

# NOTES

FROM CHATHAM COUNTY,  
NORTH CAROLINA,  
DEMOCRATIC WOMEN

AUGUST, 2009

## Special Health Care Issue

GOVERNMENT **Will I Lose**  
**takeover** **My Doct**  
**Will the bill** **require suicide**  
**counseling??** **GOV** **NT**  
**over**  
 Will they  
 pull the plug  
 on Grandma?  
**Will the Government**  
**dictate to Doctors**  
**how to treat patients?**  
**Will illegal im-**  
**migrants get free**  
**health care???**

*What is the truth???*

slashed!  
 Abortions will be free!!!!  
 While Grandpa's surgery  
 will be postponed!!!!!!!!!!

they want to give  
 you a government  
 takeover

## Facts on the Cost of Health Insurance and Health Care

### *What will happen if we do not have health care legislation?*

- In 2008, health care spending in the United States reached \$2.4 trillion, and is projected to reach \$3.1 trillion in 2012 and \$4.3 trillion by 2016.
- Health care spending is 4.3 times the amount spent on national defense.
- In 2008, we in the United States will spend an amount equal to 17 percent of our gross domestic product (GDP) on health care. It is projected that the percent of the GDP spent on health care will reach 20 percent by 2017.
- Health care spending accounted for 10.9 percent of the GDP in Switzerland, 10.7 percent in Germany, 9.7 percent in Canada and 9.5 percent in France, according to the Organization for Economic Cooperation and Development.

### *Note the following:*

- The United States spends more on health care than all other industrialized nations. Those countries spend less than we do yet they provide health insurance to ALL of their citizens while we have more than 46 million Americans with no health insurance.

## The Impact of Rising Health Care Costs

### *or why our current health care is not working*

- National surveys show that the primary reason people are uninsured is the high cost of health insurance.
- A recent study by Harvard University researchers found that the average out-of-pocket medical debt for those who filed for bankruptcy was \$12,000. The study noted that 68 percent of those who filed for bankruptcy had health insurance but it was insufficient. In addition, the study found that 50 percent of all bankruptcy filings were partly the result of medical costs.
- A new survey shows that more than 25 percent of the people polled said that they were unable to make rent or mortgage payments because of their medical debts.

- About 1.5 million families lose their homes to foreclosure every year because they cannot pay huge medical bills.
- A survey of Iowa consumers found that in order to cope with rising health insurance costs, 86 percent said they have cut back on how much they could save, and 44 percent said that they have cut back on food and heating expenses.

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## Falsehoods About Health Care

### *Big myths in the current debate*



Does the House bill call for mandatory counseling on how to end seniors' lives sooner?

**Absolutely not.**



Will the government dictate to doctors how to treat their patients?

**No.**



Do the bills propose cutting Medicare benefit levels?

**No.**



Will Government Decide What Care I Get (a.k.a. they won't give Grandma a hip replacement)?

**Of course not.** None of the existing bills propose anything like this. The House's H.R. 3200 sets up a center to conduct and gather such research within the Agency for Healthcare Research and Quality, an entity the CBO called "the most prominent federal agency supporting various types of research on the comparative effectiveness of medical treatments." Like the stimulus legislation, the bill states that: "Nothing in this section shall be construed to permit the Commission or the Center to mandate coverage, reimbursement, or other policies for any public or private payer."

The Senate bill, not yet released, calls for a similar center that "will promote health outcomes research and evaluation that enables patients and providers to identify which therapies work best for most people and to effectively identify where more personalized approaches to care are necessary for others".

# Falsehoods About Health Care

## Continued



### Will Private Insurance Be Illegal?

**No.**

In July, *Investor's Business Daily* published an editorial in which it claimed that H.R. 3200 would make private insurance illegal. But *IBD* was mistaken.

Under the House bill, people who want to buy new individual, nongroup coverage will purchase it through a new health insurance exchange. They can still buy private insurance – the exchange, in fact, would offer a range of private plans, in addition to a new federal health insurance option. However, those who were already buying their own insurance before the bill went into effect – about 14 million Americans – will have their plans grandfathered in. The part of the bill *IBD* cites doesn't forbid insurers from issuing new plans. It says that new individual plans will not be considered grandfathered, and will have to be purchased through the exchange.



### Does The House Bill Require Suicide Counseling?

**Absolutely not.**

**This is a misrepresentation.** What the bill actually provides for is voluntary Medicare-funded end-of-life counseling. In other words, if seniors choose to make advance decisions about the type of care and treatments they wish to receive at the end of their lives, Medicare will pay for them to sit down with their doctor and discuss their preferences. There is no requirement to attend regular sessions, and there is absolutely no provision encouraging euthanasia.

