

# COMPARING PRESIDENTIAL HEALTH PLATFORMS

The Asian & Pacific Islander American Health Forum (APIAHF) influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders. We believe in health justice and work with community advocates, public health leaders and policymakers to generate policy and systems changes that benefit our communities at the national, state and local levels. With the upcoming Presidential election, this document compares the candidates' health care platforms against our policy priorities of health care access, health care quality, data and research, and health equity. Where possible, population estimates of the impact of the Affordable Care Act (ACA) on Asian Americans, Native Hawaiians and Pacific Islanders are provided. This was done with the understanding that Governor Romney's platform is more conceptual than the ACA, and population estimates are unavailable at this time.

	PRESIDENT OBAMA (ENACTED THE ACA)	GOVERNOR ROMNEY (VOWS TO REPEAL & REPLACE THE ACA)
<b>HEALTH CARE ACCESS</b>		
<b>Individual Mandate &amp; Guaranteed Issue</b>	Imposed an individual mandate and prohibited insurance companies from denying health coverage to individuals with pre-existing conditions ("guaranteed issue").	Opposes a federal individual mandate and guaranteed issue but is in favor of preventing discrimination against individuals with pre-existing conditions who maintain continuous coverage.
<b>Health Care Marketplace</b>	Continued implementation of state-based health insurance exchanges and offer income-based tax credits and other cost-sharing reductions to enable low-income persons to buy insurance within the Exchange marketplace. The ACA requires all health plans both inside and outside the Exchange to offer a comprehensive package of items and services known as essential health benefits.	Vows to repeal the ACA and allow the states to shape and regulate local insurance markets. Instead of an exchange, Romney would allow consumers to purchase policies in other states and would provide a tax break to people who buy insurance individually on the open market so that they would enjoy the same benefits as employees who receive employer coverage. Romney also promotes price transparency as a mechanism to curb over-utilization of services and wants to allow funds from high-deductible health savings accounts to be used for insurance premiums.
<b>Medicaid &amp; The Uninsured</b>	Provides federal funds to support states that elect to expand Medicaid. If fully implemented, this could expand coverage eligibility to nearly half of the current uninsured population including an estimated 15 million newly eligible adults and 2.9 million newly eligible children. Nearly one in ten Asian Americans and more than one in eight Native Hawaiians and Pacific Islanders are projected to gain Medicaid coverage under the expansion.	Shifts away from traditional Medicaid, opting instead to give each state a block-grant. States will then allocate these funds with little federal involvement or requirements such as medical mandates. Allows consumers to purchase out-of-state insurance, form public-private partnerships, exchanges, and subsidies, and promotes co-insurance products.
<b>Medicare</b>	Provides Medicare recipients with new free preventive services including screenings for cancer, diabetes, and blood pressure. Will close the prescription drug coverage gap ("donut hole") by 2020. Committed to increasing coordination of care and reducing Medicare fraud, waste, and abuse.	Will not reform Medicare for current seniors. Proposes that tomorrow's Medicare be repackaged as a fixed-amount "premium support" benefit, or voucher, for each senior that they can use to purchase the insurance plan of their choice. Medicare plans will compete with private health plans and federal spending will be limited. Seniors will be allowed to keep the savings from less expensive options or choose to pay more for costlier plans.
<b>Young Adults</b>	Expanded insurance coverage for young adults by allowing those under 26 years old to remain on their parent's health plan. An estimated 97,000 Asian American, Native Hawaiian and Pacific Islander young adults have benefited from this provision.	Has indicated support for allowing young adults to remain on their parent's plan but would not require insurance companies to provide this coverage. There is currently no information regarding what mechanism would be used to ensure this coverage for young adults.
<b>Small Businesses</b>	Makes small business tax credits available to help offset the cost of employment-based health insurance premiums and will allow small businesses to buy health coverage through a state-based Small Business Health Options Program (SHOP) Exchange. Both the SHOP Exchange and small business tax credits will provide relief for the more than 1.5 million Asian American, Native Hawaiian or Pacific Islander-owned businesses in the U.S.	Would allow individuals and small businesses to form purchasing pools.

