



BARACK OBAMA AND JOE BIDEN'S PLAN TO IMPROVE ACCESS, AFFORDABILITY, AND QUALITY OF HEALTH CARE FOR ASIAN AMERICANS AND PACIFIC ISLANDERS

“WE NOW FACE AN OPPORTUNITY – AND AN OBLIGATION – TO TURN THE PAGE ON THE FAILED POLITICS OF YESTERDAY’S HEALTH CARE DEBATES.... MY PLAN BEGINS BY COVERING EVERY AMERICAN. IF YOU ALREADY HAVE HEALTH INSURANCE, THE ONLY THING THAT WILL CHANGE FOR YOU UNDER THIS PLAN IS THE AMOUNT OF MONEY YOU WILL SPEND ON PREMIUMS. THAT WILL BE LESS. IF YOU ARE ONE OF THE 45 MILLION AMERICANS WHO DON’T HAVE HEALTH INSURANCE, YOU WILL HAVE IT AFTER THIS PLAN BECOMES LAW. NO ONE WILL BE TURNED AWAY BECAUSE OF A PREEXISTING CONDITION OR ILLNESS.”

--BARACK OBAMA, SPEECH IN IOWA CITY, IA, MAY 29, 2007

AT A GLANCE

Affordable, Accessible Health Coverage for All

OBAMA WILL SIGN A HEALTH CARE REFORM PLAN INTO LAW BY THE END OF HIS FIRST TERM IN OFFICE THAT WILL PROVIDE AFFORDABLE, ACCESSIBLE HEALTH COVERAGE FOR EVERY AMERICAN.

Reduce Health Care Costs

OBAMA’S PLAN WILL BRING DOWN THE COST OF HEALTH CARE AND REDUCE A TYPICAL FAMILY’S PREMIUMS BY AS MUCH AS \$2,500 PER YEAR.

THE PROBLEM

Millions of AAPIs are Uninsured or Underinsured because of Rising Medical Costs

ACCESS TO QUALITY, AFFORDABLE HEALTH CARE IS A CRITICAL ISSUE FOR AAPI COMMUNITIES. CURRENTLY, THERE ARE 2.2 MILLION AAPIs WHO HAVE NO HEALTH INSURANCE – WHICH IS OVER 16 PERCENT OF THE AAPI POPULATION.

Serious Health Disparities

AAPIS EXPERIENCE SIGNIFICANT AND LIFE-THREATENING DISPARITIES IN HEALTH AND HEALTHCARE. FOR EXAMPLE, AS MANY AS ONE OUT OF 10 AAPIS ARE CHRONICALLY INFECTED WITH THE HEPATITIS B VIRUS. AAPI MEN ARE TWICE AS LIKELY AS WHITE MEN TO HAVE STOMACH CANCER, AND AAPI WOMEN ARE OVER THREE TIMES AS LIKELY AS WHITE WOMEN TO HAVE STOMACH CANCER. LIVER CANCER RATES AMONG AAPI MEN ARE 13 TIMES HIGHER AMONG VIETNAMESE AMERICANS, EIGHT TIMES HIGHER AMONG KOREAN AMERICANS, AND SIX TIMES HIGHER AMONG CHINESE AMERICANS.

Language Barriers Persist

LINGUISTICALLY APPROPRIATE AND CULTURALLY COMPETENT SERVICES ARE FUNDAMENTAL TO THE DELIVERY OF QUALITY SERVICES, BUT 39 PERCENT OF AAPIS WERE LIMITED ENGLISH PROFICIENT (LEP), COMPARED TO 8 PERCENT OF THE OVERALL U.S. POPULATION.

Health Care Costs are Skyrocketing

HEALTH INSURANCE PREMIUMS HAVE RISEN FOUR TIMES FASTER THAN WAGES OVER THE PAST SIX YEARS.

BARACK OBAMA AND JOE BIDEN'S PLAN

Quality, Affordable, Accessible Health Coverage for All

(1) Plan to Cover Uninsured Americans: OBAMA AND BIDEN WILL MAKE AVAILABLE A NEW NATIONAL HEALTH PLAN TO ALL AMERICANS, INCLUDING THE SELF-EMPLOYED AND SMALL BUSINESSES, TO BUY AFFORDABLE HEALTH COVERAGE THAT IS SIMILAR TO THE PLAN AVAILABLE TO MEMBERS OF CONGRESS.

