



# HEALTHCARE REFORM MYTHS AND REALITIES

Over the past several weeks there have been many articles, speeches, blogs, columns, and arbitrary comments about healthcare reform in America, ranging from precise and accurate to wildly misinformed and intentionally misleading. Unfortunately, much of the misinformation and confusion has centered on seniors' concerns, so we wanted to take this opportunity to clear the air and set the record straight. (If you have heard something outlandish and we don't cover it below, email us your concern and we will address it in an updated version in the future.)

B'nai B'rith has been actively involved in the fight for healthcare reform, expanding affordable healthcare to more people, and preserving access, which are all essential to healthy aging.

In recent weeks we have been focused on talking to Congress and the Obama administration about the issues that concern older adults. Medicare and making sure reforms do not negatively affect beneficiaries are always parts of that conversation. In addition to protecting what those over 65 years of age already have, we are hoping to achieve more with health reform for people between the ages of 50 and 65. Under current law, insurance companies can often charge more to individuals based on age, gender, and health status. This means

that older Americans who are unemployed, self-employed, or working at a place that doesn't offer coverage often can't afford insurance. Although the insurance industry has expressed willingness to stop health and gender rating, evaluation based on age is still not off the table.

We met with more than a dozen Senate health staffers including Robert Menendez (D-N.J.), Arlen Specter (D-Pa.), John McCain (R-Ariz.), Jeff Bingaman (D-N.M.), Debbie Stabenow (D-Mich.), Ron Wyden (D-Ore.), and Blanche Lambert Lincoln (D-Ark.) to name a few. We have been on many conference calls with Families USA, the Universal Healthcare Action Network, Faithful Reform in Health Care, and many others. We also received a special invitation to attend a White House meeting on health reform issues. We have discussed these seniors' issues in all of those meetings.

Healthcare reform is not bad for seniors; we wouldn't support it if were. Seniors are an important constituency because they care about healthcare and are invested in making sure their children and grandchildren have even better lives. Unfortunately, misrepresentations and falsehoods about healthcare have been scaring older adults. So what's true and what isn't? Some myths and facts are listed below:

## When the myth is based on a specific misunderstanding, we try to identify that as well.

**X Myth: Health reform is socialized medicine.**

- ✓ **Reality:** Under all the plans moving through Congress, and under the president's own principles, **the private market will continue to provide coverage.**
- ✓ **Reality:** The role of the government will be to make the private market play fair by ending discrimination based on health status and other factors. We hope to add age to the list of non-discrimination factors!
- ✓ **Reality:** Every proposal that has been brought forth would **allow people to choose their own doctors and hospitals.**
- ✓ **Reality: More people would be buying insurance coverage through the private market than ever before.** That's why the insurance industry has been so positive about reform!

**Where this got started:** As soon as people learn that the government is going to have any influence over healthcare, they assume that it will be like countries with socialized medical systems. However, the three major health reform plans are uniquely American in that insurance companies will still play a major role.

**X Myth: The government will force seniors to decide how they want to die.**

- ✓ **Reality: No one is going to be forcing seniors or anyone else, to do anything remotely like that.**
- ✓ **Reality: Health reform is about promoting healthier lives, not premature death.** There's nothing in any health reform bill that will force anyone to make these decisions. Reform will help people of all ages set up living wills but will not require anyone to do so, and doesn't promote deciding on more extraordinary measures or fewer.

**Where this got started:** Under the house bill, talking to your doctor about how to plan for your "what-if's" would be covered as a medical expense. Most people are uncomfortable talking about what they would want if something unexpected happened – and can't afford to sit down with lawyers to draw up living wills.

# three

**X Myth: Health reform will be paid for on the backs of seniors and most of the savings will come from cutting Medicare services.**

**✓ Reality: Health reform will not be paid for at the expense of seniors. Instead, the purpose of all of the proposed health reform is to make Medicare more efficient and more affordable for seniors.** Ending discrimination based on health status would also benefit older people not yet eligible for Medicare. (B'nai B'rith is working to end discrimination based on age too).

**✓ Reality: Under none of the proposed plans will services be cut from Medicare.** Rather, they will help seniors pay for expensive prescription drugs.

**✓ Reality: Savings in Medicare are going to come from making the system even more efficient and ending over-payments to insurance companies that make traditional Medicare more expensive than it needs to be.**

**Where this got started:** It's hard to say. Both the House and Senate have talked about streamlining and changing incentives in the delivery system to improve outcomes while cutting costs. Many of those "cuts" come in the form of profits to insurance companies, and won't hurt the structure of the Medicare benefit. Also, President Obama's budget draft this year suggesting doing more "indexing" in Medicare (charging people who have more money higher premiums) might have stirred this issue. It is not yet clear how much, if any, of that indexing would be in a final package in Congress.

**X Myth: The government will stand between my doctor and me to decide what care I can get.**

**✓ Reality: All of your healthcare decisions will be made between you and your doctor.** The government will not get in the way.

**✓ Reality: All of the plans under consideration will ensure that every plan covers the services necessary to promote good health** and will fund research to help doctors and patients make better-informed treatment decisions.

**Where this got started:** People assume that since the government will have influence over healthcare, the government will also be choosing physicians and the types of care that patients can receive. In reality, people will have more options for choosing a doctor, especially specialty doctors.

