

The following are some facts in response to questions we have heard in our worksite. We have collected this information from sources that we encourage you and your co-workers to visit.

<http://www.healthcarereformmyths.org/HealthcareReformMyths.php#A25>
healthcareforamericanow.org
<http://www.nchc.org>

Setting the Record Straight on Health Care Reform

MYTH: Health reform means fewer choices for Americans.

FACT: The House proposal will increase choice among an array of high-quality private and public health Insurance options. Most importantly, if you like what you have, you can keep it. More Americans will have access to greater choices in doctors and plans by taking away the insurance industry's ability to deny coverage and care.

MYTH: Health reform means bureaucrats will ration health care.

FACT: In fact Insurance companies ration now. As many of us have experienced companies make decisions on what medication you can take and what tests they will cover.

The House proposal will expand and improve the availability of quality health care for all Americans, not ration it. Under this proposal, doctors, nurses and patients will make medical decisions, not big insurance.

MYTH: Health reform means raising taxes, or making coverage more expensive.

FACT: Under the status quo, middle-class families pay an enormous "hidden tax" of nearly \$1,100 per year to provide care for the uninsured and underinsured. The House proposal will end this tax by containing overall costs and expanding access to affordable care for all Americans. Additionally, the House proposal invests in reforms to contain the costs of health insurance overburdening businesses, families and the federal deficit.

Myth: The American healthcare system is the best in the world.

Fact: 4 in 10 Americans can't count on their healthcare coverage. America is ranked 37 in the world behind such countries As Columbia, Singapore and Morocco. France is rated at number one, followed by Italy.

Pew Research center did a study that said (among other things): ***Just 15% say health care in this country is the "best in the world," while 23% rate it as "above average"; about six-in-ten (59%) view U.S. health care as either "average" (32%) or "below average" (27%).***

MYTH: Health reform means Americans will be forced out of their current plans.

FACT: The House proposal builds on what works – the employer-based system – while giving every American the peace of mind of knowing that their health needs will be covered by insurance. No one will have to worry about being denied insurance based on a pre-existing condition, or being without coverage if their employer drops coverage, they lose their job, or change employers.

MYTH: Health reform means individuals will be forced to buy insurance they can't afford.

FACT: Millions of Americans cannot afford insurance today or are locked out of the system because of a preexisting condition. The House proposal emphasizes shared responsibility among individuals, businesses and the government and helps make coverage affordable and available to all. Affordability credits will be available to help low- and moderate- income working families afford coverage, regardless of the plan they choose.

MYTH: Health reform will force businesses to cut jobs and squeeze small businesses.

FACT: All businesses will benefit from insurance market reforms and a high performing health system that will reduce costs of health care. The status quo is unsustainable for businesses. Under the House proposal, employers will continue to offer their employees health care or contribute towards coverage.

MYTH: Taxpayers will subsidize all union retiree and community organizer health plans such as SEIU, UAW and ACORN

FACT: Nowhere in HR 3200 does it mention any community organizing groups such as Acorn or the unions mentioned or otherwise. It also does not mention any corporations.

Section 164 creates a temporary reinsurance program to help employers or employee associations pay for coverage for workers ages 55 to 64. It does not mention labor unions or community organizer groups, though presumably they could qualify for subsidies like any other employee association that previously offered health insurance. The section's point, however, is to offer subsidies to employer-based insurance programs, not unions or community organizers.

Additional fact, Referencing Pg 65, Sec 123 of HR 3200

Reinsurance is not a subsidy. It is risk-sharing. It also applies to plans for post-retirement health benefits maintained by companies like AT&T, Nordstroms, Halliburton, and any other company maintaining a post-retirement medical benefits plan. Many of these companies do not have unions. The purpose of offering the reinsurance is to prevent these plans from terminating and dropping an aging group into the risk pools. Since they have already factored in the risk based on the average age of their population, **it is intended as a safety net.**

Ref. US Health Crisis

MYTH: Health reform that builds on Medicare and Medicaid will only hurt the programs' long-term sustainability, and cost state and federal governments more.

FACT: Health reform is a critical first step toward containing health care costs for business, individuals, and the federal government in Medicare and Medicaid. By eliminating wasteful overpayments to private plans under Medicare, reforming how doctors are reimbursed, and creating new incentives for coordinated, high quality care we will extend Trust Fund solvency and improve Medicare for generations to come.

Myth: Health Care reform will pressure the elderly to end their lives prematurely.

Or in another form: It will allow for legalized physician-assisted suicide.

Fact : The section of the bill this myth is referring to is SEC. 1233. ADVANCE CARE PLANNING CONSULTATION: It amends the Medicare Act to allow coverage for patients to receive counseling about end-of-life care options every five years if they so choose. It requires that doctors ask patients their preferences when it comes to end-of-life and critical emergency care situations. You get to choose whether you want doctors to perform life-saving treatments, or whether you want a Do-Not-Resuscitate order, or whether you want only palliative treatments and hospice. Under no circumstances would you be forced to sign away your rights or even answer when asked about your preferences, and under no circumstances would you be denied life-saving treatment if you wanted it.

Myth: Covering everyone will cost a lot of money and increase our deficit.

Fact: On the contrary, keeping people healthy will save money. The cost gap between the United States and Canada has only widened since 1993, and per capita health care expenditures in the United States are now almost double those in Canada (\$6,401 vs. \$3,359). Canada's per capita health expenditures rose about 65% from 1993 to 2005, while costs in the United States rose by over 90%. Yet, infant mortality in the United States is higher and life expectancy at birth is less than in Canada. It is also noteworthy that despite Canada's much lower expenditures on health care, Canadians consult with physicians far more often than do Americans. The average number of physician consultations per capita was 6.0 in Canada, versus 3.8 in the United States.

Let's stick to the facts read bill HR 3200 yourself

<http://www.govtrack.us/congress/bill.xpd?bill=h111-3200>

