

EPSTEIN BECKER & GREEN P.C.

What's Hot in Coding, Coverage, & Payment in the U.S. Healthcare Market

MarketReach America

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What's Hot in the U.S. Healthcare Market

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- Health Reform for Private Benefits
- Entitlement Reform for Government Healthcare Programs
- Senate Finance Committee Roundtables:
 - Reforming America's Health Care Delivery System
 - Increasing Access to Health Care Coverage
 - Financing Comprehensive Health Care Reform

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Obama's Plans for Access and Affordability

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Providing Access to Health Insurance		⇔	Making Health Insurance Affordable	
Patient Population	Proposed Fix			
Chronically Sick	Ban on Pre-existing Condition Discrimination			<ul style="list-style-type: none"> • Federal Reinsurance; • Disease management programs; • Coordinated care; • Transparency about cost and quality of care; • Improved patient safety; • Comparative effectiveness; • Reducing racial and ethnic disparities in health care treatments; • Promote health IT; • Reform the pharmaceutical industry; and • Combat Fraud & Abuse
Majority of U.S. Uninsured Population	Public Plan Option; Private Insurance Market Reforms			
Poor Populations	Expand Existing Public Programs; Subsidies for Low Income Individuals			

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Obama's Plan Expects Major Savings from Health IT, Medical Home and Medicare Overpayments

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Sources of Ten Year Savings

Source	Estimated Savings (\$ b)
Health IT	\$112.2 b
P4P	\$48.1 b
Disease Management	\$43.6 b
Medical Home	\$139.2 b
Drug Reimportation	\$42.6 b
Drug Negotiations	\$18 b
Comparative Effectiveness	\$39.9 b
Medicare Overpayments	\$135.3 b

Public Program Savings = \$321.6

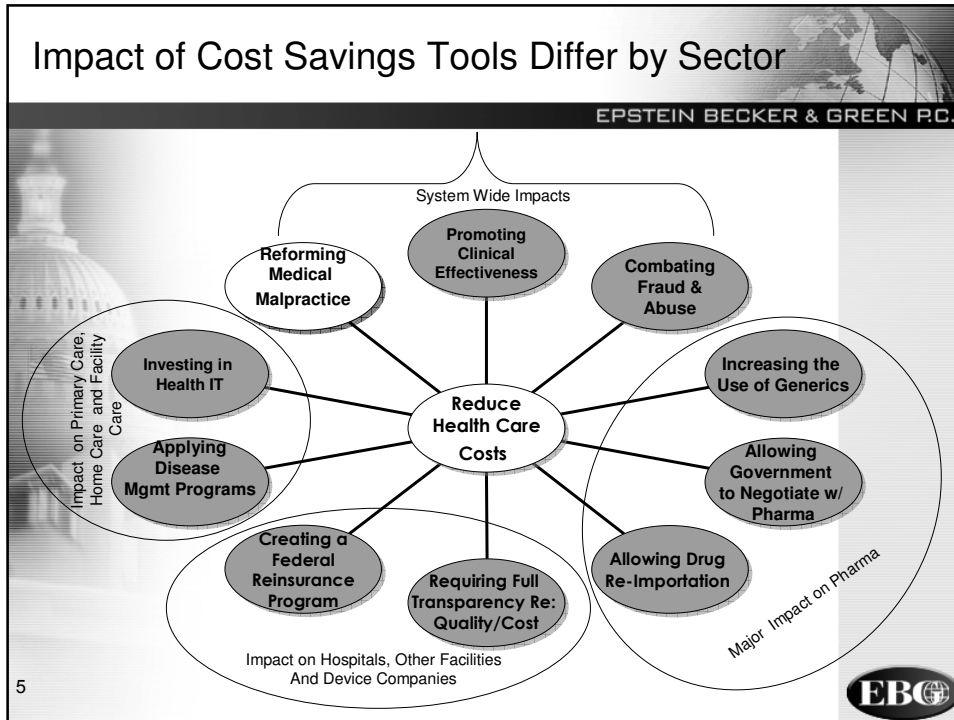
Private Insurance Savings = \$250.0

Total Systems Savings = \$571.6

The Need for Savings Will Increase Dramatically If Final Plan Includes A Mandate for Universal Coverage

