



Retirees' Guide to **MYTHS & FACTS**

Advocates for health insurance reform have one goal: quality, affordable coverage for all Americans. Unfortunately, efforts to fix our broken system are under attack from many enemies – particularly the insurance and prescription drug industries that make huge profits from the status quo. Some opponents are spreading myths about health care reform in an attempt to stop critical legislation. Many of their myths are aimed at seniors because they are the most vulnerable when it comes to health care decisions.

To understand what health insurance reform will *REALLY* mean to older Americans, we need to separate truth from fiction. So, here's a brief Retirees' Guide to Myths & Facts from the Alliance for Retired Americans.

Myth: Health insurance reform will destroy Medicare.

Fact: Health insurance reform will *strengthen* Medicare. Reform legislation does NOT cut Medicare benefits or increase beneficiaries' out-of-pocket costs.

Benefit **improvements** in the bills would help seniors pay for their drugs in the Part D "doughnut hole" and would completely eliminate the "doughnut hole" over time. Other improvements include ending all co-pays for Medicare preventive services in order to make them more affordable for seniors. Preventive services, such as cancer screenings, can identify illnesses before they become more serious and more costly to treat.

Containing costs is critical for Medicare's future, but it won't happen unless costs are reined-in throughout the entire health care system. Reform legislation will do this system-wide, enabling Medicare to contain costs without reducing benefits or raising co-pays.

Myth: The President and Congress want health care reform to be "socialized medicine."

Fact: The President and Congress are working on a **uniquely American model** for health care, based on our system of employer benefits, consumer choice and marketplace competition. It is not based on the health care program of any other country and is definitely not "socialized medicine." Insurance companies, doctors and hospitals would remain **private** operators, just as most are today.

The 200 million Americans – working and retired – who receive their benefits from their employers would continue to do so under health insurance reform. People who buy their own coverage would buy it in a marketplace called the "exchange," choosing from a variety of *private* insurance plans.

The Alliance wants the exchange to have a *public-plan* option as well, similar to Medicare. The optional public plan would ensure cost competition with the private plans and help hold down insurance costs

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system wide. To make the coverage even more affordable, there would be Federal subsidies for individuals and families, regardless of the plan they choose.

Myth: Americans will not be able to choose their own doctors and hospitals.

Fact: CHOICE is a major theme of the health insurance reform effort. Regardless of how Americans receive their coverage (employer plans, Medicare, "exchange" plans, etc.), everyone will be able to choose their own doctors and hospitals.

Myth: Seniors' health care will be rationed and some seniors will be denied treatment.

Fact: The government will *NOT* be able to deny care or treatment to anyone. Neither will insurance companies or hospitals. No one will have the power to make life or death decisions for anyone else. **All care decisions, including advance decisions for end-of-life care, will continue to be made by the individual and their family, regardless of a person's age.**

Health care reform will actually improve access to care for seniors. For example, Medicare's physician fee schedule is currently outdated and needs to be fixed. As a result, some doctors refuse to accept new Medicare patients. Reform legislation establishes a fair payment system for doctors so they will continue to serve Medicare patients in the future.

Myth: Undocumented immigrants would be covered under health care reform.

Fact: Undocumented immigrants will *NOT* be covered. The House bill (H.R.3200) clearly states that there will be "no federal payments for undocumented aliens" (page 143, line 3, Section 146), defined as "individuals who are not lawfully present in the United States." This prohibition reflects the sentiments of Congress and is expected to remain in the final legislation.

Myth: A government "Czar" will decide the best treatments and force doctors to comply.

Fact: No such "Czar" will dictate treatment options. But legislation does fund more research and will make the results available to patients and doctors so they can make their own informed decisions. The legislation actually **prohibits "denying or rationing" medical care** based on the research.

Myth: Reforming our health insurance system costs too much. The nation can't afford it.

Fact: The cost of doing nothing is much higher. Health care premiums are rising three to four times faster than workers' wages and Medicare is projected to show a shortfall in 2017. Costs are expected to double in the next seven years and it won't be long before coverage is unaffordable for most Americans. We must act *NOW* to slow down inflation and make sure everyone gets and keeps good coverage.

**Let's Pass Real Health Care Reform That Works
for Retirees and All Americans!**