Of course, seniors who want to talk to their doctors about end-of-life care might well choose to discuss what types of life-saving treatment they wish to refuse. That choice has been federally guaranteed for almost 20 years.

(Euthanasia is illegal in almost the entire United States.)



### Will Medicare Benefits Be Slashed?

**No.**

The claim that Obama and Congress are cutting seniors' Medicare benefits to pay for the health care overhaul is outright false.

The pending House bill extracts \$500 billion from projected Medicare spending over 10 years, as estimated by the Congressional Budget Office, by doing such things as trimming projected increases in the program's payments

for medical services, not including physicians. Increases in other areas, such as payments to doctors, bring the net savings down to less than half that amount. But none of the predicted savings – or cuts, depending on one's perspective – come from reducing current or future benefits for seniors.

**AARP Fact: None of the health care reform proposals being considered by Congress would cut Medicare benefits or increase your out-of-pocket costs for Medicare services.**



### More Senior Scare . . .

The conservative 60 Plus Association is running a TV ad saying Congress plans to pay for overhauling health care “by cutting \$500 billion from Medicare.” It claims that this “will mean long waits for care” and cuts to MRIs and other imaging services, that “seniors may lose their own doctors” and that “government, not doctors, will decide if older patients are worth the cost.” Actually, the House leadership's version of the health care bill would trim a net total of only \$219 billion from the projected growth of Medicare spending over the next 10 years, according to the Congressional Budget Office. And Congress isn't proposing to cut benefit levels or *to deny treatment to anyone*.



### Will Illegal Immigrants Be Covered?

**No.**

**One Republican congressman issued a press release claiming that “5,600,000 Illegal Aliens May Be Covered Under Obamacare.” Not true.** In fact, the House bill (the only bill to be formally introduced in its entirety) specifically says that no federal money would be spent on giving illegal immigrants health coverage:

H.R. 3200: Sec 246 — NO FEDERAL PAYMENT FOR UNDOCUMENTED ALIENS

Nothing . . . shall allow Federal payments . . . on behalf of individuals who are not lawfully present in the United States.

Also, under current law, those in the country illegally don't qualify for federal health programs. Of interest: About half of illegal immigrants have health insurance now, according to the nonpartisan Pew Hispanic Center, which says those who lack insurance do so principally because their employers don't offer it.

# Falsehoods About Health Care

## Continued



**Will Surgery for Seniors be given a lower priority than abortions?**

A current TV ad shows a white-haired man fretting that under a federal health plan, “They won’t pay for my surgery, but we’re forced to pay for abortions.”

“Will this be our future?” the ad asks, merging the fears of seniors worried about their health care with those of anti-abortion advocates. “Our greatest generation, denied care. Our future generation, denied life.”

**In fact, none of the health care overhaul measures that have made it through the committee level in Congress say that abortion will be covered,** and one of them explicitly says that no public funds will be used to finance the procedure. Furthermore, none of the bills call explicitly for cuts in Medicare coverage, much less rationing, under a public plan.

*Courtesy:* FactCheck.org, a project of the Annenberg Public Policy Center

## What they said about Social Security

*Three-quarters of a century ago, nearly identical denunciations were used in an attempt to kill legislation that created one of the country’s most popular government programs: Social Security.*

Though no one was talking about “death panels” back then, opponents claimed that:



**Social Security would result in massive government control. A Republican congressman from New York, for example, charged: “The lash of the dictator will be felt, and 25 million free American citizens will for the first time submit themselves to a fingerprint test.”**

Another New York congressman put it this way:



**“The bill opens the door and invites the entrance into the political field of a power so vast, so powerful as to threaten the integrity of our institutions and to pull the pillars of the temple down upon the heads of our descendants.”**

A senator from Delaware claimed that Social Security would:



**“end the progress of a great country and bring its people to the level of the average European.”**

Then as now, opponents played the socialism card. Unlike today, however, the political rhetoric never gained traction in 1935. Though nearly every Republican in Congress was vehemently opposed to Social Security, Roosevelt prevented them from controlling the debate. Months before Congress was presented with legislation, FDR sought to immunize the public.

