

States Take the Initiative to Expand Health Coverage to the Uninsured

BY MARY ELLEN SCHNEIDER
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SAN DIEGO — The pressure is building to expand health insurance coverage, and right now the states are taking the lead, Jack Ginsburg said at the annual meeting of the American College of Physicians.

The issue of covering the uninsured is likely to heat up during the 2008 presidential election season, but little is expected at the federal level until after the race is decided, said Mr. Ginsburg, director of health policy analysis and research at the ACP.

"Where the action is really taking place is at the state level," he said.

There are comprehensive plans aimed at covering the insured in Maine, Massachusetts, and Vermont. In Maine, the state offers its residents discounts on premiums and deductibles on a sliding scale. In Massachusetts, the strategy for expanding coverage focuses on individual coverage mandates and income-based subsidies. And in Vermont, the state offers subsidies for the uninsured and employers pay an annual assessment for uninsured workers.

Other states, including Connecticut, Illinois, Pennsylvania, and Tennessee, are offering expanded coverage for children. In Connecticut, for example, fam-

ilies with an income of more than 300% of the federal poverty level can buy into the State Children's Health Insurance Program (SCHIP). More states are considering plans for universal health coverage for children.

In Montana, Rhode Island, Tennessee, and Utah, lawmakers have opted for incremental coverage that relies on public-private partnerships. These programs include combinations of approaches

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such as limits on insurance premiums, purchasing pools, premium assistance, and tax credits.

Lawmakers in several other states are considering proposals to expand health insurance coverage. For example, in California, Gov. Arnold Schwarzenegger (R) has proposed an individual insurance mandate, an expansion of Medicaid and SCHIP, and the creation of purchasing pools.

There are several legislative proposals circulating at the federal level, starting with the Bush administration plan, which involves tax deductions of \$7,500 for individuals and \$15,000 for families to offset the cost of purchasing health

insurance. The president's plan to expand coverage also relies on health savings accounts, taxing employers' health plan contributions as income, and association health plans.

Other federal legislative proposals span the policy spectrum and include efforts to require employer-sponsored insurance, individual insurance mandates, expanding Medicare coverage to all, expanding Medicaid or SCHIP to cover all children or children and parents, and offering federal grants for state initiatives.

For now, these proposals are circulating in congressional committees, Mr. Ginsburg said. In the meantime, most of the 2008 presidential candidates are being cautious about offering details on their health care plans.

On the Democratic side, the most detailed plan so far has come from former Sen. John Edwards (D-N.C.), who favors mandatory coverage for all through an expansion of Medicaid and SCHIP, sliding-scale tax credits, and other initiatives. Two other candidates, Sen. Hillary Clinton (D-N.Y.) and Sen. Barack Obama (D-Ill.), have stated a goal of universal coverage but have released few details, Mr. Ginsburg said.

Among the GOP candidates, most have said that they support "market-driven" approaches, he said. ■

Medicare Proposes Policy Revisions for Clinical Trials

Clinical trials may have to conform to new procedural and reporting requirements for Medicare beneficiary participants to be reimbursed, if revisions to the Clinical Trial Policy national coverage determination are implemented.

Changes proposed by the Centers for Medicare and Medicaid Services include:

- ▶ Requiring clinical trials to be registered on the National Institutes of Health ClinicalTrials Web site before enrollment.
- ▶ Requiring investigators to publish results.
- ▶ Adding Food and Drug Administration postapproval studies and coverage with evidence development (CED) to studies that would qualify under this policy.
- ▶ Paying for investigational clinical services if they are covered by Medicare outside the trial or required under CED through the national coverage determination process.
- ▶ Expanding the agencies that can deem whether a trial has met the general policy standards to include all Department of Health and Human Services agencies, the Veterans Administration, and the Department of Defense.

The Clinical Trial Policy (to be renamed the Clinical Research Policy) was developed in 2000 to allow Medicare to pay for certain items and services for Medicare beneficiaries involved in clinical trials.

For additional details about the proposal, visit the CMS Web site at www.cms.hhs.gov/mcd/viewdraftdecisionmemo.asp?id=186.

—Mark S. Lesney

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