

Counter the lies! An e-mail is circulating purporting to represent the content of the House Bill, HR 3200. It lists page numbers of the bill and makes **false claims** about the content of the bill. Below are the facts.

Copy the email below this line and use it to respond to this smear

The contents of the email I am replying to are patently false.

Here are the facts. Anyone can verify them by reading the bill at <http://www.opencongress.org/bill/111-h3200/text>

Actual itemized contents of the Health Care Reform Bill:

"Page 22: Mandates audits of all employers that self-insure!"

TRUTH: This is not an "audit," it's a study. Moreover, the bill states (pp. 22-23) that the report will "include any recommendations the Commissioner deems appropriate to ensure that the law does not provide incentives for small and mid-size employers to self-insure or create adverse selection in the risk pools of large group insurers and self-insured employers." This is almost directly the opposite of the email's claim.

"Page 29: Admission: your health care will be rationed!"

TRUTH: Page 29 continues to define the "essential benefits package" and discusses limits on what Americans will have to spend on health care under this minimum standard. In no way does this section stipulate the rationing of care.

"Page 30: A government committee will decide what treatments and benefits you get (and, unlike an insurer, there will be no appeals process)"

TRUTH: Page 30 begins to describe the Health Benefits Advisory Committee which establishes certain minimum standards for health insurance plans. In no way does this committee deny treatments and benefits to Americans with health insurance.

"Page 42: The 'Health Choices Commissioner' will decide health benefits for you. You will have no choice. None."

TRUTH: Page 42 begins to describe the Health Choices Commissioner's duties. The idea that this person will decide what benefits Americans receive is patently false, given that most Americans will keep their current plans under reform, and Americans within the exchange will have the choice of purchasing many different kinds of health plans. Rather, the Commissioner will establish minimum standards to protect Americans.

"Page 50: All non-US citizens, illegal or not, will be provided with free healthcare services."

TRUTH: Pages 50-51 contain a provision stating that discrimination will not be allowed in the provision of health care services. Nowhere does the bill state that non-US citizens will be provided free health care services. The bill prohibits federal dollars from being used for undocumented immigrants.

"Page 58: Every person will be issued a National ID Healthcard."

TRUTH: Page 58, in the context of a discussion of administrative standards, mentions that "determination of an individual's financial responsibility at the point of service and, to the extent possible, prior to service, including whether the individual is eligible for a specific service with a specific physician at a specific facility...may include utilization of a machine-readable health plan beneficiary identification card." In no way does the bill state that such a card would be national, or that it would be issued to every person, or that it would, in fact, be used at all.

"Page 59: The federal government will have direct, real-time access to all individual bank accounts for electronic funds transfer."

TRUTH: Page 59 continues the discussion of administrative standards, and authorizes electronic transfers of money within the government. In no way does this provision grant the government access to individual bank accounts.

"Page 65: Taxpayers will subsidize all union retiree and community organizer health plans (read: SEIU, UAW and ACORN)"

TRUTH: Here's what page 65 says: "Not later than 90 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall establish a temporary reinsurance program to provide reimbursement to assist participating employment-based plans with the cost of providing health benefits to retirees and to eligible spouses, surviving spouses and dependents of such retirees." No mention is made of unions or community organizations.

"Page 72: All private healthcare plans must conform to government rules to participate in a Healthcare Exchange."

TRUTH: That's true! Plans have to have a minimum standard of benefits, but can offer other plans as well. But that's fair, isn't it? Private insurers can continue to operate outside the exchange if they wish - should the government establish no standards for the exchange? In that case, how could reform end insurance industry abuses and help to control costs?

"Page 84: All private healthcare plans must participate in the Healthcare Exchange (i.e., total government control of private plans)"

TRUTH: This section says is that if private health care plans want to operate in the Exchange, they must provide a basic benefit package.

"Page 91: Government mandates linguistic infrastructure for services; translation: illegal aliens"

TRUTH: Some American citizens are more comfortable speaking a language other than English, especially in a sensitive situation like a consultation with their doctor. This provision in no way opens the door for coverage of undocumented workers.

"Page 95: The Government will pay ACORN and AmeriCorps to sign up individuals for Government-run Health Care plan."

TRUTH: Page 95 makes no mention of ACORN and AmeriCorps; all it says is that the Commissioner can conduct outreach to vulnerable populations, making them aware of their options.

"Page 102: Those eligible for Medicaid will be automatically enrolled: you have no choice in the matter."

TRUTH: People who are eligible for Medicaid will not have to face the burdens of paperwork and other bureaucratic struggles. Far from depriving people of choice, this measure will ensure coverage.

"Page 124: No company can sue the government for price-fixing. No 'judicial review' is permitted against the government monopoly. Put simply, private insurers will be crushed."

