

**A Dose of Reality: The Facts vs. Myths of Health Care Reform** The anti-health-reform lobbyists are pouring billions of dollars into a campaign aimed at one thing: scaring you and others with false, untruthful claims about health-care reform. This page shines a spotlight on this misinformation and provides you with the facts about health-care reform.

**MYTH**

:

Health reform means fewer choices for Americans.

**FACT:**

The House proposal will increase choice among an array of high-quality private and public health insurance options. Most importantly, if you like the insurance you have, you can keep it. More Americans will have access to greater choices in doctors and plans by taking away the insurance industry's ability to deny coverage and care.

**MYTH:**

Health reform means Americans will be forced out of their current insurance plans.

**FACT:**

The House proposal builds on what works—the employer-based system—while giving every American the peace of mind of knowing that their health needs will be covered by insurance. The non-partisan Congressional Budget Office has issued a report clearly stating that a public option can co-exist with private insurance plans.

Under the House plan, no one will have to worry about being denied insurance based on a pre-existing condition, or being without insurance if their employer drops coverage, they lose their job, or change employers.

**MYTH:**

Health reform means bureaucrats will ration health care.

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**FACT:**

The House proposal will expand and improve the availability of quality health care for all Americans, not ration it. Under this proposal, doctors, nurses and patients will make medical decisions, not big insurance companies or the government. Our current system leaves patients at the mercy of big insurance companies that make decisions to protect profits, not patients.

**MYTH:**

Health reform means raising taxes, or making coverage more expensive.

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**FACT:**

Under the status quo, middle-class families pay an enormous “hidden tax” of nearly \$1,100 per year to provide care for the uninsured and underinsured. The House proposal will end this tax by containing overall costs and expanding access to affordable care for all Americans. Additionally, the House proposal invests in reforms to contain the costs of health insurance overburdening businesses, families and the federal deficit.

**MYTH:**

Health reform means a board of bureaucrats will be making life-and-death decisions about your medical care.

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**FACT:**

Under the House proposal, decisions about care are made between doctors, patients and their families—not the government. In fact, the bill establishes new regulations that will *increase* access to medical care—not decrease it.

Under the House plan, insurance companies will no longer be able to engage in discriminatory practices that enable them to refuse to sell or renew policies due to an individual’s health status. In addition, they can no longer exclude coverage of treatments for pre-existing health conditions, and it would limit the ability of insurance companies to charge higher rates due to health status, gender, or other factors. So this bill takes the decisions now being made by insurers and puts them in the hands of patients.

**MYTH:**

Health reform means individuals will be forced to buy insurance they can't afford.

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**FACT:**

Millions of Americans cannot afford insurance today or are locked out of the system because of a preexisting condition. The House proposal emphasizes shared responsibility among individuals, businesses and the government and helps make coverage affordable and available to all. Affordability credits will be available to help low- and moderate-income working families afford coverage, regardless of the plan they choose.

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**MYTH:**

Health reform will force companies to cut jobs and squeeze small businesses.

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**FACT:**

All businesses will benefit from insurance market reforms and a high performing health system that will reduce costs of health care. The status quo is unsustainable for businesses. Under the House proposal, employers will continue to offer their employees health care or contribute toward coverage.

Recognizing the special needs of small businesses, small businesses with payrolls that do not exceed \$500,000 are exempt from this requirement. In addition, a new small business tax credit will be available for those firms who want to provide health coverage to their workers. In addition to the targeted assistance, the Exchange and market reforms provide a long-sought opportunity for small businesses to benefit from a more organized, efficient marketplace in which to purchase coverage.

**MYTH:** Health reform that builds on Medicare and Medicaid will only hurt the programs' long-term sustainability, and cost state and federal governments more. **FACT:** Health reform is a critical first step toward containing health care costs for business, individuals, and the federal government in Medicare and Medicaid. By eliminating wasteful overpayments to private plans under Medicare, reforming how doctors are reimbursed, and creating new incentives for coordinated, high-quality care, we will extend trust fund solvency and improve Medicare for generations to come.

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[Understanding Health Reform: Info on America's Affordable Health Choices Act](#)

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