

H.R. 3200: Facts to Help Dispel House Health Care Reform Bill Myths

Since the introduction of H.R. 3200, America's Affordable Health Choices Act 2009, emails have been circulating that make claims about what the bill includes. ANA has read the bill and identified that many of the statements being circulated are untrue. This document includes the top five myths about the House bill, along with responses to line-by-line H.R. 3200 attacks circulating via email.

Top Five Myths About H.R. 3200

Myth #1: *Hospitals will receive less money and will be forced to decrease nursing staff.*

Truth: There is a concern that due to a potential change in the hospital payment system that hospitals may be forced to implement changes which could negatively impact staffing. Although this fact remains unclear, it is one of the reasons why ANA has been working with the "Stand for Quality" coalition, a 200 plus nationwide multi-stakeholder coalition representing patients, consumer advocates, labor, clinicians, hospitals, employers, purchasers, researchers and more who are working together to improve the quality and delivery of health care services. ANA knows that quality health care happens at the bedside and that nurses are an essential component of the patient care equation and believe that hospitals will continue to require an adequate number of registered nurses in order to assure that quality care is provided and that care is efficient, effective and patient-centered.

Myth #2: *Health care will be rationed.*

Truth: The bill discusses the "essential benefits package" and 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.

Myth #3: *All non-US citizens, illegal or not, will be provided with free health care services.*

Truth: This is false. This section prohibits insurance companies from discriminating against persons when issuing coverage, and has nothing to do with government subsidized coverage to illegal immigrants.

Myth #4: *The government mandates a program for orders for end-of-life; the government will have a say in how your life ends. The government will specify which doctors can write an end of life order and will decide what level of treatment you will have during end-of-life care.*

Truth: The bill does not mandate government involvement in end of life decisions, and there is NO truth to rumors that you would be required to come before a government panel to discuss end of life

plans. What H.R. 3200 *does* do is allow Medicare to pay for a *voluntary* visit with your health care provider to discuss advanced directive planning and your wishes regarding orders for life sustaining treatment – this informed discussion with your provider will ensure that your wishes will be followed should you no longer have the capacity to speak for yourself. Again, the bill only ensures that such a discussion with your provider would be a covered service under Medicare, and any choices you make regarding orders for life sustaining treatment are yours. HR 3200 does not specify which provider the patient must choose; rather, it specifies which categories of licensed health care professionals (including nurse practitioners) can write end-of-life orders.

Myth #5: *The government will have access to your individual bank account.*

Truth: This is false. The Health Choices Commissioner can receive taxpayer return information from the Internal Revenue Service in order to assist in determining subsidy eligibility. This is the only allowable use for this information.

For a line-by-line rebuttal of many other false claims, please see below.

The full text of the House bill [is available online](#). The ANA supports H.R. 3200 as it provides for important changes to our health care system, including:

- support for the integration of nurse practitioners as primary care providers
- funding for Title VIII workforce programs to address the nursing shortage and
- the inclusion of a public insurance option that would improve access and choice to quality health care for all individuals, as well as create healthy competition to private insurers.

We hope you find this information helpful. Please feel to contact the Government Affairs team at gova@ana.org if you have additional questions or need more information as we move through this health care reform process.

Responses to Line-by-Line H.R. 3200 Attacks Circulating Via E-mail

Pg 22, HC bill – MANDATES the government will audit the books of ALL EMPLOYERS that self insure!!
H.R. 3200 requests a study, not an audit, of the effects to which rating rules are likely to cause adverse selection in the large group market and employer self insurance market. This does not require an audit of ALL employers that self insure

Pg 29, lines 4-16, HC bill – YOUR HEALTHCARE IS RATIONED!!!

This section defines 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.

Pg 30, Sec 123, HC bill – THERE WILL BE A GOVERNMENT COMMITTEE that decides what treatments/benefits you get

Nothing in the bill infringes upon you and your or healthcare providers' ability to make medical decisions. The National Health Benefits Advisory Council is not a "government committee" but is made up of providers, consumer representatives, employers, labor, health insurance issuers, independent experts and representatives of government agencies. They will make recommendations about minimum standards of care and covered benefits that insurance companies have to offer--ensuring that everyone has a health plan that provides them with adequate coverage.

