

Bush, Kerry offer differing plans to improve U.S. health care

WITH health care high on the list of issues that are important to American voters this year, the two leading candidates in the national presidential race are making health topics a priority in their campaigns.

Both Republican candidate George W. Bush and Democratic candidate John Kerry are offering health platforms that address issues such as access to care, prescription drug coverage under Medicare and environmental protection. How those goals would be realized, however, differ considerably between the candidates.

Under President Bush's proposals, businesses and tax credits would play a crucial role in providing affordable health care. The Bush health plan would expand health savings



Photo by Joe Raedle, courtesy Getty Images

Bush

accounts and provide a health savings account tax credit for small business employees. Also in the Bush platform are plans for creating a tax deduction for people who buy low-premium, high-deductible insurance policies, improving insurance purchasing power for small businesses and allowing consumers to buy out-of-state insurance plans.

"More than half of the uninsured are small business employees and their families," Bush said during his speech at the Republican National Convention in September. "We must allow small firms to join together to purchase insurance at the discounts available to big companies."

For children, Bush has proposed launching a campaign to sign up more children for health coverage. Bush has also pledged to improve access to care for low-income Americans by ensuring that every poor county in the country has a community or rural health center.

To improve access to

prescription drugs for Medicare beneficiaries, Bush would continue with plans authorized by Congress to implement a drug benefit in 2006, providing "the greatest help to those in greatest need."

Also under his health platform, Bush has promised to:

- ◆ promote abstinence-only education through model curricula and review federal programs to "ensure that the federal government is sending consistent health messages to teens;"
- ◆ increase funding for drug testing in schools;
- ◆ continue efforts on global diseases such as HIV/AIDS, malaria, tuberculosis and polio;
- ◆ promote domestic oil production in 1 percent of the Arctic National Wildlife Refuge while providing \$4 billion in tax incentives to support energy technology;
- ◆ work to enact the Clear Skies Initiative on power plant emissions and finalize a rule on mercury emission caps; and
- ◆ defend the federal law banning so-called "partial birth" abortion.

Under the Kerry health platform, access to care would be expanded by reducing the cost of health insurance premiums and allowing people to buy into the Federal Employees Health Benefits Program, the same health plan offered to Congress. Tax credits would also be offered to small businesses to cover 50 percent of premiums for low- and moderate-income workers.

"I believe that health care isn't just a privilege for the wealthy, the connected or the elected, but a right for all Americans," Kerry said during a Minnesota speech in August. "I believe health care costs shouldn't be driving families and businesses into debt."

For children, Kerry's plan would allow the federal government to pick up the cost of 20 million children enrolled in Medicaid if states expand coverage to children, families and low-income adults, cutting the costs to states. The plan would automatically

enroll children in health care coverage, "assuring for the first time that virtually every child has affordable health care coverage."

To ensure better access to low-cost prescription

drugs, Kerry would legalize reimportation of drugs from Canada and overhaul the Medicare drug plan so drug prices

could be negotiated with manufacturers — neither of which are currently allowed — as well as encourage generic drug competition.

Also under his health platform, Kerry has promised to:

- ◆ increase U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- ◆ put science above politics in prevention strategies and eliminate the "global gag rule" that limits funding to international family planning programs;
- ◆ expand funding for training of health care workers;
- ◆ reverse rollbacks to the Clean Air Act, launch a campaign to restore water resources, revitalize Superfund clean-up efforts and cap industrial air emissions;
- ◆ pass a patients' bill of rights that holds health maintenance organizations accountable for denial of care decisions that harm patients;
- ◆ eliminate minority health disparities by expanding health insurance, improving language access programs and ensuring access to quality care; and
- ◆ ensure mental health parity.

APHA hosted a forum on the candidates' health proposals in Washington, D.C., on Sept. 14. A webcast of the forum is available online at <www.kaiser-network.org>. Look for more information in the next issue of *The Nation's Health*.

For more information, visit <www.georgewbush.com> or <www.johnkerry.com>.



Photo by Mark Wilson, courtesy Getty Images

Kerry

Temperature effects of global warming worsening air quality

AS higher temperatures become more common due to global warming, more cities will experience fewer healthy air days, according to a new report.

People with asthma and other respiratory illnesses will be among the worse affected as higher temperatures speed up the formation of smog — also known as ground-level ozone — which is created when pollutants from vehicles and industries mix with heat and sunlight, according to "Heat Advisory: How Global Warming Causes More Bad Air Days," which was released in August by the Natural Resources Defense Council. The report's experts predicted that by mid-century, more than a dozen U.S. cities will experience almost 20 percent fewer healthy air days in future summers due to global warming.

Among the cities studied in the report, the authors also found that by mid-century, Atlanta would experi-

ence a 26 percent drop in "good" air quality days.

Also, Louisville, Ky., would be home to the highest rise in people younger than 65 admitted to a hospital for asthma problems. Although air pollution in the United States has improved since passage of the Clean Air Act in 1970, rises in pollution brought on by global warming could begin erasing the legislation's successes, the report stated. Researchers noted that in 2003, the United States had one of the cleanest ozone years in recent times, which could have been associated with that year's "unusually cool and wet summer in the eastern United States."

Currently, more than 100 million Americans live in counties in which ozone levels are noncompliant with federal standards, according to the report. The authors predicted that policies that curb global warming will also reduce early deaths and morbidity.

For a copy of the report, visit <www.nrdc.org>.

MARK YOUR CALENDAR

2005 Call for Abstracts

**APHA 133rd Annual Meeting & Exposition
Nov. 5-9, 2005
New Orleans, La.**

APHA is announcing the Call for Abstracts for the 2005 Annual Meeting, to be held Nov. 5-9 in New Orleans, La. The theme of the meeting is "Evidence-Based Policy and Practice."

We encourage abstracts in all areas of public health and are also interested in abstracts that focus on the Annual Meeting theme. Abstracts should be no more than 250 words and must include learning objectives.

All abstracts must be submitted online. An easy-to-use online form will walk you through the process step-by-step. The site is scheduled to open on **Friday, Dec. 17, 2004**. You will be able to link directly to the abstract submission form through the APHA Web site at <www.apha.org/meetings> or <http://apha.confex.com/apha/133am/oasys.epl>.

Authors must provide complete and accurate contact information to be notified of abstract status. You do not have to be a member of APHA to submit an abstract; however, if your abstract is accepted, presenting authors must become an individual member and register for the Annual Meeting.

The deadlines for submission of abstracts range from **Feb. 7 to Feb. 11, 2005**, depending on the Section, Special Primary Interest Group or Caucus to which you submit your abstract. All submissions will end at midnight (Pacific Standard Time) on the due date listed on the Call for Abstracts.

We welcome your submissions and look forward to your contribution at APHA's 133rd Annual Meeting in New Orleans.