

Top Five Health Reform Myths

(Since the legislation is not final, this review is based only on information available before August 13, 2009)

1) The Health Reform efforts encourage Euthanasia or “Death Panels” -

There is nothing in any of the proposed legislation that would require people to decide how they would prefer to die or government provisions that encourage or force euthanasia. What opponents of Health Care reform are referring to is Section 1233 of HR 3200 which focuses on advance care planning consultations. This provision allows Medicare reimbursement once every five years for provider counseling regarding options for end of life care. This includes, but is not limited to, discussions about advance directives or hospice treatment planning. Many states already call for routine advance directives or living wills to be completed during hospitalization. The provision does not require Medicare beneficiaries to participate; rather it provides the option for those who are interested.

2) Health reform is financed by cuts to Medicare which is harmful to Senior Citizens-

It is important to note that none of the proposed changes would actually cut Medicare benefits. Rather, they are focused on reducing unnecessary spending that is already occurring in the Medicare program. One example of this that is often cited by the President is the \$177 billion over 10 years in subsidies that are paid to insurance companies to encourage them to participate in the Medicare Advantage Program. It is technically true that there will be some “cuts” to Medicare expenses but many of them are not controversial. In fact, the non-partisan Medicare Payment Advisory Commission (MedPAC), which studies ways to improve the Medicare program, has recommended implementing several of these cost-saving measures.

3) Health reform will lead to rationing of care-

One of the most common arguments against the health reform legislation is that health care will be rationed, and patients will have limited treatment options should the government become more involved in the health care system. Many argue that Americans currently experience rationing of health care. Two common examples are by cost and by access. It is reported that insurance companies ration health care by denying coverage for certain treatments and refusing to insure individuals with pre-existing conditions or dropping people while sick. Care of the uninsured is explicitly rationed. There is currently no language in any of the proposed legislation that would allow the government to ration care. In fact, rationing was further addressed by two amendments in the Energy and Commerce Committee markup with regards to comparative effectiveness research. The first amendment offered by Representative Mike Rogers (R-Michigan) was adopted to clarify that comparative effectiveness research could not be used by the federal government to deny or ration care. A second amendment offered by Representative Phil Gingrey, MD (R-Georgia), stated that the Centers for Medicare and Medicaid Services could not use federally funded clinical comparative effectiveness research data to make Medicare coverage determinations on the basis of cost.

4) Americans will lose their private health insurance coverage -

One of the arguments against the health reform bills as they are currently written is that the “public option” or government sponsored health care plan would, if it were less expensive, “crowd out” private insurance companies and eventually lead to a single payer health system. Critics of health reform often cite a study conducted by the Lewin Group that says that 119 million currently insured individuals would switch from their private plan to a public plan. It is important to note two things about this report. First, the report speculates that the public plan would be based on Medicare rates and thus the premiums would be approximately 30% less expensive than their current coverage. Second, the report assumes that the public plan would be open to everyone. The legislation in both the House and the Senate prohibits many people with employer-based insurance from switching to the public option. Furthermore, the non-partisan Congressional Budget Office (CBO) estimated in a July 26th analysis that there would be a net increase of 3 million Americans with employer-provided care by 2016. The President has repeatedly stated that if people are happy with their current insurance, they can keep it.

5) The Health Care Legislation Includes Taxpayer dollars for Abortions -

Abortion is arguably one of the most polarizing issues in American politics, and it’s not surprising that it has emerged in the health reform debate. Abortion opponents argue that the health care legislation includes a “hidden abortion mandate.” But nothing in any of the proposed bills explicitly mentions abortion. Opponents of abortion argue that the legislation would make abortion more widely available by requiring insurance plans in the health insurance exchange to pay for abortion procedures. This is not true. In fact, the House Energy and Commerce Committee adopted an amendment offered by Representative Lois Capps (D-California) that would prohibit taxpayer dollars from funding abortion. The Amendment as adopted would not allow the federal government to either require or prohibit abortion coverage by private insurers. Instead, it would require that at least one plan in the health insurance exchange in each region of the country cover abortion and one plan in the same exchange not cover abortion.

About the Health Care Reform Group

The Health Review Group consists of representatives from UNMC/TNMC/UNMCP assembled to analyze health care reform proposals and to serve as a resource to policy makers and Nebraskans. The Group plans to issue analysis and white papers on a number of health reform issues to provide an objective analysis of the impact reform may have on the institution and the citizens we serve.

Sources:

American Medical Association
American Association for Retired Persons
CBS News
Los Angeles Times