



MYTHS AND FACTS ABOUT HEALTH CARE REFORM

It has been months since health care reform was signed into law, but many misconceptions remain about what is included. The law:

- gives us better choices and control of our health care;
- makes health care more affordable;
- makes health insurers more accountable and the public more responsible;
- expands health coverage to nearly all Americans; and,
- makes improvements that will reduce health care spending and improve efficiency and quality.

Reform requires Members of Congress to obtain their health care coverage from the same plans as millions of Americans. It will also make healthcare coverage more secure by ensuring that people cannot be denied coverage due to pre-existing conditions, or lose their coverage or be forced into bankruptcy when someone in their family gets sick.

<p>Myth: Congress is exempt from the new health care reform legislation.</p>	<p>Fact: The law requires Members of Congress to get their health care coverage through the Health Care Exchange, just like millions of Americans.</p>
<p>Myth: Health care reform hurts people on Medicare.</p>	<p>Fact: The law adds new benefits for people on Medicare including free prevention services such as annual check-ups and cancer screenings. It closes the gap in Medicare prescription drug coverage (the “donut hole”), beginning this year with a \$250 rebate to those who reach the donut hole. Bigger reductions in the donut hole will follow in subsequent years. The law helps to eliminate waste, fraud, and abuse, ensures that Medicare funds go to improving care.</p>
<p>Myth: Health care reform is bad for small businesses.</p>	<p>Fact: Small businesses that currently offer or begin to offer health insurance to their employees are eligible for a tax credit—beginning in 2010—to make coverage more affordable. Only employers with more than 50 employees have an obligation to provide health coverage starting in 2014.</p>
<p>Myth: The law creates a government-run healthcare program.</p>	<p>Fact: Health care reform builds on our current system of employer-based insurance and maintains private insurance and provider businesses. The law ensures that government will be a watchdog to prevent insurance companies from spending too much money on administration and profits.</p>

<p>Myth: The system will be overwhelmed by the newly insured. There won't be enough doctors to treat people and care will be rationed.</p>	<p>Fact: Primary care shortages have been growing for thirty years. The new law helps to solve this problem by providing loan repayment programs for doctors going into primary care, which will increase the number doing so. The law provides for paying these doctors 10% more than they are paid now, and paying them for preventive services that often have not been covered. In addition to primary care physicians, the law also provides funding for more nurses, advanced practice nurses, physician assistants, and new providers to improve access to quality care for more people.</p>
<p>Myth: Health care reform will increase premiums.</p>	<p>Fact: Health insurance premiums will rise for some in the next couple of years before all of the new law's provisions take effect. But premiums have been increasing for the last 30 years. Reform will identify unjustified premium hikes by requiring states to review rate increases. It will also force insurers to spend a greater portion of premiums on health care, or send rebates to customers if they don't. When all of the new law's provisions are in place, the market will see increased competition, and premiums will level off for all of us.</p>

Learn more about what the law and what it means for you. Contact Ohio Consumers for Health Coverage at 614-456-0060 or visit www.consumersforhealth.org. Find other resources at:

Health Policy Institute of Ohio, www.healthpolicyohio.org

AARP, www.aarp.org/health/health-care-reform/

Kaiser Family Foundation, www.kff.org

www.healthreformgps.org, a project of Robert Wood Johnson Foundation and George Washington University that is tracking developments in implementation of the law.

Ohio Consumers for Health Coverage is a nonpartisan coalition uniting the diverse consumer voice with the goal of achieving affordable, high quality care for all. Our membership includes AARP, AFSCME Council 8 AFL-CIO, American Cancer Society, Cerebral Palsy Association of Ohio, Faith Community Alliance of Greater Cincinnati, Legal Aid Society of Southwest Ohio, National Alliance for Mental Illness of Ohio, National Multiple Sclerosis Society Ohio Chapters, Ohio Alliance for Retired Americans, Ohio Council of Churches, Progress Ohio, Service Employees International Union, Toledo Area Jobs with Justice, United Food and Commercial Workers Local 1059, UHCAN Ohio, We Are The Uninsured, and We Believe Ohio.

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