The Obama Plan will have the Following Features:

- **Guaranteed Eligibility:** NO AMERICAN WILL BE TURNED AWAY FROM ANY INSURANCE PLAN BECAUSE OF ILLNESS OR PRE-EXISTING CONDITIONS.
- **Comprehensive Benefits:** THE BENEFIT PACKAGE WILL BE SIMILAR TO THAT OFFERED THROUGH FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHBP), THE PLAN MEMBERS OF CONGRESS HAVE. THE PLAN WILL COVER ALL ESSENTIAL MEDICAL SERVICES, INCLUDING PREVENTIVE, MATERNITY, AND MENTAL HEALTH CARE.
- **Affordable Premiums, Co-Pays and Deductibles.**
- **Subsidies:** INDIVIDUALS AND FAMILIES WHO DO NOT QUALIFY FOR MEDICAID OR SCHIP BUT STILL NEED FINANCIAL ASSISTANCE WILL RECEIVE AN INCOME-RELATED FEDERAL SUBSIDY TO BUY INTO THE NEW PUBLIC PLAN OR PURCHASE A PRIVATE HEALTH CARE PLAN.
- **Simplified Paperwork and Reined in Health Costs.**
- **Easy Enrollment:** THE NEW PUBLIC PLAN WILL BE SIMPLE TO ENROLL IN AND PROVIDE READY ACCESS TO COVERAGE.
- **Portability and Choice:** PARTICIPANTS IN THE NEW PUBLIC PLAN AND THE NATIONAL HEALTH INSURANCE EXCHANGE (SEE BELOW) WILL BE ABLE TO MOVE FROM JOB TO JOB WITHOUT CHANGING OR JEOPARDIZING THEIR HEALTH CARE COVERAGE.
- **Quality and Efficiency:** PARTICIPATING INSURANCE COMPANIES IN THE NEW PUBLIC PROGRAM WILL BE REQUIRED TO REPORT DATA TO ENSURE THAT STANDARDS FOR QUALITY, HEALTH INFORMATION TECHNOLOGY AND ADMINISTRATION ARE BEING MET.

(2) National Health Insurance Exchange: THE OBAMA AND BIDEN PLAN WILL CREATE A NATIONAL HEALTH INSURANCE EXCHANGE TO HELP INDIVIDUALS WHO WISH TO PURCHASE A PRIVATE INSURANCE PLAN. THE EXCHANGE WILL ACT AS A WATCHDOG GROUP AND HELP REFORM THE PRIVATE INSURANCE MARKET BY CREATING RULES AND STANDARDS FOR PARTICIPATING INSURANCE PLANS TO ENSURE FAIRNESS AND TO MAKE INDIVIDUAL COVERAGE MORE AFFORDABLE AND ACCESSIBLE. INSURERS WOULD HAVE TO ISSUE EVERY APPLICANT A POLICY AND CHARGE FAIR AND STABLE PREMIUMS THAT WILL NOT DEPEND ON HOW HEALTHY YOU ARE. THE EXCHANGE WILL REQUIRE THAT ALL THE PLANS OFFERED ARE

AT LEAST AS GENEROUS AS THE NEW PUBLIC PLAN AND HAVE THE SAME STANDARDS FOR QUALITY AND EFFICIENCY. THE EXCHANGE WOULD EVALUATE PLANS AND MAKE THE DIFFERENCES AMONG THE PLANS, INCLUDING COST OF SERVICES, PUBLIC.

(3) Employer Contribution: EMPLOYERS THAT DO NOT OFFER OR MAKE A MEANINGFUL CONTRIBUTION TO THE COST OF QUALITY HEALTH COVERAGE FOR THEIR EMPLOYEES WILL BE REQUIRED TO CONTRIBUTE A PERCENTAGE OF PAYROLL TOWARD THE COSTS OF THE NATIONAL PLAN. SMALL EMPLOYERS THAT MEET CERTAIN REVENUE THRESHOLDS WILL BE EXEMPT.

(4) Support for Small Businesses: BARACK OBAMA AND JOE BIDEN UNDERSTAND THAT THE SKYROCKETING COST OF HEALTHCARE POSES A SERIOUS COMPETITIVE THREAT TO AMERICA'S SMALL BUSINESSES. OBAMA AND BIDEN WILL CREATE A SMALL BUSINESS HEALTH TAX CREDIT TO PROVIDE SMALL BUSINESSES WITH A REFUNDABLE TAX CREDIT OF UP TO 50 PERCENT ON PREMIUMS PAID BY SMALL BUSINESSES ON BEHALF OF THEIR EMPLOYEES. TO BE ELIGIBLE FOR THE CREDIT, SMALL BUSINESSES WILL HAVE TO OFFER A QUALITY HEALTH PLAN TO ALL OF THEIR EMPLOYEES, AND COVER A MEANINGFUL SHARE OF THE COST OF EMPLOYEE HEALTH PREMIUMS.

