

There's a lot of misinformation floating around about health insurance reform-everything from rationed services to death squads. Much is untrue and even more is exaggerated. I'd like to demystify some notable myths going around about this bill so you can know the facts.

MYTH: This bill is a government takeover of the health care system.

FACT: The legislation builds on the current private, employer-provided health care system we have now, and will expand enrollment in private insurance by an estimated 16 million Americans. Rather than creating a "government takeover of health care," the bill is designed to help make the health insurance market work better, improving competition and choice for consumers.

MYTH: This bill cuts Medicare benefits and reduces the quality of services seniors will receive.

FACT: Nothing in the House bill will cut basic Medicare benefits. The bill targets inefficiency, fraud and waste, especially in the Medicare Advantage plans that are overpaid by up to 14%. To the contrary, the bill strengthens Medicare by lengthening solvency, closing the donut hole, lowering costs for preventive services and expanding the medical workforce so seniors have greater choice.

MYTH: This bill increases the federal deficit.

FACT: The Congressional Budget Office says H.R. 3962 will reduce the deficit by \$104 billion over 10 years.

MYTH: The bill establishes a new Center for Comparative Effectiveness Research (CER); its research will be used to deny access to life-saving treatments on cost grounds.

FACT: Comparative effectiveness research, funded by the federal government for years, has nothing to do with rationing. Instead, this research is about giving doctors information they need to better serve their patients. The bill prohibits CER from using research to define, limit or deny treatment or services: "Research may not be used to deny or ration care. Nothing in this section shall be construed to make more stringent or otherwise change the standard or requirements for coverage of items and services."

MYTH: The bill provides health benefits for undocumented individuals and their families.

FACT: Taxpayers will not fund health care for undocumented workers. The House bill explicitly states: "Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States."

MYTH: Mandating health insurance coverage for all Americans is like a new tax.

FACT: This coverage requirement is no different than states requiring drivers to purchase automobile insurance. Those who cannot afford to purchase health insurance will be given assistance (affordability credits) to do so. Those who can afford to purchase health insurance and choose not to would be choosing not to comply with the law and would be subject to a penalty-much like those who choose to drive without insurance can be fined.

MYTH: The House health insurance reform bill would result in higher premiums.

FACT: An analysis by an MIT economist concludes that the bill would result in lower premiums than under current law for millions of Americans using the new Health Insurance Exchange. For example, a family of four at 425% of poverty (income of \$93,710) would see their premiums reduced by \$1,260, or 12% compared to current law. Similarly, an individual at 425% of poverty (income of \$46,030) would see premiums reduced by \$470, or 12%.

Annual savings are much larger for lower income populations that qualify for affordability credits. When affordability credits are taken into account, a family at 275% of poverty (income of \$60,640) would save \$5,030, or 47% in premiums compared to current law and a family at 175% of poverty (income of \$38,590) would save \$9,050, or 84% in premiums compared to current law.

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