*Courtesy, Los Angeles Times*

## NBC poll: Misperceptions abound on president’s health overhaul initiative

*by Mark Murray*

*Deputy political director, NBC*

WASHINGTON - Two weeks since raucous congressional town-hall meetings on health care became a national story — and days after President Barack Obama began holding his own town halls — Americans remain skeptical about White House plans to overhaul the nation’s health system, according to a new NBC News poll.

A plurality believes Obama’s health plan would worsen the quality of health care, a result that is virtually unchanged from last month’s NBC/Wall Street Journal poll. What’s more, only four in 10 approve of the president’s handling of the issue, which also is unchanged from July.

And a majority — 54 percent — is more concerned that the government will go too far in reforming the nation’s health care system, while 41 percent is more worried that the reform will not do enough to lower costs and cover the uninsured.

“Things have not changed radically in the past two weeks,” says Democratic pollster Jay Campbell of Hart Research Associates, which conducted this survey with Republican pollster Bill McInturff of Public Opinion Strategies.

“But they have changed enough to illustrate an environment that has gotten tougher” for the White House, he says.

**One of the reasons why it has become tougher are misperceptions about the president’s plans for reform.**

*Courtesy NBC*

*It is very important that the American people know the facts; then they will make good decisions.*

## Evaluation of 3 Government Run Health Care Plans

*Should we be worried about a public option?*

### Social Security

Despite fears of the government overspending on programs to right the nation's economy, the vast majority of Americans believe Social Security needs to be maintained and are willing to pay higher taxes to do so. Nearly 90% say Social Security is more important than ever in light of the current recession, and three-quarters of Americans want the retirement program preserved even if it means contributing more in taxes. The same percentage also sees Social Security as being a key part of their retirement, and almost 50% feel they would be unable to afford food, clothing or housing without it. Nine out of 10 Americans want Congress to act within the next two years to preserve the system.

The polling data is contained in a new study conducted by the Benenson Strategy Group and released by the National Academy of Social Insurance, a nonprofit, nonpartisan organization composed of experts on social insurance.

### Medicare

About a month ago Mark Blumenthal pointed out that customer satisfaction is much higher inside Medicare than with private insurance

Using 0 to 10, where 0 is the worst possible and 10 is the best possible, participants were asked: "how would you rate your health plan?"

private insurance:	40% rated it 9 to 10
Medicaid:	51% rated it 9 to 10
Medicare advantage (managed care)	60% rated it 9 to 10
Medicare	56% rated it 9 to 10

More importantly, the higher scores for Medicare are based on perceptions of better access to care. More than two thirds (70 percent) of traditional Medicare enrollees say they "always" get access to needed care (appointments with specialists or other necessary tests and treatment), compared with 63 percent in Medicare managed care plans and only 51 percent of those with private insurance.

## Veterans' Health Care

One of the key pillars of reform — a public plan — is currently benefiting millions of veterans who rely on the government-provided care of the Veterans Health Administration.

Outside Obama's speech, conservative groups including Americans for Prosperity were protesting and rallying against greater government involvement in the health care system. But like Medicare recipients who oppose government interference in the health care system, opponents of a public option should be wary of denouncing "government care" in front of veterans who can vouch for the effectiveness of government-run care.

The VA "outpaces other systems in delivering patient care," consistently delivering higher quality health care more efficiently. A recent study by the RAND corporation found that "VA patients were more likely to receive recommended care" and "received consistently better care across the board, including screening, diagnosis, treatment and follow up":

Health indicator	VA score	National sample
Overall	67	51
Chronic care	72	59
Chronic artery disease	69	59
Depression	80	62
Diabetes	70	57
Acute care	53	55
Preventive care	64	44
Screening	68	46
Diagnosis	73	61
Treatment	56	41
Follow up	72	58

The study also concludes that "if other health care providers followed the VA's lead, it would be a major step toward improving the quality of care across the U.S. health care system." The public option — a frequent target of critics who argue that government health care would ration care or provide subprime coverage — would push health providers to adopt some of the VA's delivery system reforms.

A public health insurance option is not a threat to Americans with private health insurance coverage; it's an important component of the nation's public-private health infrastructure. In 2008, federal, state and local governments contributed 47 percent of health care spending and, if the VA system is any indication, then rather than intruding between the patient and the doctor or rationing care, federal dollars have only improved access and enhanced the delivery of care.

# A History of Health Care Reform Courtesy New York Times

*Are the Democrats trying to rush a Health Care Reform bill through Congress?*

**1912:** Theodore Roosevelt campaigns on the Progressive Party ticket promising national health insurance, along with women's suffrage, safe conditions for industrial workers and other social issues. Roosevelt is defeated by Woodrow Wilson.