DATA & RESEARCH		
<b>Data &amp; Research</b>	Requires data to be disaggregated by race, ethnicity, language, sex, and disability status. Disaggregation is now the default reporting requirement for quality measurement of all federally conducted/supported health programs. Also provides funding for data collection and analysis to measure the impact of health reform and support strategic planning.	Supports federal investment in health care delivery systems and solutions, as well as in basic and applied biomedical research. Romney's current health care platform does not appear to specifically address the issue of data collection at this time.
HEALTH CARE QUALITY		
<b>Language Access &amp; Cultural Competency</b>	Requires state insurance exchanges to provide information in "plain language" and prohibits them from discriminating on the basis of race, color, or national origin. HHS will develop standards for collecting language data relating to enrollees or participants of any federally conducted or funded health program. The ACA requires the development of a model cultural competency curriculum.	Romney's current health care platform does not appear to address this issue at this time. However, it would encourage "Consumer Reports"-type ratings of alternative insurance plans and support the ability of all organizations to provide, purchase, or enroll in health care coverage consistent with their religious, moral or ethical convictions without discrimination or penalty.
<b>Workforce Diversity</b>	Strengthens safety-net hospitals, invests in primary care workforce, and expands initiatives to increase racial and ethnic diversity in the health care professions. Expands tax benefits as well as financial aid and loan repayment options for providers and health professionals opting to work in underserved areas.	Romney's current health care platform does not appear to specifically address this issue at this time. However, Romney supports a cap on non-economic damages in medical malpractice lawsuits.
<b>Health Information Technology</b>	Requires both federal and state governments to provide on-line enrollment in health insurance exchanges. Provides funding to and coordinates with states to develop the technical architecture and user friendly IT platforms needed for this transition. "Early Innovator" grants are available to incentivize state leadership in this area. The ACA also includes funds to increase HIT for community-based health care and will expand the use of electronic health records.	Promotes IT interoperability and supports technology enhancements for medical health records and data systems while affirming patient privacy and ownership of health information.
HEALTH EQUITY		
<b>Accountability</b>	Requires insurance companies in every state to publicly justify their actions if they want to raise rates by 10 percent or more. Some states have the authority to reject unreasonable premium increases. Allows for third party appeals for denials of care.	Limits federal standards and requirements on both private insurance and Medicaid coverage. Puts states in charge of regulating local insurance markets and provides them with the incentives and flexibility to experiment, learn from one another, and craft the approaches best suited to their own citizens.
<b>Primary Prevention &amp; Effective Health Programming</b>	The ACA covers preventive care services, including well-woman care, birth control, and screening for diabetes and breast cancer without cost-sharing. The ACA also established the Prevention and Public Health Fund to increase the public health infrastructure and to support various prevention programs.	Emphasizes increased consumer choice through the promotion of free market and fair competition. Believes individual responsibility for one's lifestyle choices coupled with increased preventive services will drive down health care costs and medical spending. Romney is also committed to pursuing tort reform. Opposes the ACA's requirement that contraception be covered without copays.
<b>Addressing Underlying Socioeconomic Factors &amp; Elimination of Health Disparities</b>	Includes programs that focus on the prevention of chronic disease while emphasizing collaboration between federal agencies, community-based organizations, and providers. These programs, including Community Transformation Grants, specifically address ways to target at-risk populations and health disparities in low-income communities.	

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Source: Material for this document includes the ACA, the National Health Law Program's Short Papers on health reform available at <http://www.healthlaw.org>, [www.healthreform.gov](http://www.healthreform.gov), the 2012 Republican Platform available at [http://www.gop.com/2012-republican-platform\\_home/](http://www.gop.com/2012-republican-platform_home/), [www.mittromney.com](http://www.mittromney.com), The Urban Institute Health Policy Center <http://www.urban.org/UploadedPDF/412607-Opting-Out-of-the-Medicaid-Expansion-Under-the-ACA.pdf>, and the Kaiser Foundation <http://healthreform.kff.org/>.