Pg 42, HC bill – the Health Choices Commissioner will choose your health care benefits for you. You have no choice!

The Health Choices Commissioner is charged with ensuring insurance plans are meeting regulations and minimum standards as well as administering affordability credits and monitoring the exchange. Nothing in this section or in the larger bill permits the Health Choices Commissioner to choose your benefits for you

Pg 50, Section 152, HC bill – health care will be provided to ALL non US citizens, illegal or otherwise

This is blatantly false. This section prohibits insurance companies from discriminating against persons when issuing coverage, and has nothing to do with government subsidized coverage to illegal immigrants. The bill explicitly states that no Federal payments will be used for affordability credits for illegal immigrants. (P. 143, sec. 246).

Pg 58, HC Bill – Every person will be issued a National ID Healthcard!

This section says nothing about a National ID health card, or accessing your personal financial information. This section promotes administrative simplification-- for example being able to look up your insurance coverage and determine how much you will pay and which provider your insurance will accept, at the point of service. This saves money and gives you, the consumer, information about what you will owe at the front end, rather than being denied or getting a surprise bill from your insurance company weeks after your treatment.

Pg 59, lines 21-24, HC Bill – Government will have direct access to your banks accts for electronic funds transfer

This section encourages the development of standards to encourage electronic payments between providers and insurance companies. Administrative simplification measures like these save billions of dollars. Nothing will give the government access to your bank account.

Pg 65, Sec 164, HC Bill – A payoff subsidized plan for retirees and their families in Unions & community organizations such as the Association of Community Organizations for Reform Now, (ACORN).

This section provides a limited reimbursement for participating employment-based private plans for part of the cost of providing health benefits to retirees (age 55-64) and their families. People who have

been forced into early retirement in this age group do not qualify for Medicare and this will help them stay on their employer provided, private insurance plan if their employer wants to participate. Participation is voluntary. This is for all early retirees, and no language targets the provision towards unions or acorn.

Pg 72, Lines 8-14, HC Bill – Government is creating a health care exchange to bring private HC plans under Government control.

The bill imposes new regulations on private health care plans that will force them to end unethical practices such as rescissions or denying coverage based on pre-existing conditions. The Exchange will improve the quality of coverage and increase the affordability of private insurers in the Exchange.

Pg 84, Sec 203 HC Bill – Government mandates ALL benefit packages for private HC plans in the Exchange

This section stipulates that if insurance companies want to operate in the exchange, they in the Exchange will have to offer a basic benefit packages in every service area. This package will include basic care such as hospitalization, physician visits, medical equipment, mental health, preventative care, maternity and well baby care, and drugs – services that anyone would expect a real insurance policy to cover. Private insurers may offer a higher tier of coverage with more benefits that are not mandated by the government if they choose.

Pg 85, Line 7, HC Bill – Specifications of benefit levels for plans means that the government will define your HC plan and has the ability to ration your health care!

No, this determines the minimum standards insurance companies must offer coverage for- it has nothing to do with rationing. Private plans can offer extra benefits like dental or vision coverage for adults, or other non-covered benefits that are not included in the basic level plan.

Pg 91, Lines 4-7, HC Bill – Government mandates linguistic appropriate services. Example - Translation for illegal aliens

The bill requires plans in the Exchange to offer culturally and linguistic appropriate services. The U.S. is a diverse country culturally and linguistically. Many legal residents and citizens of the U.S. speak other languages, and implying that everyone of a different culture in the U.S. is here illegally is intolerant and incorrect. The bill explicitly states that it will not subsidize coverage for illegal immigrants. (P. 143, sec. 246)

Pg 95, Lines 8-18, HC Bill – The government will use groups i.e., ACORN & Americorps to sign up individuals for Government HC plan

Page 95 makes no mention of ACORN or Americorps. It states that the Health Choices Commissioner will conduct outreach and enrollment activities to educate Exchange-eligible individuals and businesses about enrollment in the new Exchange, which includes many private plans along with the public option. This includes a toll-free hotline, maintenance of a website, creation of outreach materials, and community locations for enrollment.

