

ISSUE	CLINTON	TRUMP	HOUSE REPUBLICANS "A BETTER WAY"
Healthcare Coverage, Costs and the ACA	Defend and expand ACA	Repeal the ACA	Repeal the ACA
	Permit people 55 and over to "buy-in" to Medicare	Permit sale of health insurance across state lines <All Insurers>	Allow sale of insurance across state lines <All Insurers>
	Make "public option" possible	Allow individuals to deduct health insurance premiums from taxes <All Insurers>	Cap open-ended tax deduction for employer-based premiums <All Insurers>
	Expand access to public exchanges for undocumented immigrants <AET> <UNH> <ANTM> <CI> <MOH> <CNC>	Expand HSAs so they can accumulate year to year, and be passed on to heirs	Expanded use of HSAs; allow spouses to make catch-up contributions; for all qualified medical expenses incurred if HSA is established within 60 days; set maximum contribution to HSA at maximum combined and allowed annual deductible and out-of-pocket expense limits; expand accessibility to IHS and TRICARE
	Make more providers including mental health providers eligible for telehealth in Medicare and other federal programs <TDOC>	Require price transparency from all providers and health care organizations like clinics and hospitals <All Providers>	A refundable tax credit for people not eligible for employer coverage, Medicare or Medicaid; credit would be age adjusted and could be used to purchase insurance in any market
	Foster integration of medical and behavioral health care systems through CMMI demonstration <ACH> <AAC> <UHS>	Work with Congress to create a patient-centered health care system that promotes choice, quality, and affordability.	Prohibit end to stop loss insurance programs
	Encourage elimination of Medicaid prohibition on same day billing for mental health and primary care services	Work with states to establish high-risk pools to ensure access to coverage for individuals who have not maintained continuous coverage.	Allow small business and individuals to create insurance purchasing pools
	Enforce mental health parity through audits, insurance company disclosure and reporting <AAC> <UHS> <ACH> <All Insurers>		Study repeal of certain health insurance provision of McCarren Ferguson
	Expand access to autism services		Enact medical liability reform <All Providers>
			Retain guaranteed issue <All Insurers>
			Retain provision allow children to stay on plan until 26 <All Insurers>
			Change age-band from 1:3 to 1:5 <All Insurers>
			Create one-time enrollment <All Insurers>
Prescription Drugs	Access to Naloxone for first responders <HSP>	Permit reimportation of drugs from overseas <ALL Drugs>	Fund NIH with discretionary funds but at robust levels <All Drugs>
	Mandatory funding for Alzheimer's research <All Drugs>	Remove barriers for entry for competitive drugs (generics, biosimilars, etc.) <All Drugs>	Require data sharing of publicly funded research <All Drugs> <All Biotech>
	Research to end HIV and AIDS; research on mental and behavioral health		Modernize the FDA; streamline clinical trials and data collection <All Drugs> <All Devices>
	Cap on covered out-of-pocket prescription drug cost of \$250/mo. for people with chronic or serious conditions including HIV/AIDS <All Drugs>		
	Fully fund FDA Office of Generic Drugs to clear out their multi-year generic drug backlog <All Drugs>		
	Increase competition for specialty drugs including new "biologic drugs by lowering biologic exclusivity from 12 to 7 year; have FDA give expedited review to biosimilar applications that have only one or two competitors in market <All Drugs>		
	Prohibit "pay-for-delay" <All Drugs>		
	Permit re-importation of drugs from countries with high safety standards <All Drugs>		
	Support evaluation of value, quality and comparative effectiveness of drugs and will use private sector analysis <All Drugs>		
	Require drug companies to provide rebates for low-income Medicare enrollees that are equivalent to Medicaid (23%) <All Drugs>		
	Allow Medicare to negotiate drug prices especially for high-cost drugs with limited competition <All Drugs>		
	Expand utilization of HIV prevention medications including PrEP <GLD>		
	Eliminate preferential tax treatment for direct-to-consumer advertising <LLY> <BMV> <PFE> <CMCSA> <DIS> <60 Minutes>		

Medicare and Medicaid	Expand Medicaid	Turn Medicaid into a block grant program	Permit states to design own Medicaid program; using per capital allotment from federal government; block grant program for states that opt out of per capita <UNH> <MOH> <CNC>
		Repeal IPAB (eliminated)	Repeal benchmark caps in Medicare Advantage Plans <AET> <CI> <HUM> <UNH>
			Limit coding adjustments to Medicare Advantage Plans <AET> <CI> <UNH>
			Repeal IPAB
			Repeal CMMI
			Repeal ban on physician owned hospitals
			Implement value-based benefit design for MA Plans <AET> <CI> <HUM> <UNH>
			Combine Medicare Parts A and B; create on deductible; uniform cost sharing requirement for all services; streamline MSP program into one
			Limit use of Medigap plans beginning n 2020 by capping dollar amount of benefit
			Create Medicare Compare so consumers can evaluate MA plans versus fee-for-services
		Convert Medicare into a premium support program with plans available on a Medicare exchange by 2024	