



AFFORDABLE HEALTH CARE FOR AMERICA

HEALTH REFORM Q&A

WHY DO WE NEED HEALTH CARE REFORM?

America's health care system is home to the world's best providers, greatest technology, and most advanced research and development. But rising health care costs are squeezing American families, burdening businesses, and making us less competitive in a global economy. We have the most expensive care in the world--but we're not the healthiest as a result. The goal of health insurance reform is to build on what works and fix what is broken so health care is more affordable and doctors and patients--not insurance companies—are in charge of important health care decisions.

I CURRENTLY HAVE AN INSURANCE PLAN THAT WORKS; HOW WILL HEALTH REFORM AFFECT ME?

Health reform protects existing coverage, and encourages employers to maintain it. But unlike the current system, the new law will ensure that no matter what, you will always have access to affordable health care coverage. Millions of Americans are one illness, unexpected catastrophic event, or job loss away from losing the coverage they have today. Reform provides the security and peace of mind that there will be affordable health care coverage for you and your family.

By strengthening consumer protections and providing consumers with the information they need to choose the best health care coverage for their families, health insurance reform will also put American families and small business owners—not the insurance companies—in control of their own health care.

Furthermore, by bringing millions of uninsured people into the insurance system, reform will also cut down on the additional \$1,100, on average, in premiums families pay each year to cover the health care costs for the uninsured.

I CAN'T GET INSURANCE BECAUSE I HAVE A PRE-EXISTING CONDITION. WHAT WILL HEALTH CARE REFORM MEAN FOR ME?

Under the new health reform law, insurance companies will be prohibited from cherry-picking their policy-holders by refusing to insure people who have had cancer, heart disease, diabetes, or another pre-existing condition--or for using that excuse to deny coverage of services or charge excessively high premiums. Six months after enactment, a temporary high-risk pool will provide immediate access to insurance for Americans who are uninsured because of a pre-existing condition, and insurance companies will be prohibited from denying coverage to children with pre-existing conditions. The risk-pool will be in place until the exchanges are up and running. Beginning in 2014, the prohibition on denials will apply to all insurance plans.

WILL MY MEDICARE BENEFITS BE CUT?

No. Reform does not cut any guaranteed Medicare benefits. Rather benefits will be increased, including a free yearly physical and free preventive care, cheaper brand-name drugs, and the closing of the Medicare prescription drug gap in coverage known as the "donut hole." Reform will also strengthen Medicare in the long term, extending its solvency by nine years. To do that, reform ends overpayments to private insurance companies participating in the Medicare Advantage system. Those companies pocket more than \$12 billion in overpayments every year. And every American taxpayer subsidizes those companies' profits.

HOW CAN WE AFFORD HEALTH REFORM WHEN THE FEDERAL GOVERNMENT IS RUNNING DEEP DEFICITS?

Health reform is the greatest deficit reduction measure since the Clinton budgets of the 1990s, which led to a strong economy and surpluses. The nonpartisan Congressional Budget Office (CBO) estimates that the bill cuts the deficit by \$143 billion over the next 10 years and by \$1.2 trillion in the following decade. CBO also estimates that, for families, premiums for comparable coverage will be lower under reform.