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Goals of Healthcare Reform

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- 1. Reduce Rate of Healthcare Spending Increases**
 - Obama's Plan would reduce costs by \$572 billion over 10 years
 - Need for Additional Savings if Coverage is Universal
- 2. Provide Health Insurance To More Individuals**
 - Cost of Obama's Plan
 - \$86 billion in 2009
 - \$1.6 trillion through 2018
 - Cost Could Increase if Coverage is Universal
- 3. Increase Access to Affordable Health Insurance**
 - Obama's Plan Would Reduce Uninsured by 55%
 - Unless, There Is A Mandate for Universal Coverage

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Key Dates and Events

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<u>Key Date</u>	<u>Event</u>
<ul style="list-style-type: none"> • November 4, 2008 • January 3, 2009 • January 20, 2009 • February 4, 2009 • February 26, 2009 • March 5, 2009 • March 12, 2009 • March 17, 2009 • March 23, 2009 • March 31, 2009 • April 6, 2009 • June 2009 • October 15, 2009 • December 31, 2009 • November 2, 2010 • December 2010 • January 2011 • 2011 • January 2013 • January 20, 2013 	<ul style="list-style-type: none"> • Election Day • 111th Congress convenes • Inauguration Day • SCHIP Reauthorized • President's Proposed Budget Released • White House Forum on Health Reform • Michigan White House Regional Forum on Health Reform • Vermont White House Regional Forum on Health Reform • Iowa White House Regional Forum on Health Reform • North Carolina White House Regional Forum on Health Reform • California White House Regional Forum on Health Reform • Congressional Proposed "Mark-Up" Goal • Budget Reconciliation Deadline • Medicare Physician Fee Schedule "Cliff" In the Absence of a Budget Signed into Law • Congressional Elections • Current Bush Tax Cuts Expire • 112th Congress convenes • Bill Clinton & George Bush turn 65 • 113th Congress convenes • Next Inaugural Day

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Health Care Legislative Agenda for the 111th Congress

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- **As of December 15, 2008**
 - **State Children's Health Insurance Program**
 - Reauthorization expires March 31, 2009
 - **Physician Payment Reform**
 - Physician "fix" ends December 31, 2009
 - **Provider and Supplier Payments**
 - Preventive services
 - Transparency
 - Physician Relationships with manufacturers, suppliers
 - Providers update
 - Physician ownership of hospitals
 - Post-acute care providers (LTCH, IRFs, SNF, home health and hospice)
 - Competitive bidding moratorium expires in 2009
 - **Medicare Advantage & Part D Plans**
 - MA plan structure and payment levels
 - Government negotiation of drug prices
 - Government sponsored Part D plan
 - **Cost, Access, Oversight of Pharmaceuticals/Biotech**
 - Medicaid rebates
 - Importation of drugs
 - FDA oversight and enforcement
 - Follow-on biologics
 - **Quality and Value-Based Purchasing**
 - Comparative Effectiveness
 - Pay for performance programs for hospitals and physicians
 - Hospital Acquired Conditions
 - **Health Information Technology**
 - **Tax Reform**
 - Require employers to include cost of employer-provided health care on W-2

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What's Hot in Coding?

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- Creation of the Alliance for HCPCS II Coding Reform
 - The Alliance is comprised of over 20 participants with expertise in HCPCS coding who recognize the need to take action to reform the HCPCS coding system:
 - Key law firms (e.g., Epstein, Becker & Green, Latham and Watkins, Powers, Pyles Sutter and Verville)
 - Lobbying firms (Avalere Health, HillCo Partners)
 - Associations (Medical Device Manufacturers Association, National Venture Capital Association)
 - Coalitions (Coalition of Wound Care Manufacturers)
 - Reimbursement consulting companies (Nusgart Consulting, Neocure Group)
 - Medical device companies (Carmel Pharma, Sunrise Medical, KCI, Ossur Americas)

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What's Hot in Coding? Alliance for HCPCS II Coding Reform

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Mission:

To improve the HCPCS Level II coding process for health care products so that it is fair, transparent, predictable, accurate, understandable, timely, efficient, includes due process and is independent of coverage and payment considerations.

