

# HEALTH CARE TALKING POINTS DEBUNKED by Jim Bice

The health care debate is still raging and the media, the White House and some Democrats are now calling ordinary people everything from Nazis to un-American for questioning the provisions of the proposals under consideration.

There are three bills in the U.S. House of Representatives, with HB 3200 being the one given most consideration, and two bills in the Senate, neither of which have yet been completed.

The White House has issued a list of talking points to help support a government take-over of the health care industry. Following are some of these talking points with an analysis of the veracity of their claims. As with previous articles on this subject, the information is taken directly from HB 3200.

1. "Reform will stop 'rationing' - not increase it: It's a myth that reform will mean a 'government takeover' of health care or lead to 'rationing.'" To the contrary, reform will forbid many forms of rationing that are currently being used by insurance companies."

TRUTH: Sec. 123, Pg. 30 - THERE WILL BE A GOVERNMENT COMMITTEE deciding what treatments and benefits you get. Sec. 142, Pg. 42 - The Health Choices Commissioner will choose your benefits for you. You have no choice! Sec. 203, Pg. 85, Line 7 - Specifications of benefit levels for plans means that the government will define your health care plan and has the ability to ration your health care! Sec. 1162, Pg. 335-339, Lines 16-25 - The government will mandate establishment of outcome-based measures. Sec. 1442, Pg. 623, Lines 5-10 - "Quality" measures shall be designed to assess outcomes and functional status of patients. (Rationing) Sec. 1442, Pg. 623, Lines 15-17 - "Quality" measures shall be designed to profile you, including race, age,

gender, place of residence, etc. Sec. 1444, Pg. 632, Lines 14-25 - The government may implement any "Quality measure" of health care services that bureaucrats see fit. Sec. 1751, Pg. 800 - The government will decide which Health Care conditions will be paid. A new bureaucracy will be formed to control costs. It will be charged with identifying "waste" an determining whether or not certain treatments are cost effective. These determinations will be based upon age of the patient, overall health of the patient, long term prognosis of the ailment and overall cost. Additionally, under our current system, a policy holder has the right to legal recourse if an insurance company refuses to pay. Sec. 223, Pg. 124, Lines 24-25 - No company can sue the government for price-fixing. There can be no "administrative or judicial review" against the government monopoly.

2. "We can afford reform: It's the status quo we can't afford. It's a myth that reform will bust the budget. To the contrary, the President has identified ways to pay for the vast majority of the up-front costs by cutting waste, fraud, and abuse within existing government health programs; ending big subsidies to insurance companies; and increasing efficiency with such steps as coordinating care and streamlining paperwork. In the long term, reform can help bring down costs that will otherwise lead to a fiscal crisis."

TRUTH: According to the Congressional Budget Office (CBO) and virtually every other credible organization that has analyzed the current proposals indicate that the additional burden on the economy will be between \$1 trillion and \$1.5 trillion in the first 10 years. The President is the ONLY one that believes the proposed plan will be revenue neutral.

3. "Reform would NOT encourage 'euthanasia': It's a malicious myth

that reform would encourage or even require euthanasia for seniors. For seniors who want to consult with their family and physicians about end-of-life decisions, reform will help to cover these voluntary, private consultations for those who want help with these personal and difficult family decisions."

TRUTH: Oregon has offered the perfect rebuttal to this argument. About a year and a half ago a woman in Oregon, covered under the Oregon Health Plan (Government Insurance), was diagnosed with cancer. The government plan refused to provide drugs for her treatment because of the estimated \$40,000 cost. Instead, the government health plan offered to pay \$40.00 to purchase the drugs for doctor assisted suicide. The woman has since died from her cancer! Sec. 1233, Pg. 425, Lines 4-12 - Government mandates Advance (Death) Care Planning consultation. Sec. 1233, Pg. 425, Lines 17-19 - Government will instruct and consult regarding living wills and durable powers of attorney. Sec. 1233, Pg. 425-426, Lines 22-25, 1-3 - Government provides approved list of end-of-life resources, guiding you in death. Sec. 1233, Pg. 427, Lines 15-24 - Government mandates program for orders for life- sustaining treatment. Sec. 1233, Pg. 429, Lines 1-9 - An "advanced care planning consultant" will be used as patient's health deteriorates. Sec. 1233, Pg. 429, Lines 10-12 - "Advanced Care Consultation" may include an ORDER for end-of-life plans - from the government. Sec. 1233, Pg. 429, Lines 13-25 - The government will specify which Doctors (professional authority under state law includes Nurse Practitioners or Physician's Assistants) can write an end-of-life order. Sec. 1233, Pg. 430, Lines 11-15 - The government will decide what level of treatment you will have at end

of life, according to preset methods.

4. "Reform will benefit small businesses - not burden it: It's a myth that health insurance reform will hurt small businesses. To the contrary, reform will ease the burdens on small businesses, provide tax credits to help them pay for employee coverage and help level the playing field with big firms who pay much less to cover their employees on average."

