

One of the most important issues facing Americans today is fixing our nation's broken health care system. Louisiana Justice Institute and our partner organizations are hearing from you, our clients, friends, and neighbors, who are worried about health care reform. Some of you support the idea of reform, while others oppose it. Universally we hear your anguish about the rumors and, frankly, misinformation.

There is a lot of information circulating via the news media, the internet, and from Town Hall type meetings that is understandably disturbing, and 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, sourced for your reference.

I. AARP: [http://aarp.convio.net/site/PageNavigator/Myths vs Facts](http://aarp.convio.net/site/PageNavigator/Myths_vs_Facts)

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.

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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 – we can't afford it.

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 can make life-and-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.

II. Representative Dina Titus: <http://titus.house.gov/go/legislation/myth-vs-fact-on-health-care-reform.shtml>

Myth: HR 3200 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: HR 3200 rations care.

Fact: HR 3200 specifically prohibits rationing of health care. The bill provides funding for comparative effectiveness research which helps doctors make decisions about which treatments will be most effective for patients; it does not require doctors to use the findings, nor does it require insurance companies to make coverage decisions based on the findings. Comparative effective research, instead of rationing care, will lead to better care for patients. Section 1410

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says: “Nothing in this section shall be construed to permit the Commission or the Center to mandate coverage, reimbursement, or other policies for any public or private payer.”

Insurance companies currently ration care by retroactively cancelling enrollees’ insurance policy when they become sick, refuse to cover important medical services, or denying coverage for a preexisting condition.

Myth: HR 3200 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: HR 3200 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: HR 3200 includes damaging cuts to Medicare programs.

Fact: The Medicare changes in HR 3200 work toward making the Medicare program more sustainable for the future and will reduce Part B premium growth in the coming years. All payment reforms in HR 3200 carefully consider seniors’ access to and quality of care and they eliminate overpayments to insurance companies. Some of the payments cuts to providers are reinvested back in to the Medicare program to pay for closing the Part D donut hole or assistance for low-income Medicare beneficiaries.

Myth: HR 3200 promotes euthanasia.

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.”

Myth: HR 3200 mandates government funding for abortion.

Fact: There is no language in HR 3200 that requires funding for abortion or requires insurance plans to cover abortion.

III. Do Your Own Research – Here are a few Sources to get you Started: <http://www.slate.com/id/2220222/>

Government:

Senate Health, Education, Labor, and Pension Committee. This is the committee chaired by the ailing Ted Kennedy. Sen. Chris Dodd has been leading it in his absence. [Here](#) is a section-by-section summary of the bill as passed July 15 by the committee in a party-line vote, 13-10; three weeks later, the full text, maddeningly, is still not available. [Here](#) is a partial list of committee amendments (mostly Republican) and whether they passed or failed. [Here](#) is an earlier iteration of the Senate HELP committee bill prior to committee markup.

House Ways and Means Committee. [Here](#) is the text of the bill as passed by the Ways and Means committee on July 17, 23-18, and [here](#) is a summary of Ways and Means' specific changes to the original bill ([text](#), [summary](#)) as introduced by Ways and Means, Education and Labor, and Energy and Commerce prior to markup. For an early "discussion draft" of the tri-committee bill prior to the House bill's introduction, click [here](#). For an even earlier outline, click [here](#).

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House Education and Labor Committee. The bill cleared the Education and Labor committee on July 17, 26-22. [Here](#) (scroll to bottom) are the 42 amendments that Education and Labor committee voted on, of which 23 were accepted.

House Energy and Commerce Committee On July 31, after extended negotiations between chairman Henry Waxman and conservative Blue Dog Democrats, the bill was passed by the Energy and Commerce committee, 31-28. The committee posted an admirably detailed, day-by-day record of its five-day markup.

Senate Finance Committee. Chaired by Max Baucus and long presumed to be the lead Senate committee on health care, Finance has yet to introduce a bill as it struggles to locate a bipartisan consensus that may not exist. For the most recent tentative "draft proposal" (presented to members as a slide show) click [here](#). Click [here](#) for Baucus' 98-page white paper on health reform, [here](#) for the financing options under consideration, and [here](#) for the coverage options under consideration. Click [here](#) to watch hearings.