**1929:** Baylor Hospital in Dallas starts a prepaid program with a local teaching union to create what is thought to be the nation's first example of modern health insurance.

**1931:** Results of a five-year national study overseen by Dr. Lyman Wilbur, the interior secretary, estimate that the average family spends \$5 per week or \$250 a year on health care.

**1932:** The Wilbur Commission finds that adequate medical attention is beyond the reach of millions of Americans and recommends expansion of group medical practices and group prepayment systems to spread financial risk. Critics, chiefly the American Medical Association, denounce the recommendations as "socialist".

**1934:** In the midst of the Great Depression, President Franklin Roosevelt's working groups on Social Security and unemployment insurance also discuss a national health insurance program, but legislation is never seriously considered. The American Medical Association continues its strong opposition to such a plan, saying it would increase bureaucracy, limit physician freedom and interfere with the doctor-patient relationship.

**1938:** The popularity of prepaid hospital insurance increases. Early insurance plans advertise "three cents a day for hospital care," but exclude the unemployed and people 66 and older.

**1945:** Months after becoming president, Harry S. Truman calls on Congress for a health care overhaul. His 10-year plan proposes compulsory coverage, increased hospital construction and doubling the number of doctors and nurses nationwide. But the A.M.A. and other critics warn of "socialized medicine" and the plan stalls in Congress. The president's second attempt, after his 1948 re-election, is abandoned with the outbreak of the Korean War.

**1946:** Recognizing a growing gap in access to medical care between urban and rural areas, Congress passes the Hill-Burton Act to finance a vast wave of hospital construction aimed particularly at rural areas. It requires hospitals to provide charity care and prohibits discrimination based on race, religion or nationality, but allows for "separate but equal" facilities. The law provides the foundation for much hospital regulation today.

**1954:** The Internal Revenue Act exempts employee benefits, like pensions and health insurance, from income taxes. The tax exemption has been hotly debated ever since. In 2008 alone, according to the joint Congressional committee on taxation, the exemption cost an estimated \$226 billion in lost taxes.

**1962:** President John F. Kennedy takes up the issue of health benefits for Social Security recipients, promoting legislation in a televised national address from Madison Square Garden.

"This is not a campaign against doctors," the president said to a crowd of approximately 20,000 people. "This is a campaign to help people meet their responsibilities".

As with proposals by previous presidents, Kennedy's plan stalls in Congress with the help of powerful lobbying by the medical industry.

**1965:** The birth of Medicare and Medicaid. With the 1964 Democratic sweep of Congress and an increasing influence of labor unions and the civil rights movement, social reforms are at the forefront of President Lyndon B. Johnson's domestic agenda. He signs legislation creating the Medicare and Medicaid programs, which provide comprehensive health care coverage for people 65 and older, as well as for the poor, blind and disabled.

**1971:** President Richard M. Nixon backs a proposal requiring employers to provide a minimum level of insurance to employees, but maintaining competition among private insurance companies. Senator Edward M. Kennedy counter proposes the "Health Security Act," a universal single-payer health reform plan.

**1976:** Jimmy Carter is elected president and calls for "a comprehensive national health insurance system with universal and mandatory coverage." As the nation falls into a deep recession, economic recovery knocks health care from lawmakers' priorities.

**1986:** Congress passes the Emergency Medical Treatment and Active Labor Act, which requires hospitals to screen and stabilize all emergency room patients, and the Consolidated Omnibus Budget Reconciliation Act, (Cobra) which allows employees to continue their group health plan up to 18 months after losing their jobs.

**1988:** The Medicare Catastrophic Coverage Act, overwhelmingly passed by Congress and signed into law by Ronald Reagan, is created to protect older Americans from financial ruin because of illness. The program is to be entirely financed by the 33 million elderly and disabled Medicare beneficiaries. Because many hundreds of thousands of more affluent older Americans resent paying a surtax to help finance this act, it is repealed in 1989.

**1993:** President Bill Clinton starts his reform effort, which would provide universal coverage based on the idea of "managed competition" in which private insurers compete in a tightly regulated market. The first lady, Hillary Rodham Clinton, leads the White House task force. In 1994, this Health Security Act fails to pass in Congress. Several reasons are cited for its failure, including fierce partisan politics, powerful lobbying by Interest groups. etc.

**2009:** President Barack Obama supports Health Care Reform legislation proposed by a Democratic dominated Congress.