This improved HCPCS Level II coding process would allow appropriate consumer access to technology, regardless of payer.

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What's Hot in Coding?
Alliance for HCPCS II Coding Reform
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Workplan and Deliverables:


In 2008, The Alliance has convened 7 meetings and executed a workplan with the following deliverables:

- Mission statement and Fact Sheet
- Statement of Significant Concerns
- Draft case studies
- Reform models for consideration
- Draft legislation

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What's Hot in Coding?
Alliance for HCPCS II Coding Reform
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- In 2009, the Alliance has been convening monthly meetings. Its workplan includes finalizing and enacting legislation by performing activities associated with this endeavor such as:
 - Raising awareness of issues and educating lawmakers and interested parties (MedPAC, GAO)
 - Identifying and educating allies and relevant stakeholders on this issue

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What's Hot in Coding?
Alliance for HCPCS II Coding Reform

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Statement of Significant Concerns:

Issue Statement: Current CMS process for establishing and maintaining Level II HCPCS codes impedes patient access to new and existing health care products. Reform is needed to revise the coding criteria in order to support the purpose of a universal code set. Without the needed reform, the integrity of the nation's electronic billing and data exchange functions will continue to be compromised and the initial goals of the coding system - to ensure uniformity in billing and to facilitate appropriate coverage and reimbursement policies - will remain unmet.

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What's Hot in Coding?
Alliance for HCPCS II Coding Reform

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Statement of Significant Concerns (cont.)

1. Current HCPCS code set includes broadly defined codes which are ambiguous and imprecise
 - Wide range of technologies under one code - payors may not know what they are paying for
 - Provide opportunities for fraud and abuse
2. Coding process is not transparent, predictable, or timely
 - Criteria to issue codes - subjective, fluctuate yearly, threshold escalating, no notice and comment
 - Stakeholders excluded by decisionmaking process
 - No appeals process

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What's Hot in Coding?
Alliance for HCPCS II Coding Reform


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Statement of Significant Concerns (cont.)

3. Coding Process Commingles Medicare Coverage and Coding Decisions

- Previously used distinct technology, patient or clinical need - now uses clinical evidence
- Overlooks fact HCPCS codes used by other payers than Medicare who have different coverage and payment policies
- Using Medicare criteria usurps other payers ability to establish own coverage policies

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What's Hot in Coding?
Alliance for HCPCS II Coding Reform


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Statement of Significant Concerns (cont.)

Recommendation:

The Alliance recommends that the HCPCS coding function be moved outside of CMS in order to eliminate potential conflicts of interest when CMS is both the payor and the coding authority. It should be a commission with representation from the private and public sectors.

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What's Hot in Coding? Trends/Case Study

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- Trend is less applications submitted since number of codes issued have decreased over the years
 - Early 2000 - 300 applications submitted
 - 2006 - 171 submissions; 35 codes issued
 - 2007 - 168 submissions; 12 codes issued
 - 2008 - 123 submissions; 22 codes issued

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What's Hot in Coding? Trends/Case Study (cont.)

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- Reasons for denial:
 - Use existing code
 - No insurer identified a national program operating need
 - Revise coding descriptor
 - No clinical evidence- use existing code
 - Use miscellaneous code-sales insufficient
 - Use CPT code

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What's Hot in Coding? Trends/Case Study (cont.)

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- Manufacturers resubmit coding applications multiple times since no appeals process
- Case studies show how bar for issuing codes have increased yearly and denial language differs each year
 - Wheelchair handrim
 - Hydrophilic urinary catheters

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What's Hot in Coverage?

