

# Health Insurance Reform

## MYTHBUSTER: Impact on Seniors

Some health insurance reform opponents continue to spread myths about the impact of [America's Affordable Health Choices Act](#) on seniors. The facts disprove these claims.

These facts are why the AARP corrected these myths in a statement today, adding "... we are pleased nothing in the bills that have been proposed would bring about the scenarios the RNC is concerned about... That's why we're supporting provisions in the health care bills that would improve Medicare benefits..." [\[Find More Facts Here\]](#)

***Myth:*** "... congressional Democrats are planning to raid, not aid, Medicare by cutting \$500 billion from the program to fund" reform.

**Fact:** Nothing in this bill would reduce benefits to seniors. The cost savings measures in Medicare under America's Affordable Health Choices Act are all targeted at protecting and improving services and ensuring choice, by achieving new efficiencies; expanding authority to fight waste, fraud and abuse; and eliminating the wasteful Medicare Advantage subsidies to private insurance companies that Republicans ignored for eight years. In fact, the \$563 billion in savings over 10 years is a gross number—with a net of \$340 billion in new spending to IMPROVE Medicare benefits and health care for seniors, including the following:

- lowers drug costs by gradually closing the "donut hole" for prescription drug reimbursement;
- preserves choice of doctors by eliminating a 20% cut in doctor reimbursements;
- lowers costs by eliminating copayments for preventive services;
- improves low-income subsidy programs, including under the part D program, to help ensure Medicare is affordable for those with low and modest incomes;
- computerizes medical records so seniors won't have to take the same test over and over or relay their entire medical history every time they see a new provider;
- expands the medical workforce so seniors will have more doctors to choose from and an easier time getting an appointment;
- develops new practices to improve quality such as the new Center for Quality Improvement that will identify best practices are distributed widely; and
- lengthens the solvency of Medicare by five years. [\[Find More Facts Here\]](#)

***Myth:*** "The government-run health-care experiment that Obama and the Democrats propose will give seniors less power to control their own medical decisions and create government boards that would decide what treatments would or would not be funded... 'comparative effectiveness research'... could actually lead to government boards rationing treatments based on age."

**Fact:** America's Affordable Health Choices Act would empower physicians and patients to make the best decisions. Opponents of "comparative effectiveness research" are trying to claim government panels would decide what care you can get. The bill explicitly PROHIBITS the Center for Comparative Effectiveness Research and the Comparative Effectiveness Research Commission from using this research to define, limit, or mandate treatment or services.

**In reality, it would provide doctors with the best research and information on what treatments work – in effect, making them smarter and better able to treat you. Additionally, a committee of doctors, patient advocates, and other experts who do not work for the government would help make recommendations about the minimum benefits insurance plans should provide, to protect patients. [\[Find More Facts Here\]](#)**

***Myth:*** “... end-of-life care... becomes troublesome when the government gets involved...”

***Fact:*** America’s Affordable Health Choices Act simply reimburses the cost of patients voluntarily speaking with their doctors about their values and preferences regarding end-of-life care – empowering older Americans to have their wishes observed. There is no mandate in the bill to complete an advance care directive or living will. In fact, end-of-life decision-making has been a bipartisan policy in America prior to this debate. [\[Find More Facts Here\]](#)

Republicans had no problem with the government getting involved with end of life care when it was proposed by President George W. Bush as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. 204 Republican House members and 42 Republican Senators voted for the bill which included similar provisions to those included in America’s Affordable Health Choices Act. [\[Find More Facts Here\]](#)

These facts are why, Senator Chuck Grassley, who [last week spread several disproven myths](#) about the bill, admitted on CBS’s *Face the Nation* that the House bill “[does not intend to do that](#)” when confronted with his earlier claim that the bill would establish a “government program that determines you’re going to pull the plug on grandma.”

For more health insurance reform myth busting, please [click here](#).

For more information on America’s Affordable Health Choices Act, please [click here](#).