(5) Mandatory Coverage of Children: NEARLY 12 PERCENT OF AAPI CHILDREN ARE UNINSURED. OBAMA AND BIDEN WILL REQUIRE THAT ALL CHILDREN HAVE HEALTH CARE COVERAGE. THEY WILL EXPAND THE NUMBER OF OPTIONS FOR YOUNG ADULTS TO GET COVERAGE, INCLUDING ALLOWING YOUNG PEOPLE UP TO AGE 25 TO CONTINUE COVERAGE THROUGH THEIR PARENTS' PLANS.

(6) Expansion of Medicaid and SCHIP: OBAMA AND BIDEN WILL EXPAND ELIGIBILITY FOR THE MEDICAID AND SCHIP PROGRAMS AND ENSURE THAT THESE PROGRAMS CONTINUE TO SERVE AS A CRITICAL SAFETY NET.

(7) Flexibility for State Plans: DUE TO FEDERAL INACTION, SOME STATES HAVE TAKEN THE LEAD IN HEALTH CARE REFORM. THE OBAMA AND BIDEN PLAN BUILDS ON THESE EFFORTS AND DOES NOT REPLACE WHAT STATES ARE DOING. STATES CAN CONTINUE TO EXPERIMENT, PROVIDED THEY MEET THE MINIMUM STANDARDS OF THE NATIONAL PLAN.

Lower Costs by Modernizing the U.S. Health Care System

(1) Reducing Costs of Catastrophic Illnesses for Employers and Their Employees. CATASTROPHIC HEALTH EXPENDITURES ACCOUNT FOR A HIGH PERCENTAGE OF MEDICAL EXPENSES FOR PRIVATE INSURERS. THE OBAMA-BIDEN PLAN WOULD REIMBURSE EMPLOYER HEALTH PLANS FOR A PORTION OF THE CATASTROPHIC COSTS THEY INCUR ABOVE A THRESHOLD IF THEY GUARANTEE SUCH SAVINGS ARE USED TO REDUCE THE COST OF WORKERS' PREMIUMS.

(2) Lowering Costs by Ensuring Patients Receive and Providers Deliver Quality Care:

- **Support Disease Management Programs:** SEVENTY FIVE PERCENT OF TOTAL HEALTH CARE DOLLARS ARE SPENT ON PATIENTS WITH ONE OR MORE CHRONIC CONDITIONS, SUCH AS DIABETES, HEART DISEASE, AND HIGH BLOOD PRESSURE. OBAMA AND BIDEN WILL REQUIRE THAT PROVIDERS THAT PARTICIPATE IN THE NEW PUBLIC PLAN, MEDICARE, OR THE FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM (FEHBP) UTILIZE PROVEN DISEASE MANAGEMENT PROGRAMS. THIS WILL IMPROVE QUALITY OF CARE, GIVE DOCTORS BETTER INFORMATION AND LOWER COSTS.

- **Coordinate and Integrate Care:** OVER 133 MILLION AMERICANS HAVE AT LEAST ONE CHRONIC DISEASE, AND THESE CHRONIC CONDITIONS COST A STAGGERING \$1.7 TRILLION YEARLY. OBAMA AND BIDEN WILL IMPROVE COORDINATION AND INTEGRATION OF CARE OF THOSE WITH CHRONIC CONDITIONS BY MAKING SURE PROGRAMS ARE FULLY IMPLEMENTED AND ENCOURAGING TEAM CARE.
- **Require Full Transparency about Quality and Costs:** OBAMA AND BIDEN WILL REQUIRE HOSPITALS AND PROVIDERS TO COLLECT AND PUBLICLY REPORT MEASURES OF HEALTH CARE COSTS AND QUALITY, INCLUDING DATA ON PREVENTABLE MEDICAL ERRORS, NURSE STAFFING RATIOS, HOSPITAL-ACQUIRED INFECTIONS, AND DISPARITIES IN CARE. HEALTH PLANS WILL ALSO BE REQUIRED TO DISCLOSE THE PERCENTAGE OF PREMIUMS THAT GO TO PATIENT CARE AS OPPOSED TO ADMINISTRATIVE COSTS.