Pg 102, Lines 12-18, HC Bill – Medicaid Eligible Individuals will be automatically enrolled in Medicaid. No choice. Current law allows individuals to be auto-enrolled in Medicaid if they show up for health services and are eligible, so this is not a radical change. Only individuals that fall under 133% of the poverty level who have not had health insurance for six months will be auto-enrolled.

Pg 124, lines 24-25, HC Bill – No company can sue the government on price fixing. No "judicial review" against Government Monopoly

There is no judicial or administrative review for the payment rates set for the public option.

Pg 127, Lines 1-16, HC Bill – The government will tell doctors what they can make.

This section outlines payment policies for physicians participating in the public option only. The government will negotiate rates with providers under the public health insurance plan option. Private insurers will continue to pay their own rates. No physician has to take the public option.

Pg 145, Line 15-1, HC Bill – An employer MUST auto enroll employees into public option plan. NO CHOICE.

Not true. You get to choose your health insurance from the choices your employer offers you. If you fail to do so, your employer will auto-enroll you in the lowest premium health plan (for employees) unless or until you opt into a different plan. You could not be auto-enrolled into the public option in the vast majority of cases because the public option is not even available outside the Exchange (only to individuals and small businesses). The bill specifically mandates that employers provide employees with info on how to opt out of the auto-enrollment coverage.

Pg 126, Lines 22-25, HC Bill – Employers MUST pay for HC for part time employees AND their families. (This will ensure bankruptcies of many small businesses.)

Employers will only pay a proportion of what they must pay for full-time employees. There is also a tax credit equal to 50% of the amount paid by a small employer for employee health coverage available to help with these costs and other protections to ensure that new requirements don't cause undue hardship for small businesses.

Pg 149, Lines 16-24, HC Bill – ANY employer w payroll 400k & above who does not provide public option pays 8% tax on all payroll (this will insure more bankruptcies of many small businesses)

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.

Pg 150, Lines 9-13, HC Bill – Businesses with payroll between \$251,000 & 400,000 who doesn't provide public option pays 2-6% tax on all payroll (this will ensure even more bankruptcies of many small businesses)

This is false.

Pg 167, Lines 18-23, HC Bill – ANY individual who doesn't have acceptable HC according to government will be taxed 2.5% of income (this insures the government can collect extra taxes from you anytime they want)

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

Pg 170, Lines 1-3, HC Bill – Any NONRESIDENT alien is exempt from individual taxes. (Americans will pay) (this will attract more millions to America..... legally and illegally.... it will kill our economic engine....DEAD!)

Nonresident aliens and illegal aliens are not the same thing. A nonresident alien is a non-citizen in the country legally (for example on a visa) who has not resided in the country long enough to be considered a resident. This provision is consistent with current law governing tax treatment of non resident aliens.

Pg 195, HC Bill – Officers & employees of HC Administration (GOVERNMENT) will have access to ALL American financial and personal records.

The Health Choices Commissioner can receive taxpayer return information from the Internal Revenue Service in order to assist the Exchange in determining subsidy eligibility. This is the only allowable use for this information.

Pg 203, Line 14-15, HCBill – "The tax imposed under this section shall not be treated as tax" Yes, it says that

This quote is taken out of context. This is a technical wording to ensure appropriate function of the tax under the tax code.

Pg 239, Line 14-24 HC Bill – Government will reduce physician services for Medicaid. Seniors, low income, poor affected

Completely wrong. This section adjusts the way the sustainable growth rate (SGR) formula is calculated, helping to **prevent** massive cuts for physicians. Also it is for Medicare, not Medicaid.

Pg 241, Line 6-8, HC Bill – Doctors, doesn't matter what specialty you have, you'll all be paid the same.

Page 214 does not say this. This still is part of the SGR adjustment - which applies to all specialties. Providers have been very strong supporters of this.

Pg 253, Line 10-18, HC Bill – Government sets value of doctor's time, professional judgment, etc.