# four

**X Myth: I live in a rural area so health reform will not help me.**

**✓ Reality:** Health reform addresses the shortages of primary care doctors in rural areas by **providing incentives for doctors to practice in rural areas.**

**Where this got started:** Typically, people living in rural areas have had to take whatever doctor is closest to their home. Assuming we had a healthcare system where everyone could get care, many people in rural areas would face some of the same challenges like transportation. But Congress is working to provide incentives to doctors (like tuition reimbursement) so that more good quality doctors will practice in rural areas, and not force people to take the closest physician available.

**X Myth: I have to pay so that illegal immigrants can get free healthcare.**

**✓ Reality: Illegal immigrants** are not eligible for coverage under any plans being considered by Congress.

**Where this got started:** In the absence of immigration reform, opponents are targeting immigrants in every major domestic policy debate. This was the case in the debate over State Children's Health Insurance Program (SCHIP) and the stimulus package. And now we see it emerging once again as Congress considers healthcare reform. Despite the fact that President Obama has clearly stated that undocumented immigrants will not be covered by a new healthcare plan, opponents are using distorted information about eligibility to promote anti-immigrant sentiment while weakening support for healthcare reform. Typical of the false claims: Congressman Todd Akin (R-Mo.) and Paul Broun (R-Ga.) claim that the proposed healthcare plan is going to give "free health insurance" to the undocumented. Congressman Broun said: "This healthcare plan, Obamacare, is going to give every single one of those illegal aliens health insurance at the cost of taxpayers."

**X Myth: Moving this fast with health reform doesn't give us enough time to consider all options.**

**✓ Reality:** Republicans and Democrats have been trying to reform healthcare for 90 years. This is not a new idea and with **44,000 people losing coverage each week**, the time to act is **now!** While we wait, at least **22,000 Americans die every year from lack of comprehensive health insurance.**

**Where this got started:** With every new administration comes new policy and generally big changes. People thought that Congress was moving too fast with Medicare in 1965, but Medicare has been up and running for many years now. Americans are afraid of change, and reforming healthcare will be a big change.

**X Myth: I won't be able to afford prescription drugs.**

**✓ Reality:** Some cutting-edge drugs are simply too expensive for many seniors right now. Creating a pathway for the **approval of generic biologic drugs will improve affordability of medications for seniors and all Americans.**

**Where this got started:** Also unclear. The uninsured usually have little or no access to affordable prescription drugs. The underinsured don't fill prescriptions because their drug coverage isn't good enough. And health reform is turning out to be an opportunity to improve the Medicare Part D program with the cooperation of the many drug makers. Prescription non-compliance (not filling or refilling or taking prescriptions) is a significant barrier to good medicine and healthy aging – reform will help, not hurt.

**X Myth: The United States has the best healthcare system in the world.**

**✓ Reality: We could have the best healthcare system in the world - if only it weren't for the way it is administered.** If you have unlimited wealth, or are among the very small percentage who have an ironclad lifetime guarantee of no-strings-attached, top-drawer insurance, as many legislators have, you can get the finest healthcare here in the U.S. But for the rest of us, the United States has steadily fallen from the best in the world to the back of the pack of industrialized nations. The World Health Organization once ranked the USA at the top. But **we are now ranked behind more than three dozen other countries around the world in objectively-measured healthcare outcomes.** That means that any American family is more likely to experience unfortunate outcomes.

**Where this got started:** According to statistics from the World Health Organization, the U.S. does not have the best *healthcare* system in the world - it has the best emergency care system in the world, which may have caused people to think that the U.S. was in the lead for everything else. Advanced U.S. medical technology has not translated into better health statistics for its citizens; indeed, the U.S. ranks near the bottom in list after list of international comparisons. Part of the problem is that there is more profit in a pound of cure than an ounce of prevention. Another part of the problem is that America has the highest level of poverty and income inequality among all rich nations, and poverty affects one's health much more than the limited ministrations of a formal health care system.

**X Myth: People don't like Medicare and it is hard to find a doctor that accepts Medicare.**

**✓ Reality:** First, we hear all the time that more and more doctors no longer accept Medicare because of declining reimbursement rates. We're even warned that a public health insurance plan would cause even more doctors to bail out of Medicare if the reimbursement rates were universal. But you know what? **Private insurance is worse:** Ten percent of Medicare beneficiaries' physicians did not accept their insurance, compared with 17 percent with employer-sponsored plans. If you want a choice of doctors, you've got slightly better odds with Medicare. All of us know people on Medicare. It has its problems – so does any healthcare system – but it also has strengths. Lower costs. Better satisfaction. Better health outcomes.

**Where this got started:** Some seniors have had problems with Medicare Part D and stories about Part D were all over the media when people began having problems, but according to a recent Commonwealth Fund survey, elderly Medicare beneficiaries are 2.7 times more likely than enrollees in employer-sponsored plans to rate their health insurance as excellent, and are less likely to report negative experiences with their insurance plans. Medicare beneficiaries are also one-third more likely to say they couldn't get health care because of cost than are those covered by employer private insurance plans. The survey also found that elderly Medicare beneficiaries were more likely to report being very satisfied with the care they received compared to those with private insurance (62% vs. 51% respectively).



**B ' N A I B ' R I T H I N T E R N A T I O N A L**