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- American Recovery and Reinvestment Act of 2009
 - Authorized \$1.1 billion for Comparative Effectiveness Research
 - HHS required to appoint 15-person Federal Coordinating Council
 - The Council is forbidden by law from recommending clinical guidelines for payment, coverage, or treatment

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What's Hot in Coverage? CMS-MedCAC-AHRQ-HTAs

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Coverage with Evidence (CED) Cases, 1999-2007

Technology	Date of Decision	Notes	Status
Lung volume reduction surgery (LVRS)	2003	From 1996 to 2003, CMS covers LVRS only within an NIH-sponsored RCT; ultimately, CMS covers LVRS only for types of patients who benefit and only in approved facilities; use of LVRS falls after NCD	Trial published in 2003 Use of LVRS falls after trial
Positron-emission tomography (PET) for suspected dementia	2004	CMS covers FDG-PET for patients with suspected dementia only for patients enrolled in a "large practical clinical trial"	Trials ongoing
PET for cancers	2005	CMS expands coverage of PET for cancer to situations where providers and patients are enrolled in a prospective data collection system; CMS identifies National Oncologic PET Registry as meeting such system requirements	Registry ongoing
Implantable cardioverterdefibrillators (ICDs)	2005	CMS covers ICDs for subgroup while primary prevention indications are subject to prospective data collection in an ACC National Cardiovascular Data Registry	Registry ongoing with collection of longitudinal data in the development phase
Chemotherapy for colorectal cancer	2005	CMS covers off-label use of chemotherapy drugs for colorectal cancer for patients enrolled in NCI-sponsored RCTs; local contractors may cover off-label uses at own discretion	NCI trials ongoing
Cochlear implantation	2005	CMS expands coverage for patients with less severe hearing loss based on participation in RCT	No proposals for trials emerged in response to NCD
Home use of oxygen	2006	CMS expands coverage for home use of oxygen to less severely impaired patients enrolled in an NHLBI-sponsored RCT	Trials under way

21 Source: Health Affairs, November/December 2008
located at <http://www.healthaffairs.org>




What's Hot in Coverage?

Trends in CMS National Coverage Determinations

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- Between 2000 and the first quarter of 2008, CMS issued 133 NCDs, of which 39 were Reconsiderations.
- Majority of the NCDs and reconsiderations (72 percent) were issued between 2004 and 2006.
- More recently, there were 27 NCDs and Reconsiderations during 2007 and Q1, 2008.
 - 18 were internally generated by CMS
 - 8 were generated by manufacturers
 - 6 were generated by providers
 - 1 was generated by a carrier
 - 1 was generated by Joint Commission

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What's Hot in Coverage?

Trends in CMS National Coverage Determinations

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- Clinical Topics cover wide range of clinical areas including cardiothoracic surgery, neurosurgery, oncology and immunology
- Benefit Categories cover wide range of benefit categories including physician services, DME, screening and diagnostic tests and Part B covered drugs
- PTA/Stent procedures have been the topic of six reconsiderations

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What's Hot in Coverage?

MedCAC Top Ten Priorities: Predictor of Future Trends in NCDs?

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- 4 of MedCAC's Top Ten Priorities Related to Oncology:
 - Appropriate ESA use in cancer patients
 - Benefit of cancer prognostic markers OncoDX, Her-2-Neu
 - Benefits of high cost cancer drugs
 - New Radiation treatments for cancer: IMRT, proton beam
- 2 of MedCAC's Top Ten Priorities Related to Neurology:
 - Comparative effectiveness of the treatment of carotid artery disease
 - Comparative effectiveness of the treatment of acute stroke (i.e., clot retrieval vs. reperfusion drugs)
- 4 of MedCAC's Top Ten Priorities Related to:
 - Treatment of atrial fibrillation
 - Benefit of early aggressive treatment of diabetes
 - Comparative effectiveness of treatment of ulcers (i.e., off-loading, debridement, biologics, revascularization)
 - Appropriate use of hospice care


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What's Hot in Coverage?
MedCAC Top Ten Priorities: Predictor of Future Trends in NCDs?