TRUTH: Sec. 113, Pg. 21-22 of the Health Care (HC) Bill MANDATES a government audit of the books of ALL EMPLOYERS that self-insure in order to "ensure that the law does not provide incentives for small and mid-size employers to self-insure" Sec. 312, Pg. 145, Lines 15-17 - Employers MUST auto-enroll employees into public option plan. Sec. 313, Pg. 149, Lines 16-23 - ANY employer with payroll \$400,000 and above who does not provide public option pays 8% tax on all payroll. Sec. 313, Pg. 150, Lines 9-13 - Businesses with payroll between \$251,000 and \$400,000 who do not provide public option pay 2-6% tax on all payroll. Sec. 401.59B, Pg. 167, Lines 18-23 - ANY individual who does not have acceptable care, according to government, will be taxed 2.5% of income. Sec. 441, Pg. 203, Lines 14-15 - "The tax imposed under this section shall not be treated as tax. In other words, neither you nor your employer will be able to deduct this tax!"

5. "Your Medicare is safe, and stronger with reform: It's myth that Health Insurance Reform would be financed by cutting Medicare benefits. To the contrary, reform will improve the long-term financial health of Medicare, ensure better coordination, eliminate waste and unnecessary subsidies to insurance companies, and help to close the Medicare "doughnut" hole to make prescription drugs more affordable for seniors."

TRUTH: Sec. 205, Pg. 102, Lines 12-18 - Medicaid-eligible individuals will be automatically enrolled in Medicaid. No freedom to choose. Sec. 1121, Pg. 239, Lines 14-24 - The government will limit and reduce physician services for Medicaid AND SENIORS. Sec. 1141, Pg. 268 - The government will regulate rental and purchase of power-driven wheelchairs. Sec. 1162, Pg. 341, Lines 3-9 - The government has authority to disqualify Medicare Advantage Plans (Part B), HMOs, etc. The Secretary of Health & Human Services may determine not to identify a Medicare Advantage plan if the Secretary has identified deficiencies in the plan's compliance with rules for such plans under this part. Sec. 1177, Pg. 354 - Government will RESTRICT enrollment of special needs people. Sec. 1637, Pg. 718-719 - ANY Doctor who orders durable medical equipment or home medical services is REQUIRED to be enrolled in, or eligible for, Medicare.

6. "You can keep your own insurance: It's myth that reform will force you out of your current insurance plan or force you to change doctors. To the contrary, reform will expand your choices, not eliminate them."

TRUTH: Sec. 201, Pg. 72, Lines 8-14 - Government is creating a Health Care Exchange to bring private plans under government control. Sec. 203, Pg. 84 - Government mandates ALL benefit packages for

private Health Care plans in the exchange. Sec. 203, Pg. 85, Line 7 - Specifications of benefit levels for plans means that the government will define your health care plan and has the ability to ration your health care! Sec. 225, Pg. 127, Lines 1-16 - The government will dictate what doctors can earn. "The Secretary shall provide for the annual participation of physicians under the public health insurance option, for which payment may be made for services furnished during the year. Sec. 1632, Pg. 710, Lines 8-14 - The Secretary has broad powers to deny health care providers and suppliers admittance into the Health Care Exchange. (Your doctor could be thrown out of business.)

7. "No, government will not do anything with your bank account: It is an absurd myth that government will be in charge of your bank accounts. Health insurance reform will simplify administration, making it easier and more convenient for you to pay bills in a method that you choose. Just like paying a phone bill or a utility bill, you can pay by traditional check, or by a direct electronic payment. And forms will be standardized so they will be easier to understand. The choice is up to you - and the same rules of privacy will apply as they do for all other electronic payments that people make."

TRUTH: Sec. 163, Pg. 58-59 beginning at line 5 - Government will have real-time access to individual's finances & a National ID health care card will be issued! Sec. 163, Pg. 59, Lines 21-24 - Government will have direct access to your bank accounts for electronic funds transfer. Sec. 431, Pg. 195, Lines 1-3 - Officers and employees of the Health Care Administration (government) will have access to ALL Americans' financial and personal records. Sec. 1401, Pg. 503, Lines 13-19 - The government will build registries and data networks from YOUR electronic medical records. "The Center may secure directly from any department or agency of the United States information necessary to enable it to carry out this section." Sec. 1401, Pg. 503, Lines 21-25 - The government may secure data directly from any department or agency of the US, including your data. Sec. 1401, Pg. 503, Lines 21-25 - The "Center" will collect data both "published and unpublished" (that means public & your private information). Sec. 1651, Pg. 734, Lines 16-25 - Proposes, for law enforcement sake, that the Secretary of HHS will give Attorney General access to ALL medical data.

Due to space limitations, these are only a few of the talking points the White House is using to dupe people into accepting more government intrusion into their lives and increasing the national debt. Twenty-five years ago at the inception of Medicaid, government estimates of the long term costs were under-stated by a factor of ten. That means that Medicaid now costs 10 times what they told us it would. Remember it is government that has bankrupted Social Security, it is government that has bankrupted Medicare and it is government that has bankrupted Medicaid. Can we trust the politicians to be more honest and accurate this time?

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