Ensuring Providers Deliver Quality Care

- **Tackle Disparities in Health Care:** OBAMA AND BIDEN WILL TACKLE THE ROOT CAUSES OF HEALTH DISPARITIES BY ADDRESSING DIFFERENCES IN ACCESS TO HEALTH COVERAGE AND PROMOTING PREVENTION AND PUBLIC HEALTH, BOTH OF WHICH PLAY A MAJOR ROLE IN ADDRESSING DISPARITIES. HE WILL ALSO CHALLENGE THE MEDICAL SYSTEM TO ELIMINATE INEQUITIES IN HEALTH CARE THROUGH QUALITY MEASUREMENT AND REPORTING, IMPLEMENTATION OF EFFECTIVE INTERVENTIONS SUCH AS PATIENT NAVIGATION PROGRAMS, AND MAKING THE HEALTH WORKFORCE MORE DIVERSE.
- **Increase the Cultural Competency of Health Care Workers:** MORE AAPIS ARE LESS ENGLISH PROFICIENT THAN OTHER GROUPS. AS A STATE SENATOR, BARACK OBAMA HELPED PASS A LAW TO MAKE LANGUAGE ASSISTANCE MANDATORY IN ILLINOIS HEALTH CARE FACILITIES. OBAMA AND BIDEN SUPPORT EFFORTS TO GET MORE PEOPLE TO ENTER INTO THE MEDICAL PROFESSION AND WILL EXPAND OUTREACH AND EDUCATIONAL EFFORTS TO IMPROVE THE LANGUAGE AND CULTURAL SKILLS OF HOSPITALS AND PROVIDE MORE TOOLS SUCH AS BILINGUAL HOTLINES TO HELP RURAL HOSPITALS TREAT PATIENTS WHO DO NOT SPEAK ENGLISH.
- **Promote Patient Safety:** OBAMA AND BIDEN WILL REQUIRE PROVIDERS TO REPORT PREVENTABLE MEDICAL ERRORS AND SUPPORT HOSPITAL AND PHYSICIAN PRACTICE IMPROVEMENT TO PREVENT FUTURE OCCURRENCES.
- **Align Incentives for Excellence:** BOTH PUBLIC AND PRIVATE INSURERS TEND TO PAY PROVIDERS BASED ON THE VOLUME OF SERVICES PROVIDED, RATHER THAN THE QUALITY OR EFFECTIVENESS OF CARE. PROVIDERS WHO SEE PATIENTS ENROLLED IN THE NEW PUBLIC PLAN, THE NATIONAL HEALTH INSURANCE EXCHANGE, MEDICARE AND FEHBP WILL BE REWARDED BASED ON HOW EFFECTIVELY THEY TREAT PATIENTS.
- **Comparative Effectiveness Research:** OBAMA AND BIDEN WILL ESTABLISH AN INDEPENDENT INSTITUTE TO GUIDE REVIEWS AND RESEARCH ON COMPARATIVE EFFECTIVENESS, SO THAT

AMERICANS AND THEIR DOCTORS WILL HAVE THE ACCURATE AND OBJECTIVE INFORMATION THEY NEED TO MAKE THE BEST DECISIONS FOR THEIR HEALTH AND WELL-BEING.

- **Reform Medical Malpractice:** OBAMA AND BIDEN WILL STRENGTHEN ANTITRUST LAWS TO PREVENT INSURERS FROM OVERCHARGING PHYSICIANS FOR THEIR MALPRACTICE INSURANCE AND WILL PROMOTE NEW MODELS FOR ADDRESSING ERRORS THAT IMPROVE PATIENT SAFETY, STRENGTHEN THE DOCTOR-PATIENT RELATIONSHIP AND REDUCE THE NEED FOR MALPRACTICE SUITS.

(3) Lowering Costs through Investment in Electronic Health Information Technology Systems:

MOST MEDICAL RECORDS ARE STILL STORED ON PAPER, WHICH MAKES IT HARD TO COORDINATE CARE, MEASURE QUALITY OR REDUCE MEDICAL ERRORS AND WHICH COSTS TWICE AS MUCH AS ELECTRONIC CLAIMS. OBAMA AND BIDEN WILL INVEST \$10 BILLION A YEAR OVER THE NEXT FIVE YEARS TO MOVE THE U.S. HEALTH CARE SYSTEM TO BROAD ADOPTION OF STANDARDS-BASED ELECTRONIC HEALTH INFORMATION SYSTEMS, INCLUDING ELECTRONIC HEALTH RECORDS, AND WILL PHASE IN REQUIREMENTS FOR FULL IMPLEMENTATION OF HEALTH IT. OBAMA AND BIDEN WILL ENSURE THAT PATIENTS' PRIVACY IS PROTECTED.