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- **Comparative Effectiveness is Listed Among MedCAC's Top Evidentiary Priorities for the Medicare Program**
 - 4 topics relate to neurology
 - Including the two topics in the Top Ten Priorities
 - 3 topics are unrelated to a particular specialty:
 - Wound care treatments
 - Diabetes treatments
 - Bone density testing

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What's Hot in Coverage?
Media Coverage of "Coverage"

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December 1, 2008	WSJ	"An Implant That Hits a Nerve"
December 2, 2008	NYT	"Cardiologists Debate Expensive Heart Scans"
December 3, 2008	NYT	"British Balance Benefit vs. Cost of Latest Drugs"
December 17, 2008	NYT	"Geography Has Role in Medicare Cancer Coverage"
December 30, 2008	NYT	"Patient's DNA May Be Signal to Tailor Medication"

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What's Otherwise Hot?

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- ECRI's Top 10 Technology Hazards that should be on every hospital's list of safety concerns for medical device use:

• Alarm Hazards	• Needlesticks and other sharps injuries
• Air Embolism from contrast media injectors	• Surgical fires
• Anesthesia hazards due to inadequate pre-use inspections	• Misleading displays
• CT radiation dose	• MR imaging burns
• Retained devices and unrestrained fragments left in patients	• Fiber optic light source burns

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Source: ECRI Institute located at <http://www.ecri.org/>



What's Hot in Payment? Value Based Purchasing

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- CMS Not Paying Hospitals for "Never Events" (Hospital Acquired Conditions/Present on Admission)
- OIG Advisory Opinions on Gainsharing Between Hospitals and Physicians
- Competitive Bidding by CMS for Certain Durable Medical Equipment Used in the Home

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What's Hot in Payment?

CMS DMEPOS Competitive Acquisition (Bidding) Program

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- **Background:**
 - MMA required the HHS Secretary to establish a DMEPOS Competitive Bidding Program.
 - Competitive Bidding was to be phased-in and would replace the Medicare fee schedule.
 - CMS selected high volume/expenditure items and services
- **MIPPA delayed competitive bidding – until 2009**
 - Rule became effective April 17, 2009 despite the pleas of industry groups and 84 members of Congress to delay implementation
- **Payment tradeoffs include:**
 - 2009 Fee Schedule update reduced by 9.5% for all Round One items, services and accessories.
 - Reduction applies to all areas, not just competitive acquisition areas.
 - For items or services that were not part of Round One, the fee schedule update in 2009 will be the increase in the consumer price index (CPI) as required by law.
 - For 2010 through 2013, the fee schedule update will be the increase in the CPI for all items and services outside competitive bidding areas.
 - For 2013 the update will be the increase in the CPI plus 2% for items and services that (1) had received a 9.5% reduction in 2009, (2) had not received a payment adjustment based on the Secretary's authority to adjust payments outside of competitive areas based on data from competitive bidding, and (3) were not part of a competitive bidding area.
 - For all others, the 2014 update will be the increase in the CPI.
- **Websites for more information:**
 - Competitive bidding: http://www.cms.hhs.gov/DMEPOSCompetitiveBid/01_overview.asp
 - Competitive bidding Implementation contractor website: <http://www.dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home>


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What's Hot in Payment?