TRUTH: This section describes rate-setting under the public health insurance plan option, which will compete with private insurers, who can set their own rates. Because of inherent advantages like their established administrative and provider frameworks, private insurance companies will not be "crushed" by government competition.

"Page 127: The AMA sold doctors out: the government will set wages."

TRUTH: The government will negotiate rates with providers under the public health insurance plan option. However, private insurers will continue to pay their own rates.

"Page 145: An employer MUST auto-enroll employees into the government-run public plan. No alternatives."

TRUTH: This is simply not true. Employers with more than 20 employees aren't even eligible to participate in the exchange, let alone the public plan, until several years after the exchange launches in 2013. Moreover, no employer will be forced to participate in the public plan.

"Page 146: Employers MUST pay healthcare bills for part-time employees AND their families."

TRUTH: Employers are required to pay some benefits for part-time employees on a basis proportional to what they pay for full-time employees. No language on this page or the next stipulates coverage for the families of part-time employees.

"Page 149: Any employer with a payroll of \$400K or more, who does not offer the public option, pays an 8% tax on payroll"

TRUTH: The payroll penalty applies to employers with payroll over \$500,000 who do not provide insurance to their employees. The percentage for employers with payroll from \$500,000 - \$750,000 is 6%. Employers do not have to offer the public option to avoid this penalty, they can offer private insurance if they wish.

"Page 150: Any employer with a payroll of \$250K-400K or more, who does not offer the public option, pays a 2 to 6% tax on payroll"

TRUTH: This is false, see above.

"Page 167: Any individual who doesn't have acceptable healthcare (according to the government) will be taxed 2.5% of income."

TRUTH: Pages 167-173 detail what "acceptable health care" means (basically, insurance coverage) and also allow for many different kinds of exceptions to this rule.

"Page 170: Any NON-RESIDENT alien is exempt from individual taxes (Americans will pay for them)."

TRUTH: Non-resident aliens do not have to pay the penalty for not having health insurance, nor will they receive federal assistance, because they are not required to purchase health insurance. They are not exempted from individual taxes generally.

"Page 195: Officers and employees of Government Healthcare Bureaucracy will have access to ALL American financial and personal records."

TRUTH: This is a gross overstatement. For the purposes of determining affordability credits for Americans who need financial assistance in purchasing health insurance, employees of the Health Choices Administration will have access to tax information that the federal government already keeps. As is clearly stated on page 196, "Return information... may be used by officers and employees of the Health Choices Administration or such State-based health insurance exchange, as the case may be, only for the purposes of, and to the extent necessary in, establishing and verifying the appropriate amount of any affordability credit described in subtitle C of title II of the America's Affordable Health Choices Act of 2009 and providing for the repayment of any such credit which was in excess of such appropriate amount."

"Page 203: "The tax imposed under this section shall not be treated as tax." Yes, it really says that."

TRUTH: This quote is taken out of context, and is in fact referring to a calculation used in the bill. Full context of quote: "(4) NOT TREATED AS TAX IMPOSED BY THIS CHAPTER FOR CERTAIN PURPOSES.-The tax imposed under this section shall not be treated as tax imposed by this chapter for purposes of determining the amount of any credit under this chapter or for purposes of section 55."

"Page 239: Bill will reduce physician services for Medicaid. Seniors and the poor most affected."

TRUTH: This section has nothing whatsoever to do with reducing services. It makes much needed changes to the way in which physician reimbursement is recalculated every year. The bill will, in fact, create much more opportunity for seniors and the poor to receive necessary care.

"Page 241: Doctors: no matter what specialty you have, you'll all be paid the same (thanks, AMA!)"

TRUTH: Page 241 does not say this. Nowhere does it say this. It does say that physicians will be grouped into certain categories regardless of specialty. These categories merely determine if the physician is engaged in primarily therapeutic or preventative care.

"Page 253: Government sets value of doctors' time, their professional judgment, etc."

TRUTH: There is no good response to this assertion as it appears to have been made up completely. The section deals with 'misvalued codes' meaning that the government is potentially not paying an acceptable rate for a specific service. This will, for example, allow the government to pay more for services that require more payment, such as high-overhead procedures. The author of these criticisms separately attacks the bill for paying the same rate to all doctors, then attacks again for paying different rates.

"Page 265: Government mandates and controls productivity for private healthcare industries."

TRUTH: This section amends the Social Security Act to include productivity measures. There is no mandate or control of anything. This merely updates the way in which doctors and hospitals are paid through Medicare.

"Page 268: Government regulates rental and purchase of power-driven wheelchairs."

TRUTH: This is simply not true. This slightly amends existing guidelines for payments for medical equipment, in this case power-driven wheelchairs. This section introduces no 'regulations' that are not in the Social Security Act.

"Page 272: Cancer patients: welcome to the wonderful world of rationing!"