White House Office of Management and Budget. OMB chief Peter Orszag's [blog](#) is frequently about health care reform. Click [here](#) for Orszag's entry touting the Independent Medicare Advisory Council, a proposed Fed-like body that could impose cost reductions on Medicare with minimal interference from Congress. Click [here](#) for Orszag's subsequent defense of the IMAC after the Congressional Budget Office concluded that Orszag's "game-changer" would save only \$2 billion over 10 years (see CBO's July 2009 letter to Rep. Steny Hoyer, below). The IMAC idea is fleshed out in [this July 17 letter](#) to House Speaker Nancy Pelosi, and in [this draft bill](#) submitted by OMB.

White House Web Page on Health Reform. Bizarrely unhelpful, even in disseminating the latest White House line. Updated infrequently, it appears to exist mainly to increase goodwill among those not really following the legislation. Click [here](#) for "The Economic Case For Health Reform," a report by the White House Council of Economic Advisers.

Bloggers:

The Treatment. (*New Republic* health blog). For analysis of the health care debate, this is the best single source available online, largely because of its principal author, *New Republic* Senior Editor Jonathan Cohn. Cohn is the author of *Sick: The Untold Story of America's Health Care Crisis—and the People Who Pay the Price*, which is the smartest and most readable survey I've seen of America's centurylong failed experiment with market-driven health care. Cohn is thoughtful and judicious (occasionally to a fault), and he stays on top of important developments.

Ezra Klein. (*Washington Post* blog; for posts prior to May 13, see his [American Prospect](#) blog). Klein writes on a variety of economic topics, but he's developed a particular expertise on health care. Like a lot of younger bloggers, Klein can write in a tone that's irritatingly narcissistic and self-aggrandizing. But Klein is extremely knowledgeable and well-sourced. He frequently scoops the *Post*'s newspaper staff on important health care stories, and his arguments are usually sound.

Health Affairs Blog. *Health Affairs*, a peer-reviewed journal about government health policy, devotes much of this Web page to expert commentary from a variety of perspectives.

Gooznews. Smart analysis from the left by Merrill Goozner, a former economics reporter for the *Chicago Tribune*, with an emphasis on Big Pharma.

Robert Reich. The policy entrepreneur and former labor secretary has emerged as a leading critic from the left. Occasionally a little sloppy with the facts, Reich nevertheless stays on top of developments and offers characteristically sharp analysis.

Matthew Yglesias. Yglesias majors in foreign policy but minors in health reform, and is worth reading on both.

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Megan McArdle. The *Atlantic's* libertarian economics blogger, imported from the *Economist*, opposes health reform.

Kausfiles. *Slate's* Mickey Kaus supports health reform but devotes all his energy on this topic to attacking OMB's Peter Orszag for hyping its potential to save money.

Health Care Policy and Marketplace Review. Grumpy but informed analysis of developments in health care reform from a conservative perspective. The author, Robert Laszewski, is a health-policy consultant and former executive vice president for Liberty Mutual.

The Health Care Blog. Informed insider commentary from Matthew Holt and others. Not for dilettantes.

Healthcare Economist. Blogger Jason Shafrin assesses the latest research. Warning: You will sometimes encounter mathematical equations.

News Sites:

Daily Dose. The *Washington Post's* health reform blog. Less interesting than Ezra Klein's *Post* blog, which is a little embarrassing because Klein is only one person, whereas Daily Dose has multiple authors. But worth reading nonetheless. The best stuff tends to be from Ceci Connolly.

Politico Health Care Page. *Politico* has stayed on top of breaking developments, frequently scooping the competition, and takes the trouble to provide readers direct access to documents of interest. As Capitol Hill veteran [David Rogers](#) assumes an increasingly central role, the Web site's health coverage is acquiring more reportorial depth.

Kaiser Health News. A news agency recently started by a [nonprofit cousin](#) of [Kaiser Permanente](#), the pioneering health maintenance organization. (The common ancestor is Henry J. Kaiser.) It claims and has thus far demonstrated independence from any financial interests; the executive editors, Laurie McGinley and Peggy Girshman, are veteran journalists for the *Wall Street Journal*, *National Journal*, and National Public Radio, and the scrupulously nonpartisan Len Downie, former executive editor of the *Washington Post*, chairs the advisory committee.

Health Care Reform 2009. The *New England Journal of Medicine* has been giving the health-reform debate extensive coverage, with expert commentary from many different points of view. This site makes that coverage available to nonsubscribers. What took 'em so long?