MIPPA Delayed and Reformed Competitive Bidding

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- **Delay to the Competitive Bidding program:**
 - Terminated all contracts awarded for Round One & required Secretary to re-bid the Round One in 2009
 - Damages for the delay could be paid from the Part B Trust Fund.
 - Suppliers precluded from seeking administrative or judicial review of the terminations.
 - Round Two of bidding and expansion of the program, beyond original 80 locations, delayed until 2011.
 - After two rounds, but prior to 2015, Secretary prohibited from expanding competitive bidding into (1) rural areas, (2) metropolitan statistical areas (MSAs) of fewer than 250,000 if not previously selected and (3) areas with low population density within MSAs that are otherwise selected for competitive bidding.
 - National mail order items could be implemented after 2010.
- **Reforms to Competitive Bidding program:**
 - Negative pressure wound therapy (NPWT) and complex rehabilitative power wheelchairs excluded from competitive bidding, as well as Puerto Rico.
 - Secretary required to evaluate the Healthcare Common Procedure Coding System (HCPCS) for NPWT.
 - IG required to assess the program through post-award audits, surveys, etc.
 - Secretary cannot use information from competitive bidding program to adjust payment in non-competitive bidding areas before January 1, 2011. Prior to implementation, Secretary required to promulgate regulations describing the method to be used in adjusting rates.
 - Suppliers (directly or as subcontractors are required to submit evidence of accreditation by October 1, 2009; Secretary may exempt certain professionals from accreditation requirement.
 - Off-the shelf orthotics and other DME and supplies are exempt from competitive bidding when furnished by a physician or other practitioner, as defined by the Secretary, to their own patients as part of their professional services, or by a hospital to its own patients during an admission or on the date of discharge.
 - Various reports and requirements were delayed to conform with the new bidding schedule. The scope of the GAO report was expanded.
- Competitive bidding for DMEPOS delayed through 2009

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- Transparency with third parties and business relationships
 - “Drug and Medical Device Company Gift Disclosure Act”
 - “Physician Payments Sunshine Act”
 - MedPAC will recommend the following:
 - That Congress require all manufacturers and distributors of drugs, biologicals, medical devices and medical supplies (and their subsidiaries) to report to the [Health and Human Services] Secretary their financial relationships with: physicians, physician groups, and other prescribers; pharmacies and pharmacists; health plans, pharmaceutical benefit managers, and their employees; hospitals and medical schools; organizations that sponsor continuing medical education; patient organizations; and professional organizations.”
 - That the HHS Secretary post the information on the web.
 - That all hospitals and other entities that bill Medicare to disclose financial relationships with physicians that will be publicly disclosed.
- Care Management
 - Demonstration Projects
 - Medical Home
- Home Health Pay for Performance

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What's Otherwise Hot?

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- PhRMA Revised Code on Interactions With Health Care Professionals
- Research Should Be Conducted Under a Bona Fide Consulting Arrangement That Includes:
 - Written Contract
 - Legitimate need for the research identified in advance
 - Defined selection criteria
 - A reasonable number of researchers
 - Documentation of work performed
 - Compliance with meeting requirements

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What's Otherwise Hot?

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- AdvaMed Revised Code on Interactions With Health Care Professionals
 - Written signed agreement specifying services to be performed (purpose of the research funding must be clearly documented)
 - There should be a written research protocol
 - Compensation should be consistent with FMV
 - Need for the research should be based on legitimate criteria established in advance
 - Selection should be based on qualifications and expertise