TRUTH: Overuse of the hot-button word "rationing" is a way to deflect attention away from the actual language of the bill and incite unjustified fear. This section only compares costs incurred by cancer hospitals to costs incurred by similar hospitals, and adjusts payments to reduce the possibility of fraud and abuse.

"Page 280: Hospitals will be penalized for what the government deems preventable re-admissions."

TRUTH: This is almost correct. The section is one of the first efforts at targeting excessive readmissions. Excessive readmissions are physically and emotionally damaging to patients, while simultaneously putting them, and the health care system, in far more financial risk than is necessary. The American Hospital Association recommended reduced payments for avoidable readmission in testimony to Congress.

"Page 298: Doctors: if you treat a patient during an initial admission that results in a readmission, you will be penalized by the government."

TRUTH: This is patently false. The section is about possible methods that the Secretary of Health and Human services might consider in order to address the growing problem of patient readmission. This section does not, in any way, create a penalty, nor does it even mandate policy. It merely provides examples of recourses that might be considered.

"Page 317: Doctors: you are now prohibited from owning and investing in healthcare companies!"

TRUTH: This provision only limits Doctors' investments in health care facilities that they refer patients to. The effort to limit self-referral has been ongoing for many years as an effort to reduce fraud and abuse. This is, essentially, the medical community equivalent of insider trading. Limiting this incentive works to put the patient's health above all other considerations. Doctors remain free to engage in investment opportunities in areas that don't create a significant conflict of interest.

"Page 318: Prohibition on hospital expansion. Hospitals cannot expand without government approval."

TRUTH: This section regulates physicians' investment in hospitals to make sure that physicians are not unfairly benefiting from their power to refer patients to hospitals they have a stake in. The section does not prohibit hospital expansion.

"Page 321: Hospital expansion hinges on 'community' input: in other words, yet another payoff for ACORN."

TRUTH: In the ongoing effort to demonize community-based groups such as ACORN, every instance of the word "community" has become associated with that group's efforts. In reality, this provision allows for anyone to provide input. This includes homeowners, religious leaders, neighborhood groups, and others. There are no payoffs. There is no money exchanged in any way.

"Page 335: Government mandates establishment of outcome-based measures: i.e., rationing."

TRUTH: This provision is included in order to allow the government to base payments on practices that work. Nowhere does it say health care will be rationed. The attempt to isolate what works and what does not work in Medicare Advantage plans only benefits the health care system in general.

"Page 341: Government has authority to disqualify Medicare Advantage Plans, HMOs, etc."

TRUTH: The government can disqualify some Medicare Advantage Plans from receiving some additional payments, but only if those plans are not meeting necessary requirements.

"Page 354: Government will restrict enrollment of SPECIAL NEEDS individuals."

TRUTH: This section only deals with how to handle special needs individuals who need to enroll outside of the open enrollment period. Almost every type of plan operates with open enrollment periods. This section does not create more restrictions.

"Page 379: More bureaucracy: Telehealth Advisory Committee (healthcare by phone)."

TRUTH: This section merely expands existing Telehealth programs, which supplement but do not replace other health coverage, and provide a vital resource to Americans in rural and remote areas.

"Page 425-430: More bureaucracy: Advance Care Planning Consult: Senior Citizens, assisted suicide, euthanasia?; Government will instruct and consult regarding living wills, durable powers of attorney, etc. Mandatory. Appears to lock in estate taxes ahead of time; Government provides approved list of end-of-life resources, guiding you in death; Government mandates program that orders end-of-life treatment; government dictates how your life ends; Advance Care Planning Consult will be used to dictate treatment as patient's health deteriorates. This can include an ORDER for end-of-life plans. An ORDER from the GOVERNMENT; Government will decide what level of treatments you may have at end-of-life."

TRUTH: All of these hysterical claims have been debunked elsewhere. HR3200 provides for the reimbursement of a *voluntary* session of end-of-life counseling with your physician once every five years. This in no way means the government will make decisions for patients or encourage doctor-assisted suicide. Counseling simply makes patients and their families aware of their options.

"Page 469: Community-based Home Medical Services: more payoffs for ACORN."

TRUTH: ACORN is not a Community-Based Medical Home.

"Page 472: Payments to Community-based organizations: more payoffs for ACORN."

TRUTH: This is clearly still referring to community health groups, not ACORN.

"Page 489: Government will cover marriage and family therapy. Government intervenes in your marriage."

TRUTH: Covering marriage and family therapy, as many private insurance plans do, does not mean that the government "intervenes in your marriage." The types of individuals who are recognized as therapists are clearly defined on page 491; in brief, professionals only, not bureaucrats.

"Page 494: Government will cover mental health services: defining, creating and rationing those services."

TRUTH: This section expands government coverage for mental health services under various government programs, and ensures that all mental health services will be offered by qualified professionals.