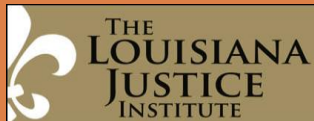


# MYTH vs. FACT

## HEALTHCARE REFORM: 2009 AND BEYOND



Presentation for Community Groups and Advocates on the  
Nuts and Bolts of Congressional Healthcare Reform Proposals  
August 2009

# WELCOME TO THE WORLD OF FACTS

- **One of the most important issues facing Americans today is fixing our nation's broken health care system. All across America, folks are frustrated, confused, and worried about health care reform. Some of you support the idea of reform, while others oppose it.**
- **There is a lot of information circulating via the news media, the internet, and from Town Hall type meetings that is understandably disturbing. In fact, a lot of this information is intended to scare, to mislead and to quash real debate. The health care status quo isn't easy to defend, but it is easy to foster fear and uncertainty.**
- **So here are the facts about some of the most common myths about the health reform plans that are being considered in Congress. We've researched and our sources for this information include the American Association of Retired People ([http://aarp.convio.net/site/PageNavigator/Myths\\_vs\\_Facts](http://aarp.convio.net/site/PageNavigator/Myths_vs_Facts)) and several Congressional leaders, including Representative Dina Titus (<http://titus.house.gov/go/legislation/myth-vs-fact-on-health-care-reform.shtml> ). You can do your own research as well, by going to the Slate, the on-line magazine (<http://www.slate.com/id/2220222/> ).**

# MYTH:

## Health care reform is socialized medicine.

- **Fact:** Health care reform will preserve the employer-based health care system, meaning an estimated 200 million Americans will continue to get their coverage through their employers.
- **Fact:** For people buying coverage for themselves, there would be a range of private health plans to choose from. Also, the so-called "public plan" option would seek to give American consumers another choice if they can't find affordable, quality coverage in the private insurance market. The goal of the "public plan" is to give consumers the best value for their money and force greater competition among insurance plans for our business.
- **Fact:** Every proposal that Congress is considering would allow people to choose their own doctors and hospitals.
- **Bottom Line: Health care reform isn't about a government takeover. It's about guaranteeing all Americans a choice of health care plans they can afford.**

# MYTH:

## Health care reform means rationed care.

- **Fact:** None of the health reform proposals being considered would stand between individuals and their doctors or prevent any American from choosing the best possible care.
- **Fact:** Health care reform will NOT give the government the power to make life or death decisions for anyone regardless of their age. Those decisions will be made by an individual, their doctor and their family.
- **Fact:** Health care reform will help ensure doctors are paid fairly so they will continue to treat Medicare patients.
- **Bottom Line: Health reform isn't about rationing; it's about giving people the peace of mind of knowing that they will be able to keep their doctors and that they will always have a choice of affordable health plans.**

# MYTH:

## Health care reform will hurt Medicare.

- **Fact:** None of the health care reform proposals being considered by Congress would cut Medicare benefits or increase your out-of-pocket costs for Medicare services.
- **Fact:** Health care reform will lower prescription drug costs for people in the Medicare Part D coverage gap or "doughnut hole" so they can get better afford the drugs they need.
- **Fact:** Health care reform will protect seniors' access to their doctors and reduce the cost of preventive services so patients stay healthier.
- **Fact:** Health care reform will reduce costly, preventable hospital readmissions, saving patients and Medicare money.
- **Fact:** Rather than weaken Medicare, health care reform will strengthen the financial status of the Medicare program.
- **Bottom Line: For people in Medicare, health care reform is about lowering prescription drug costs for people in the "doughnut hole", keeping the doctor of your choice, improving the quality of care, and eliminating billions in waste that is causing poor care and medical errors.**

# MYTH:

## Health care reform is too expensive.

- **Fact:** The President and Congress have committed to producing legislation that will be paid for so it won't saddle our children and grandchildren with debt.
- **Fact:** If we do nothing to fix health care, families with Medicare or employer-based health coverage will likely see their premiums nearly double again in the next seven years.
- **Fact:** If we do nothing to fix health care, the share of your income spent on health care will nearly double in the next seven years.
- **Bottom Line:** When one in three Americans say someone in their family skipped pills, postponed or cut back on needed medical care due to the cost; when countless bankruptcies are related to medical expenses; when the number of uninsured approaches 50 million; when government spending on health programs rises so rapidly that it jeopardizes other priorities; and when employers struggle to pay for the costs of health care, the fact is, we can't afford not to fix health care.

# MYTH:

Health care reform means the government makes life or death decisions for you.

- **Fact:** Health care reform will NOT give the government the power to make life-and-death decisions for anyone regardless of their age. Those decisions will be made by individuals, their doctor and their family.
- **Fact:** No one, including the government or your insurance company, will be given power to make life-and-death decisions for you.
- **Bottom Line: Health care reform isn't about putting the government in charge of difficult end of life decisions. It's about giving individuals and families the option to talk with their doctors in advance about difficult choices every family faces when loved ones near the end of their lives.**

# MYTH:

Health care reform subsidizes health insurance for illegal aliens.

- **Fact: HR 3200 explicitly prohibits illegal aliens from receiving any federal dollars to subsidize health insurance.** Section 246 states: “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States. Section 242 also explicitly limits eligibility for subsidies to individuals who are lawfully present in the U.S.

# MYTH:

Health care reform will lead to single payer as the public option takes over the insurance market.

- **Fact: The public option is only one choice of many in the new Health Insurance Exchange. No one – not the government nor an employer – can force an individual or family to enroll in the public option.** If you receive subsidies, you can enroll in the public option or private plans; if your employer offers you coverage through the Exchange, you can enroll in any private plan or the public option; if you choose to purchase coverage on your own in the Exchange, you can enroll in the public option or private plans. In fact, only a small fraction of the insured population, less than 4 percent of all non-elderly individuals, is expected to enroll in the public option.

# MYTH:

Health care reform ends private health insurance and crowds out employer coverage.

- **Fact:** CBO analysis shows that HR 3200 increases the number of people with private health insurance through their employer over the next decade.

# MYTH:

## Health care reform promotes euthanasia and abortion.

- **Fact: HR 3200 would allow senior citizens access to a professional medical counselor who will provide them with any information they might need about preparing a living will, providing medical power of attorney, and – if they are seeking this kind of advice – end of life decisions.** These counseling sessions are not mandatory; they are simply made available to those who wish to use the service because they are unable to receive the information from another source. This means that if a senior is seeking such advice and guidance, Medicare would cover it, a provision that has been supported by AARP. Section 1233 states: “Medicare will reimburse a doctor’s consultation with a patient about ‘advance care planning’ which can help patients make their own decisions about end-of-life treatments.”
- **Fact: There is no language in HR 3200 that requires funding for abortion or requires insurance plans to cover abortion.**