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Discussion

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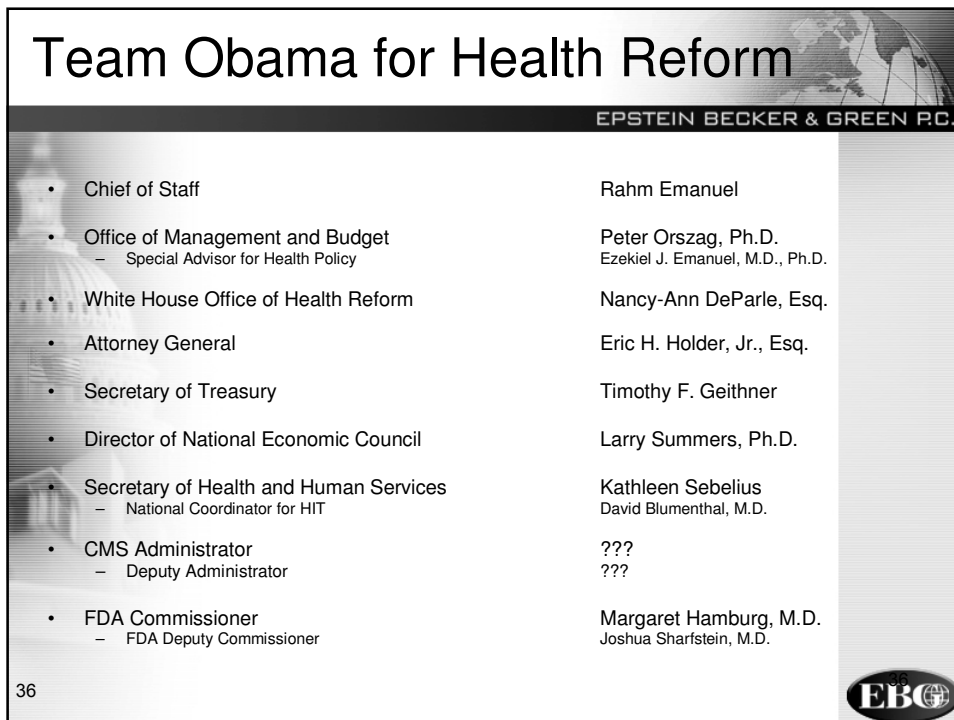




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Supplemental Index

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Team Obama for Health Reform

• Chief of Staff	Rahm Emanuel
• Office of Management and Budget – Special Advisor for Health Policy	Peter Orszag, Ph.D. Ezekiel J. Emanuel, M.D., Ph.D.
• White House Office of Health Reform	Nancy-Ann DeParle, Esq.
• Attorney General	Eric H. Holder, Jr., Esq.
• Secretary of Treasury	Timothy F. Geithner
• Director of National Economic Council	Larry Summers, Ph.D.
• Secretary of Health and Human Services – National Coordinator for HIT	Kathleen Sebelius David Blumenthal, M.D.
• CMS Administrator – Deputy Administrator	???
• FDA Commissioner – FDA Deputy Commissioner	Margaret Hamburg, M.D. Joshua Sharfstein, M.D.

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White House Chief of Staff – Rahm Emanuel

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- Background in the Executive and Legislative Branches
 - Former White House Advisor to President Bill Clinton (1993-1998)
 - Elected to Congress in 2003 representing Chicago's 5th District
 - Former Chair of the Democratic Congressional Campaign Committee and is credited with leading the Democratic Party's effort to capture the majority in the House in the 2006 elections
 - Former Chair of the Democratic Caucus
 - Former Member of the House Ways and Means Committee, Subcommittee on Health
- Sponsored Health-Related Legislation
 - Health Kids Act of 2007 (SCHIP)
 - Elder Justice Act
 - Medicare Provider Accountability Act
 - Medicaid Levy Enhancement Act
 - Pharmaceutical Market Access and Drug Safety Act of 2007

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Office of Management and Budget – Peter Orszag, Ph.D.

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- Believes that future health care spending is the single most important factor determining the nation's long-term fiscal condition
- Former CBO Director
- Supports transparency
 - Comparative effectiveness research and disclosure of alternative treatments and services
 - Disclosure of financial relationships among providers and manufacturers and suppliers
- Recognizes the lack of clarity regarding what insurance costs and who bears those costs, especially for employment-based health insurance
 - Employers' payments for employment-based health insurance and nearly all payments by employees for that insurance are excluded from individual income and payroll taxes.

