the use of preventive health care services. • Extend a tax credit to all employers who currently offer no health insurance to establish Section 125 plans for employees to purchase health insurance with pre-tax dollars. 	<ul style="list-style-type: none"> • No provision. 	<ul style="list-style-type: none"> • Proposes to cut taxes and discontinue state-supported health insurance programs.
F. Creation of insurance pooling mechanisms	<ul style="list-style-type: none"> • In September 2008, the Indiana Department of Insurance announced a health insurance pooling program for small businesses (as allowed by HEA 1678), which allows small businesses in similar lines of work to group together or “pool” in a type of health insurance co-op for purposes of purchasing healthcare coverage under the lower “large group” rates. 	<ul style="list-style-type: none"> • Proposes to establish a pool for small businesses and individuals to be administered by a quasi-governmental authority. • Proposes to establish the <i>Hoosier Health Connector</i>, a quasi-government agency, modeled after the Massachusetts’ Commonwealth Health Insurance Connector. • The <i>Hoosier Health Connector</i> would distribute information to: 1) help employers and employees 	<ul style="list-style-type: none"> • No provision.



	Mitch Daniels <i>(continued)</i>	Jill Long Thompson <i>(continued)</i>	Andy Horning <i>(continued)</i>
F. Creation of insurance pooling mechanisms <i>(continued)</i>		compare and shop for health insurance products based on coverage options, provider networks, premiums, and co-pays; and 2) facilitate the purchase of health insurance products through a centralized application process to reduce the benefits-related administrative costs for businesses.	
G. Changes to private insurance	<ul style="list-style-type: none"> • No provision. 	<ul style="list-style-type: none"> • No provision. 	<ul style="list-style-type: none"> • No provision.
Cost containment	<ul style="list-style-type: none"> • Give HIP participants the personal responsibility of making their own health care purchasing decisions through their POWER accounts. • Help HIP participants make conscious health care decisions by requiring transparency with regard to outcomes, quality of care, and cost. • Encourage wellness among HIP participants by covering preventive services up to \$500 a year. 	<ul style="list-style-type: none"> • Increase supply of medical professionals through vocational education and community college program. • Increase bulk purchasing in state pharmaceutical plans. • Revive the Indiana Health Informatics Corporation to develop a statewide system for electronic exchange of health care information and standardize administrative functions. 	<ul style="list-style-type: none"> • Remove government from health care and allow the free market to produce lower costs, increase access, and improve quality.
Improving quality/ health system performance	<ul style="list-style-type: none"> • Reimburse HIP-related services at Medicare rates or 130% of Medicaid rates when a Medicare rate is not defined. • Require transparency by providers with regard to medical outcomes, quality of care, and cost. 	<ul style="list-style-type: none"> • Implement a loan forgiveness program to encourage providers to practice in and improve access to care in rural and underserved areas. • Work with vocational education and community college programs to develop new programs to increase the number of medical professionals. • Expand the use of telemedicine. 	<ul style="list-style-type: none"> • Remove government from health care; allow the free market to produce lower costs, increase access, and improve quality.
Public Health	<ul style="list-style-type: none"> • Continue the INShape Indiana program to encourage Hoosiers to exercise, eat well, and take care of their health. 	<ul style="list-style-type: none"> • No provision. 	<ul style="list-style-type: none"> • No provision.
Financing	<ul style="list-style-type: none"> • Pay for HIP with new revenue from the 44 cent cigarette tax increase approved in 2007. • Change the way the State allocates federal Medicaid funds to support and expand access to Hoosier Healthwise (the state health program for children, pregnant women, and low-income families) under the new federal waiver secured in 2007. This will compliment the HIP initiative which is likely to cover the parents or caregivers of children enrolled in Hoosier Healthwise. 	<ul style="list-style-type: none"> • Use funds from the 2007 cigarette tax increase participation in the health insurance pool program. • Administrative costs for the health care pool would be supported through small administrative charges to participants. 	<ul style="list-style-type: none"> • None required as no new state programs proposed.



	Mitch Daniels <i>(continued)</i>	Jill Long Thompson <i>(continued)</i>	Andy Horning <i>(continued)</i>
Sources	http://www.in.gov/fssa/hip/2269.htm www.hip.in.gov http://www.in.gov/fssa/files/providerfaqs1106.pdf http://healthaffairs.org/blog/2008/05/01/indiana-health-care-reform-amidst-colliding-values/ http://www.insideindianabusiness.com/newsitem.asp?ID=23017 http://www.in.gov/family.htm http://www.familiesusa.org/assets/pdfs/state-medicaid-waivers/indiana-waiver.pdf http://www.in.gov/fssa/hip/6875.htm	http://www.hoosiersforjill.com/news/long_thompson_oxley_announce_health_care_proposal http://jill.3cdn.net/fd7d2063769275902a_bgm6iyihp.pdf	http://tristatehomepage.com/content/fulltext/?cid=28641 http://www.nowpublic.com/world/one-one-andy-horning http://www.angelfire.com/indie/aaahome/hhh.003.faq.html

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The Indiana University Center for Health Policy is a nonpartisan applied research organization in the School of Public and Environmental Affairs at Indiana University-Purdue University Indianapolis. Researchers at CHP work on critical policy issues that affect the quality of health care delivery and access to health care.

