

HILLARY VS. TRUMP

Comparing the healthcare platforms of the presidential candidates in the 2016 U.S. election

*Please note that the bullet points in bold denote that the candidate's position is also supported in their party's health care platform. A summary of the [Democratic](#) and [Republican](#) platform is located in the Government News section of the [AASM Legislation](#) webpage.



Clinton's Healthcare Platform



Trump's Healthcare Platform

The Affordable Care Act (ACA)



♦ Increase the Affordable Care Act's reforms that expand value-based delivery system reform;

♦ Support new incentives to encourage all states to expand Medicaid. Allow any state that signs up for the Medicaid expansion to receive a 100 percent match for the first three years;

♦ **Support a 'public option.'** A proposal to create a government-run health insurance agency which would compete with other private health insurance companies;

♦ Support people over 55 years old to buy into Medicare; and

♦ Invest in navigators, advertising and other outreach activities.



♦ **Repeal of Obamacare.** Eliminate the individual mandate. No person should be required to buy insurance unless he or she wants to; and

♦ **Modify existing law that inhibits the sale of health insurance across state lines.** As long as the plan purchased complies with state requirements, any vendor ought to be able to offer insurance in any state.

Payments to health care organizations and physicians:



♦ Expand existing systems that pay for an entire episode of care or "bundle," or those that incentivize doctors and hospitals to coordinate care in an Accountable Care Organization, so that providers are responsible for offering the best possible care at the highest value to patients.

♦ Propose public-private efforts that incentivize employers and insurers to work to expand these proven payment models to other sources of coverage.

♦ Root out fraud and abuse in the healthcare system.



♦ **Require price transparency from all healthcare providers, especially doctors and healthcare organizations like clinics and hospitals.**

Individuals should be able to shop to find the best prices for procedures, exams or any other medical-related procedure.

♦ **Block-grant Medicaid to the states.** Nearly every state already offers benefits beyond what is required in the current Medicaid structure. The state governments know their people best and can manage the administration of Medicaid far better without federal overhead. States will have the incentives to seek out and eliminate fraud, waste and abuse.

Out-of-pocket costs



- ◆ Provide a refundable tax credit of up to \$5,000 per family for excessive out-of-pocket costs.
- ◆ Require insurers to provide coverage for three sick visits to a physician annually that would not count towards a consumer's deductible.
- ◆ Expanded disclosure requirements and new cost-sharing protections that will ensure that patients will be required to pay no more than in-network cost-sharing for any care received in a hospital in their plan's networks and for any emergency services in a true emergency.
- ◆ Enforce and broaden the ACA's Transparency Provisions which will allow individuals to review information – in real time – in selecting a health plan, navigating changes to their out-of-pocket costs in their existing plan, choosing a doctor, and determining how much they will need to pay for a prescription drug.
- ◆ **Strengthen the ability to block or modify unreasonable health insurance rate increases and create a fallback process for states that do not have the authority to modify or block health insurance premium rate increases.**
- ◆ Enforce antitrust laws to scrutinize mergers and ensure they do not harm consumers.



- ◆ Allow individuals to fully deduct health insurance premium payments from their tax returns under the current tax system.
- ◆ **Allow individuals to use Health Savings Accounts (HSAs).** Contributions into HSAs should be tax-free and should be allowed to accumulate. Accounts would become part of the estate of the individual and could be passed on to heirs without penalty. Funds would be used by any member of a family without penalty and would provide flexibility and security.
- ◆ Review basic options for Medicaid and work with states to ensure that those who want healthcare coverage can have it.

Prescription drugs:



- ◆ **Allowing Medicare to negotiate drug prices;**
- ◆ Support proposal to test new payment models for prescription drugs covered under Medicare Part B.
- ◆ Allowing residents to import medications from outside the country;
- ◆ End pay-for delay settlements, in which makers of brand-name drugs pay generic drugmakers to ensure the delayed release of generic competitors;
- ◆ End a tax credit for direct-to-consumer drug advertising;
- ◆ Place a \$250 monthly limit on consumers' out-of-pocket spending for drugs covered by their health plans;
- ◆ Reduce the monopoly marketing period for biologics from 12 years to seven years;
- ◆ Require companies that receive federal funding for basic research to invest a certain amount in research and development; and
- ◆ Require larger prescription rebates for low-income Medicare beneficiaries that are equivalent to those currently offered under Medicaid.



- ◆ Remove barriers to entry into free markets for drug providers that offer safe, reliable and cheaper products. Allowing consumers access to imported, safe and dependable drugs from overseas will bring more options to consumers.



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