Wall Street Journal Health Blog. Less focused on health reform, but what's there is usually very good.

Think Tanks and Public-Policy Consultants:

Rapid Response: The Obama Health Plan. Heritage Foundation Web site dedicated to killing the Obama health care plan with all deliberate speed. [Here's](#) the right-wing solution Heritage prefers.

Health Care Cost Monitor. The latest research on health care costs, an issue that the White House and Congress have placed at the center of the health care debate, from the Hastings Center, a bioethics think tank.

"Is The Public Plan Option a Necessary Part of Health Reform?" Yes, argue John Holohan and Linda Blumberg of the Urban Institute. They predict the insurance industry "would survive at about the same size but be more efficient and more effective in controlling health care spending."

"The Cost and Coverage Impacts of a Public Plan." A report by the Lewin Group that forecasts financial catastrophe for health insurers if a robust "public option" is included in health care reform. Say it with me: Not my problem!

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Commonwealth Fund. A frequent source for health journalists of research related to health reform.

Henry Aaron. Links to publications by Brookings' smartest expert on health reform. Brookings also has a [Center for Health Care Reform](#) led by Mark McClellan, former Food and Drug Administration commissioner and administrator of the Centers for Medicare and Medicaid Services under President George W. Bush (and older brother to [prodigal White House press secretary](#) Scott McClellan).

Congressional Budget Office:

July 2009 letter to Rep. Dave Camp estimating that six million people would purchase health insurance through the House bill's proposed health insurance exchanges, and that two million of these would select the public option. The CBO disputes an estimate by the Lewin Group (see "The Cost and Coverage Impacts Of A Public Plan," above) that more than 100 million people would enroll in the public option if *all* employers were given access to the exchanges. (Under the existing bills, only small employers are) The CBO does not give a figure of its own, but says its estimate would be "substantially smaller."

July 2009 letter to Rep. Steny Hoyer scoring savings from the White House's proposed Independent Medicare Advisory Council, a Federal Reserve-type agency that could impose cost reductions on Medicare with minimal interference from Congress, at a measly \$2 billion over 10 years, thereby dashing White House budget director Peter Orszag's hopes that the IMAC would be a political "game-changer." The CBO [believes](#) "the probability is high that no savings would be realized ... but there is also a chance that substantial savings might be realized," and that after 10 years the IMAC "would generate larger but still modest savings on the same probabilistic basis."

July 2009 letter to Rep. Charles Rangel scoring the House bill as costing a whisker over \$1 trillion over ten years. This doesn't take into account the bill's proposed measures to raise money, which include a surtax on high incomes.

July 2009 letter to Sen. Ted Kennedy scoring his bill as costing \$597 billion over 10 years and halving the number of uninsured Americans. Jonathan Cohn of the *New Republic* [writes](#) that this does not take into account a planned expansion of Medicaid that does not fall under the Kennedy committee's jurisdiction. That would increase the bill's cost to at least \$1 trillion, Cohn estimates, but would very nearly eliminate the ranks of the uninsured.

June 2009 letter to Sen. Ted Kennedy scoring his bill as costing \$1 trillion over 10 years and extending coverage to only 16 million of the 45 million uninsured. The cost is high and the coverage is meager because the estimate assumes no "pay or play" provision for employers, no public option, and no "individual mandate" requiring all Americans to purchase health insurance. Kennedy's HELP committee is still trying to hammer these out.

June 2009 letter to Sen. Kent Conrad on budgetary impacts of health reform. Reviews various policy options.

"[Key Issues in Analyzing Major Health Insurance Proposals](#)," December 2008.

Other Data and Documents:

[Side-by-Side Comparison of Major Health Reform Proposals.](#) A comparison guide from the Kaiser Family Foundation.

[Side-by-Side Comparison of Health Care in U.S. vs. Other Industrialized Nations.](#) From NPR. Read it and weep.

"[The Language of Healthcare 2009.](#)" The Republican [game plan](#) for killing health reform, as outlined to House members in May by "Dr." Frank Luntz. (No, not that kind. Luntz has a Ph.D. in political science.) *Herr Doktor* Luntz's prescription owes some debt to William Kristol's [1993 memo](#) about how to kill Hillarycare. Kristol recently updated the latter, advising *Weekly Standard* readers: "[Kill It, and Start Over.](#)" See also Celinda Lake's [strategy memo](#) for Democrats on how to *sell* health reform this year.