



Dispelling the Myths of Health Care Reform

MYTH 1: Health care reform will result in government control of the health care system and socialized medicine

None of the proposals put forward in the United States Senate or in the House of Representatives or by the President have proposed a government-run health care system in which the federal government is the single payer. The proposals being considered in Congress build on our existing employer-based system and strengthen it by providing the following: premium subsidies for lower income families with the subsidy adjusted on a sliding scale based on income so that health coverage is affordable; tax credits for small businesses so they can afford to offer health coverage to their employees; prohibitions against preexisting condition exclusions and waiting periods; and the creation of a marketplace for individuals and businesses to purchase affordable and high-quality health plans from private or public insurers.

MYTH 2: Health care reform will put private insurance companies out of business

The Congressional Budget Office (CBO), Congress' nonpartisan budget analyst, has analyzed the House health care reform plan and found that it will not force out private insurers, contradicting one of the chief criticisms of health care reform. CBO has estimated that only 12 million people would be allowed to opt in to a public insurance option. The vast majority of uninsured Americans will move into some private health insurance plan either offered by their employer or purchased by them in the new health insurance marketplace created by the reform legislation. Since all of the reform proposals before the Congress are built upon the existing private insurance market – and that is why organizations representing the insurance industry support health care reform – there seems little or no chance that any of the plans would lead to extinction of private insurance companies.

MYTH 3: Health care reform will make health insurance and health care more expensive

While some up-front investment to implement health care reform is necessary, the Commonwealth Fund, a well-respected research firm that supports research on health care practice and policy, reports that health care reform could save the United States up to \$3 trillion by 2020. In addition, the Office of Management and Budget has estimated that the average family of four will save \$2,500 a year on health care costs. The Congressional Budget Office also estimates that the proposal before the Senate Finance Committee will actually produce billions in savings by the tenth year after enactment. While some Members of Congress and the media have asserted that we cannot afford health care reform, inaction will lead to health care spending that will consume an estimated 20% of our gross domestic product (GDP) by 2017 at which time the U.S. will spend nearly \$4.3 trillion on health care. The trajectory of health care costs in the United States is unsustainable economically and will result in increasing numbers of uninsured if we fail to act now.

MYTH 4: Health care reform won't benefit people like me, who have insurance

While reducing the growing number of uninsured in the United States is a major goal of health care reform, all Americans will benefit – and not solely from a healthier society. Health care reform will reduce escalating health care costs for all Americans, improve the quality of care all patients receive by rewarding better care, prohibit insurance companies from denying coverage based on preexisting conditions, cap the out-of-pocket spending on health care for individuals and families so that they do not go bankrupt trying to pay for necessary medical care, and provide consumers with more choice in health insurance coverage.

MYTH 5: Health care reform takes choice and decision-making out of the hands of patients and will lead to euthanasia for senior citizens

The bills being considered in Congress and the ideas being proposed by the President do not put your health care decision-making authority in the hands of government and will not lead to euthanasia by requiring senior citizens to submit to “end-of-life consultations.” The health care reform legislation being considered in Congress preserves choice and decision-making for patients, including the choice for seniors to consult with their doctors about the care they choose to receive if they have an advanced disease. The bills before Congress would provide reimbursement to cover such advanced care consultations for seniors once every five years, and slightly more often if the patient has a life threatening disease. These consultations are not mandatory, and if chosen, would do nothing to promote euthanasia which is in fact illegal in 48 states. Patients regularly consult with their doctors about end-of-life treatment and this provision in health care reform will simply establish a method of reimbursing physicians so they can be paid for the time they spend consulting with their patients.

MYTH 6: Health care reform will provide coverage to illegal immigrants

Some argue that Americans, and particularly our children, would be healthier if everyone in our country, whether here legally or not, received care, at least for prevention and contagious disease. However, none of the health care reform bills would provide any health coverage to the nation's estimated 11 million illegal immigrants. In fact, section 242 of the House health care reform bill, “America's Affordable Health Choice Act,” contains explicit language that states that federal payment is prohibited for undocumented aliens and that nothing in the subtitle shall allow federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.

MYTH 7: Members of Congress haven't read the health care reform bills and Congress is moving too fast

Members of Congress regularly and continuously talk to constituents, experts and Congressional staff about policy issues and participate in numerous hearings and briefings on important subjects. While it may be the case that some Members of Congress have not read every word of the health care legislation, they have staff who are paid to do exactly that. In addition, Members of Congress have convened many hearings on health care throughout the year both in Washington, DC and in their home districts. More importantly, families across the country are increasingly burdened by rising health care costs, patients are being denied health care and coverage due to preexisting medical conditions and employers are being forced to drop health insurance coverage due to the escalating costs. For these individuals, families and businesses, inaction is not an option. Moving fast is almost never the problem in government, and it isn't now. Moving slow on health care reform is punishing patients who need care now and hindering our economy which cannot thrive with ever growing health care costs.

