



MYTHBUSTERS

DEBUNKING THE DIRTY DOZEN MOST MISLEADING CLAIMS HEALTH INSURANCE REFORM OPPONENTS ARE MAKING
As the House moves forward with debate on the Affordable Health Care for America Act, below are a dozen of the most misleading claims opponents have been making about health insurance reform:

FIRST MYTH: HEALTH INSURANCE REFORM WILL LEAD TO A GOVERNMENT TAKEOVER OF THE HEALTH CARE SYSTEM.

FACT: The non-partisan Congressional Budget Office estimates private insurance participation will in fact increase as more Americans get insured under the legislation. The Health Insurance Exchange will offer consumers and small businesses many health insurance options to choose from – including private health insurance plans as well as a public health insurance plan financed by premiums. [Learn more>>](#)

SECOND MYTH: THE PUBLIC HEALTH INSURANCE OPTION WILL DESTROY THE PRIVATE HEALTH INSURANCE MARKET.

FACT: The public health insurance option included in the House bill will provide consumers with a choice and needed competition to private insurers – including in the many areas of our country dominated by just one or two private insurers today. Rather than destroying the private insurance market, data from the non-partisan CBO show that, under the House bill, private insurance plans will actually grow over the next 10 years – with 15 million MORE Americans enrolled in private plans in 2019 than would be otherwise.

THIRD MYTH: HEALTH INSURANCE REFORM WILL HARM AMERICA'S SENIORS BY CUTTING MEDICARE BENEFITS AND REDUCING THE QUALITY OF SERVICES THEY RECEIVE.

FACT: Nothing in the House bill will cut basic Medicare benefits – the bill targets inefficiency, fraud and waste in Medicare, including gross and unwarranted overpayments to insurance companies that offer Medicare Advantage plans. In fact, the House bill will strengthen Medicare – by lengthening solvency by five years, closing the donut hole, lowering costs for preventative services for seniors, and expanding the medical workforce so seniors have more doctors to choose from. The AARP describes the changes included in the House bill best in their October newsletter: “...the changes actually aim to strengthen Medicare and improve beneficiaries’ care and access to physicians...” [Learn more>>](#)

FOURTH MYTH: THE HOUSE BILL WOULD INCREASE THE FEDERAL DEFICIT – ONE MORE DRAG ON FUTURE GENERATIONS.

FACT: Health insurance reform will not add to the deficit. According to the CBO, the House bill will reduce the deficit by \$30 billion over the first ten years (2010-2019) and continues to reduce the deficit over the second ten year period (2020-2029). Furthermore, these reforms will provide affordable coverage to 96 percent of Americans – and reform our private insurance system to lower costs for all Americans and improve their coverage.

FIFTH MYTH: HEALTH INSURANCE REFORM WILL HARM SMALL BUSINESSES BY MAKING THEM COVER WORKERS AND BY IMPOSING LARGE TAX INCREASES.

FACT: Both claims are wrong. The House bill is good for small businesses and for working Americans – allowing them access to affordable large group rates and plans with better benefits. The shared responsibility requirement to cover workers will not apply to an estimated 86 percent of small businesses – exempting them from the requirement to insure their workers – but allowing their workers access to affordable insurance and affordability credits to purchase plans. Only 1.2 percent of wealthy Americans with any income from a small business – the wealthiest three tenths of one percent of Americans – will see a surcharge, just on income on the dollars earned above \$1 million for a couple and \$500,000 for an individual. [Learn more>>](#)

SIXTH MYTH: THE AMERICAN PEOPLE – ESPECIALLY DOCTORS AND HOSPITALS – DON'T SUPPORT INCLUDING A PUBLIC HEALTH INSURANCE OPTION.

FACT: Poll after poll shows an overwhelming majority of Americans – including more than 7 in 10 doctors – support a public health insurance option as a component of health insurance reform moving through Congress. For example, a recent Wall Street Journal/NBC News showed 73 percent of Americans support the public option and more than 1,000 state legislators – representing millions of Americans in all 50 states – have signed letters supporting a public health insurance option as part of comprehensive health insurance reform. Moreover, many organizations and associations representing medical professionals support the principles found in America's Affordable Health Choices Act – including, but not limited to, the American Medical Association, American Nurses Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Surgeons, National Association of Children's Hospitals, and the National Association of Community Health Centers. [Learn more>>](#)

SEVENTH MYTH: INSTEAD OF COMPREHENSIVE REFORM, SIMPLY ALLOWING INSURERS TO SELL HEALTH PLANS ACROSS STATE LINES WOULD SUCCEED IN ACHIEVING ALL OF THE GOALS OF REFORM.