(4) Lowering Costs by Increasing Competition in the Insurance and Drug Markets:

- **Increase Competition:** THE INSURANCE BUSINESS TODAY IS DOMINATED BY A SMALL GROUP OF LARGE COMPANIES THAT HAS BEEN GOBBLING UP THEIR RIVALS. THERE HAVE BEEN OVER 400 HEALTH CARE MERGERS IN THE LAST 10 YEARS, AND JUST TWO COMPANIES DOMINATE A FULL THIRD OF THE NATIONAL MARKET. THESE CHANGES WERE SUPPOSED TO MAKE THE INDUSTRY MORE EFFICIENT, BUT INSTEAD PREMIUMS HAVE SKYROCKETED BY OVER 87 PERCENT.

BARACK OBAMA AND JOE BIDEN WILL PREVENT COMPANIES FROM ABUSING THEIR MONOPOLY POWER THROUGH UNJUSTIFIED PRICE INCREASES. HIS PLAN WILL FORCE INSURERS TO PAY OUT A REASONABLE SHARE OF THEIR PREMIUMS FOR PATIENT CARE INSTEAD OF KEEPING EXORBITANT AMOUNTS FOR PROFITS AND ADMINISTRATION. HIS NEW NATIONAL HEALTH EXCHANGE WILL HELP INCREASE COMPETITION BY INSURERS.

- **Lower Prescription Drug Costs:** THE SECOND-FATEST GROWING TYPE OF HEALTH EXPENSES IS PRESCRIPTION DRUGS. PHARMACEUTICAL COMPANIES ARE SELLING THE EXACT SAME DRUGS IN EUROPE AND CANADA BUT CHARGING AMERICANS MORE THAN DOUBLE THE PRICE. OBAMA AND BIDEN WILL ALLOW AMERICANS TO BUY THEIR MEDICINES FROM OTHER DEVELOPED COUNTRIES IF THE DRUGS ARE SAFE AND PRICES ARE LOWER OUTSIDE THE U.S. THEY WILL ALSO REPEAL THE BAN THAT PREVENTS THE GOVERNMENT FROM NEGOTIATING WITH DRUG COMPANIES, WHICH COULD RESULT IN SAVINGS AS HIGH AS \$30 BILLION. FINALLY, OBAMA AND BIDEN WILL WORK TO INCREASE THE USE OF GENERIC DRUGS IN MEDICARE, MEDICAID, AND FEHBP AND PROHIBIT BIG NAME DRUG COMPANIES FROM KEEPING GENERICS OUT OF MARKETS.

OBAMA'S RECORD

Health Insurance: IN 2003, BARACK OBAMA SPONSORED AND PASSED LEGISLATION THAT EXPANDED HEALTH CARE COVERAGE TO 70,000 KIDS AND 84,000 ADULTS. IN THE U.S. SENATE, OBAMA COSPONSORED THE HEALTHY KIDS ACT OF 2007 AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) REAUTHORIZATION ACT OF 2007 TO ENSURE THAT MORE AMERICAN CHILDREN HAVE AFFORDABLE HEALTH CARE COVERAGE.

Minority Health: IN THE U.S. SENATE, OBAMA HELPED WRITE THE KENNEDY-COCHRAN-OBAMA MINORITY HEALTH IMPROVEMENT AND HEALTH DISPARITY ELIMINATION ACT. THIS BILL PUTS NEW EMPHASIS ON DISPARITY RESEARCH BY DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLECT AND REPORT HEALTH CARE DATA BY RACE AND ETHNICITY, AS WELL AS GEOGRAPHIC AND SOCIOECONOMIC STATUS AND LEVEL OF HEALTH LITERACY.

Women's Health: OBAMA WORKED TO PASS A NUMBER OF LAWS IN ILLINOIS AND WASHINGTON TO IMPROVE THE HEALTH OF WOMEN. HIS ACCOMPLISHMENTS INCLUDE CREATING A TASK FORCE ON CERVICAL CANCER, PROVIDING GREATER ACCESS TO BREAST AND CERVICAL CANCER SCREENINGS, AND HELPING IMPROVE PRENATAL AND PREMATURE BIRTH SERVICES.

FOR MORE INFORMATION

Read the Speech:

[HTTP://WWW.BARACKOBAMA.COM/2007/05/29/CUTTING COSTS AND COVERING AME.PHP](http://www.barackobama.com/2007/05/29/cutting_costs_and_covering_ame.php)

Read the Plan:

[HTTP://WWW.BARACKOBAMA.COM/ISSUES/PDF/HEALTHCAREFULLPLAN.PDF](http://www.barackobama.com/issues/pdf/healthcarefullplan.pdf)



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