



## For My Patients Health Care Reform: *Fact vs. Fiction*

Efforts to overhaul our nation's broken health care system are receiving significant media and public attention. Unfortunately, inaccurate information is being disseminated to turn public sentiment against reform. Your physician, along with the National Physicians Alliance, believes reform is sorely needed to ensure access and coverage for all Americans. Given the inaccuracy and misleading nature of some of the claims made about current health care reform proposals, we have outlined a few "fact versus fiction" items to help you better understand the proposals as they stood when the House of Representatives left for the August recess.

### **ISSUE: Physician-Assisted Suicide, Euthanasia, or Death Panels**

*Fiction: Medicare will force seniors to forgo treatment and encourage them to commit suicide and/or forego aggressive end-of-life options. The government is promoting euthanasia.*

**FACT: The current bill moving through Congress (HR 3200) allows for voluntary advanced care planning for Medicare patients. This means you can choose to meet with your family physician to discuss the treatment you want if you become seriously ill or are unable to make medical decisions.**

#### The Details:

HR 3200 would pay physicians for "advance care planning consultation" with those Medicare patients who ask to develop a treatment plan in case they are unable to make health care decisions in the future. Many private health plans already cover nearly identical services. Such consultation ensures your wishes are strictly followed. These discussions could include preparation of a living will and advance care directives. Advance care planning and end-of-life counseling are NOT euthanasia or physician-assisted suicide. You would have the option of meeting with your physician every five years, if you so choose. Physicians would not be required to provide the service nor would you be required to use it.

### **ISSUE: Reproductive Health Services, Including Pregnancy Termination**

*Fiction: The legislation requires the government to pay for pregnancy termination.*

**FACT: HR 3200 does not require federal funding for pregnancy termination.**

#### The Details:

Neither HR 3200 nor any of the other health care reform proposals that have made it through committee in Congress include language that explicitly covers pregnancy termination. Consistent with current California law, HR 3200 would not prevent private health plans from including coverage for pregnancy termination in whatever plan design is approved. As a patient, you have the right to access a full array of health care services, but no physician should have to participate in any procedure that goes against his or her personal beliefs.



## **ISSUE: Health Care Coverage for Immigrants**

*Fiction: Undocumented immigrants will get health insurance through the new reform bill.*

**Fact: Both House and Senate bills explicitly prohibit people who are not “lawfully present” in the U.S. from getting federal assistance to purchase health coverage.**

### The Details:

The “Affordable Credit Eligible Individuals” section of HR 3200 specifies that only individuals who are “lawfully present” in the U.S. may receive federal subsidies to purchase health insurance. Currently, emergency rooms must treat all individuals regardless of immigration status. Despite the limitation on federal assistance, it is likely that undocumented immigrants will still be able to seek care in emergency rooms.

## **ISSUE: Government’s Role in Health Care**

*Fiction: The government will ration care or take over our health care system.*

**Fact: Neither HR 3200, nor any other legislation under consideration that contains a public plan, does anything to eliminate the private insurance market.**

### The Details:

Some proposals, such as HR 3200, include a public plan option. Others do not. The goal of the public plan is not to replace private insurance, but to create competition for health plans, especially in areas where one company is dominant or a monopoly. A recent [BusinessWeek article](#)<sup>1</sup> reports that: “out of 314 metropolitan markets, 94% are controlled by one or two [health insurance] companies, or fewer. In 15 states, one insurer has 50% or more of the entire market.” The public plan is designed to ensure that, when health plans have a monopoly, you have a more affordable option through a public plan. Neither patients nor physicians would be required to participate in the public plan.

## **Know the Facts**

### **Fact Check Resources:**

- [FactCheck.org](#) – a project of the Annenberg Public Policy Center
- Kaiser Family Foundation: <http://www.kff.org/>
- Media Matters: <http://mediamatters.org/>
- PolitiFact: <http://www.politifact.org/truth-o-meter/>
- The White House: <http://www.whitehouse.gov/realitycheck/>

*Thank you to our colleagues at the California Academy of Family Physicians for sharing this document with the National Physicians Alliance.*

<sup>1</sup> [http://www.businessweek.com/magazine/content/09\\_31/b4141022519011.htm](http://www.businessweek.com/magazine/content/09_31/b4141022519011.htm)