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White House Office of Health Reform – Nancy-Ann DeParle

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- Former Commissioner of the Tennessee Department of Human Services
- “Health Reform Czar” – first person to lead the newly created White House Office of Health Reform
- Background at HCFA, OMB, and MedPAC
- Former Director to Accredo Health, Boston Scientific, Cerner, DaVita, Guidant, National Quality Forum, Robert Wood Johnson Foundation, and Triad Hospitals
- Leading the regional White House Forums on Health Reform
- Being in the White House will allow her to have direct access to the President
- Familiar with competitive bidding
- Believes health reform will happen this year

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Secretary of Health and Human Services – Kathleen Sebelius

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- Confirmed April 28, 2009 as Secretary of Health and Human Services
- Prior to hearings before the Senate, admitted errors in previously filed tax returns and paid back taxes of almost \$8,000
- Former Democratic Governor of Kansas
- Before being elected Governor, served 8 years as Insurance Commissioner
 - Refused to take campaign contributions from insurance companies and blocked the sale of Blue Cross/Blue Shield of Kansas to Anthem in 2002
- Supports a public plan option, reforming the physician payment formula, increasing pay to primary care physicians, and comparative effectiveness research

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National Coordinator for HIT – David Blumenthal, M.D.

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- Primary care physician
- As National Coordinator, will lead the effort to build a nationwide HIT infrastructure
- Served as the director of the Harvard University Interfaculty Program for Health Systems Improvement
- During the late 1970s, Dr. Blumenthal worked on Senator Edward Kennedy's Senate Subcommittee on Health and Scientific Research

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FDA Commissioner – Margaret Hamburg, M.D.

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- Nominated, but not yet confirmed, as FDA Commissioner
- Internal medicine physician
- Former New York City Commissioner of Health
- One of the youngest people ever elected to the IoM
- Since 2001, she has been vice president for biological programs at the Nuclear Threat Initiative, a foundation dedicated to reducing the threat to public safety from nuclear, chemical, and biological weapon

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FDA Deputy Commissioner – Joshua Sharfstein, M.D.

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- Acting Commissioner until Dr. Hamburg is confirmed
- Pediatrician
- Served as Baltimore's Commissioner of Health
- Former investigator for Rep. Waxman on the Committee on Oversight and Government Reform

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AHRQ Director - Carolyn Clancy, M.D.

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- Prior to her appointment as Director, Dr. Clancy served as the Agency's Acting Director and previously was Director of the AHRQ's Center for Outcomes and Effectiveness Research
- Her major research interests include improving health care quality and patient safety and reducing disparities in care associated with patients' race, ethnicity, gender, income, and education

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Congressional Budget Office - Douglas Elmendorf

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- Former Fellow at the Brookings Institute
- CBO is devoting increasing resources to assessing options for reducing such spending in the future.
- Agency expanded the number of full-time-equivalent staff analyzing health care issues.
 - CBO established a panel of health advisers (consisting of experts from academia, industry, and independent research organizations), which meets periodically to examine frontier research in health policy and to advise the agency on its analyses of health care issues.
 - CBO continually reviews research conducted both in and outside of government:
 - In December 2008, it presented a report that provided cost estimates for 115 specific policy options
 - Also in December 2008, it presented a report that identified the key issues in analyzing different health insurance proposals

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Team Obama: The Cabinet

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<ul style="list-style-type: none"> •Department of State •Department of the Treasury •Department of Defense •Department of Justice •Department of the Interior •Department of Agriculture •Department of Commerce •Department of Labor •Department of HUD •Department of Transportation •Department of Energy •Department of Education •Department of Veterans' Affairs •Department of Homeland Security 	<ul style="list-style-type: none"> •Former NY Senator •Former President of NY Fed •Holdover from Bush Presidency •Former Deputy AG under Pres. Clinton •Former Colorado Senator •Former Iowa Governor •Former Washington Governor •Former California Representative •Former Commissioner of NYC Dep't of Housing Preservation and Development •Former Illinois Representative •Nobel Prize Winner in Physics •Former CEO of Chicago Public Schools •Retired Four-Star General •Former Arizona Governor 	<ul style="list-style-type: none"> •Hillary Rodham Clinton •Timothy Geithner •Robert Gates •Eric Holder •Ken Salazar •Tom Vilsack •Gary Locke •Hilda Solis •Shaun Donovan •Ray LaHood •Steven Chu •Arne Duncan •Eric Shinseki •Janet Napolitano
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