FACT: The new House bill has a smarter option that allows for the creation of State Health Insurance Compacts – permitting states to enter into agreements to allow for the sale of insurance across state lines when the state legislatures agree. Just lifting consumer protections and allowing insurance companies to sell insurance across state lines without oversight would likely drive a “race to the bottom” and effectively gut consumer protections that many states have in place. It would allow insurers to offer individual insurance on a nationwide basis under the laws and regulations of a state of their choice – allowing them to choose states with the laxest oversight and fewest consumer protections. In effect, it would allow them to sell nationwide cheap insurance that doesn't offer comprehensive coverage – the kind that shocks consumers with the fine print when they file a claim. Millions of Americans who have chronic health conditions or are older would be worse off than they are now – with fewer choices of affordable insurance products that meet their needs. [Learn more>>](#)

EIGHTH MYTH: MANDATING HEALTH INSURANCE COVERAGE FOR ALL AMERICANS IS LIKE A NEW TAX.

FACT: Fixing our health insurance system to ensure quality, affordable care – and to end an era where insurance companies can discriminate against you because you get sick – requires shared responsibility, on the part of individuals, employers and the government. Affordable Health Care for America Act makes this idea of shared responsibility work by making affordable insurance available to all, offering small businesses exemptions and tax credits, and offering Americans affordability credits based on income to help pay their premiums. [This coverage requirement is no different than states](#)

requiring drivers to purchase automobile insurance. 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. [Learn more>>](#)

NINTH MYTH: PRESIDENT OBAMA AND CONGRESSIONAL DEMOCRATS ARE REFUSING TO CONSIDER A COMPREHENSIVE REPUBLICAN HEALTH CARE REFORM BILL.

There is no Republican health care reform bill. Neither the Republican leadership of the House nor of the Senate has offered comprehensive health care legislation for consideration—nor has a group of Members coalesced around a comprehensive solution. In fact, Republicans held the White House and both chambers of Congress for much of the last decade and didn't pursue solutions they claim to support now—including protecting Medicare and ending insurance company practices of dropping coverage or denying care for people who get sick. [Learn more>>](#)

TENTH MYTH: ACCORDING TO A RECENT REPORT BY AMERICA'S HEALTH INSURANCE PLANS (AHIP) – THE HEALTH INSURANCE INDUSTRY LOBBY GROUP – HEALTH INSURANCE REFORM WILL RESULT IN HIGHER PREMIUMS FOR AMERICA'S FAMILIES THAN UNDER CURRENT LAW.

FACT: Even PricewaterhouseCoopers (PwC), the company commissioned by AHIP to produce this report, has distanced itself from its own conclusions. In a statement hastily released on October 12, PwC admitted that the report was incomplete – analyzing only the four provisions of the Senate Finance bill that AHIP asked them to analyze – ignoring all the other provisions of the bill, including its cost containment provisions. In addition, the analysis itself is deeply flawed. As numerous health care experts have concluded, “We believe the study is flawed and that the results are not credible.” Len Nichols, a respected health economist, points out, “[This report] was paid for by people who are not interested in an objective analysis of the truth but are interested in a particular point of view being inserted into the political process right now.” [Learn more>>](#)

ELEVENTH MYTH: THE HOUSE BILL PROVIDES HEALTH BENEFITS FOR UNDOCUMENTED WORKERS AND THEIR FAMILIES.

FACT: Taxpayers will not fund health care for undocumented workers. The House bill explicitly states that “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.” [Learn more>>](#)

TWELVTH MYTH: THE HOUSE BILL WILL FORCE TAXPAYERS TO PAY FOR ABORTIONS.

FACT: The House bill continues current policy, which bars Medicaid from paying for abortions but allows private insurance companies to offer such coverage. An amendment to the bill clearly states that no federal funds can be used to pay for abortions except in the case of rape, incest, or the life of the woman. [Learn more>>](#)