

CONGRESSMAN SANDY LEVIN

SETTING THE RECORD STRAIGHT ON HEALTH CARE

There has been a lot of misinformation about what is in the health care reform legislation passed by the House of Representatives. The discussion over how to improve our health care system is too important to be decided based on false statements and scare tactics. I want you to have accurate information.

FALSE CLAIM: The health care reform legislation is “socialized medicine” or a government takeover of health care.

FACT: The House health care reform legislation **is not socialized medicine or a government takeover** of health care. Socialized medicine is a system in which the hospitals are owned by the government and doctors are employees of the government. In contrast, the House legislation maintains the current employer-based insurance system. Most Americans will continue to receive insurance through private insurers, from private hospitals, and from doctors in private practice. The majority of Americans will continue to get their insurance from their employers. If people don't get insurance from their jobs, they will be able to get insurance from the Health Insurance Exchange, which is a one-stop shopping location where people will be able to choose from a range of private plans or the new public plan.

FALSE CLAIM: The public health insurance option will destroy the private insurance market.

FACT: The public insurance option will provide important competition for private insurance companies, and give consumers more choice in the insurance market. However, it will cover only a small portion of the population. The non-partisan Congressional Budget Office estimates that only 6 million people will be in the public plan, in comparison to the more than 160 million people who will be in private insurance.

FALSE CLAIM: The proposal provides health insurance for illegal immigrants.

FACT: The House reform legislation explicitly **prohibits** undocumented immigrants from receiving any Federal dollars to subsidize health insurance. Section 347 of the health reform bill reads: “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.”

FALSE CLAIM: The legislation creates a government panel that will determine how much care a senior can get near the end of their lives.

FACT: There has been a lot of awful misinformation about this issue. Under current law, hospitals are required to inform patients of their rights under state laws to develop a living will or advance directive regarding their medical care. If you wish to speak with your doctor about living wills and advance directives and the treatment options that may be part of having them, the health care reform legislation simply allows Medicare to pay for that appointment. This would be purely voluntary, and patients do not need to have this consultation with their doctor if they do not wish to do so. The AARP strongly supports the provision, saying, “This measure would not only help people make the best decisions for themselves, but also better ensure that their wishes are followed. To suggest otherwise is a gross, and even cruel, distortion—especially for any family that has been forced to make the difficult decisions on care for loved ones approaching the end of their lives.”

FALSE CLAIM: The reform legislation will weaken or destroy Medicare.

FACT: Nothing could be further from the truth. The reform legislation actually strengthens and improves Medicare for seniors and people with disabilities. The legislation **adds** benefits to Medicare, including increased prescription drug coverage and more coverage for preventive care.

The legislation does save money in Medicare, not by cutting regular Medicare benefits, but by making sure our dollars are used as efficiently as possible. For example, hospitals and other medical facilities that serve Medicare patients receive annual increases in their payments to account for inflation. Hospitals themselves

have agreed that these increases may be higher than costs warrant. Under reform, Medicare payments to hospitals will continue to increase, but they will increase less quickly. This change saves \$155 billion over ten years – money that is put right back into the Medicare trust fund to extend its solvency and make the Medicare program more fiscally sound.

The reform package also reduces subsidies to private insurance companies that contract with Medicare to cover people through the Medicare Advantage program. Today, these plans are paid 14% more than it costs to cover a senior under regular Medicare. Taxpayers should not be footing the bill to pay private insurance companies more than it would cost to cover senior citizens under regular Medicare. Under reform, Medicare Advantage plans will continue to be able to operate and offer coverage, but they will have to compete on a level playing field with regular Medicare. Reducing these subsidies saves taxpayers \$156 billion over 10 years.

FALSE CLAIM: Members of Congress will be exempted from reform and receive gold-plated health coverage.

FACT: It is a common misconception that Members of Congress have special gold-plated health insurance plans. In fact, I pay the same amount and have the same health insurance options as all other federal government employees. I am currently covered by Blue Cross Blue Shield. **Members of Congress will be treated exactly the same as everyone else under reform.** If we choose to keep our employer-sponsored insurance, we can do that, or we can go to the Health Insurance Exchange and use our own money to buy a private plan or the public health insurance plan there, just like everyone else.

FALSE CLAIM: The health care reform legislation would lead to rationing of care.

FACT: There is nothing in the proposal that would lead to rationing of care. The proposal does provide funding for research to compare the effectiveness different treatments for a given disease. Doctors will not be required to use the findings. This research, far from rationing care, will lead to better care for patients by giving doctors more information about different treatments. The insurance market reforms in the proposal **will reduce** rationing of care that happens today. Insurance companies will no longer be able to deny coverage or refuse to cover important medical services based on pre-existing conditions.

FALSE CLAIM: The health care reform legislation mandates coverage of abortion and provides federal funding for abortion.

FACT: As introduced in the House, the reform legislation continued the current prohibition against the use of federal funds to pay for abortion. It also specified that in every area there must be a plan available that does not cover abortions, and one that does. During debate of the bill on the House floor, an amendment was added that prohibited coverage for abortion in any plan that received any federal funding, even if the coverage is paid for with private premium dollars.