This section directs the Secretary to regularly review fee schedule rates for physician services paid for by Medicare. It allows the secretary to incorporate all the work that a doctor does outside of the procedure when evaluating fee schedules: such as time, mental effort and professional judgment,

technical skill and physical effort, and stress due to risk, and may include validation of the pre, post, and intra-service components of work.

Pg 265, Sec 1131, HC Bill – Government mandates & controls productivity for private HC industries (this will kill free enterprise and drive many out of business.... less resources yet available for the boomers)

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.

Pg 268, Sec 1141, HC Bill – Federal Government regulates rental & purchase of power driven wheelchairs

No, this changes the way Medicare pays for power driven wheelchairs (13 month payments vs. one lump sum). It is essentially rent-to-own for power wheelchairs, and is one of the ways that Medicare already pays for wheelchairs.

Pg 272, Sec 1145, HC Bill – TREATMENT OF CERTAIN CANCER HOSPITALS - Cancer patients - welcome to rationing!

This is the opposite of rationing. This section allows Medicare to pay cancer hospitals more if they are incurring higher costs.

Pg 280, Sec 1151, HC Bill – The government will penalize hospitals for what government deems preventable readmissions.

Preventable readmissions are never desirable. Hospitals are dangerous places, and the more time spent in one, the greater risk of infection or harm to the patient. Right now, hospitals are paid for quantity of care, so the more you are readmitted, the more they get paid. This provision will help incentivize preventative measures and post-treatment coordination of care to keep you healthier.

Pg 298, Lines 9-11, HC Bill – Doctors treat a patient during initial admission that results in a re-admission, the government will penalize you.

Preventable readmissions are never desirable. Hospitals are dangerous places, and the more time spent in one, the greater risk of infection or harm to the patient. Right now, hospitals and doctors are paid for quantity of care, so the more you are readmitted, the more they get paid. This will help incentivize preventative measures and post treatment coordination of care to keep you healthier.

Pg 317, L 13-20, HC Bill – Prohibition on ownership/investment. Government tells doctors what/how much they can own.

This prohibits expansion of physician-owned hospitals because they often drive up costs, duplicate health services, drain resources from community hospitals, and provide perverse incentives for doctors to self-refer patients to hospitals they have a stake in to perform procedures. For example, if a doctor

self-refers you for a heart operation, he makes money on the procedure and the hospital he owns makes money too.

Pg 317-318, lines 21-25,1-3, HC Bill – Prohibition on expansion- Government is mandating hospitals cannot expand

Same as above.

Pg 321,lines 2-13, HC Bill – Hospitals have option to apply for exception BUT community input required. In other worse, yet another pay off to ACORN.

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.

Pg 335, Lines 16-25 Pg 336-339, HC Bill – Government mandates establish of outcome based measures: i.e., rationing

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.

Pg 341, Lines 3-9, HC Bill – Government has authority to disqualify Medicare Advantage Plans, HMOs, etc. Forcing people in to government plan

This only says it can disqualify participating plans from Medicare Advantage. This would not result in seniors being forced into the public option. They would remain on Medicare (which is a government-run plan).

Pg 354, Sec 1177, HC Bill – Government will RESTRICT enrollment of Special Needs people.

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.

Pg 379, Sec 1191, HC Bill – Government creates more bureaucracy - Telehealth Advisory Cmtte. Health care by phone.

Telehealth is a critical service for rural populations and the disabled who may have difficulty traveling to health centers and hospitals. A committee at HHS does not constitute a new agency. This section expands Medicare's telehealth benefit to beneficiaries who are receiving care at freestanding dialysis centers (ie very sick patients who have difficulty traveling). It Also establishes a Telehealth Advisory Committee to provide HHS with additional expertise on the telehealth program.

Pg 425, Lines 4-12, HC Bill – Government mandates Advance Care Planning Consult: End of Life.

There is no mandate for this sort of counseling. The only mandate is that Medicare must pay for the consultation between patients and practitioners to discuss plans for end-of-life care. These are important individual decisions that take time and consideration.

Pg 425, Lines 17-19, HC Bill – Government will instruct & consult regarding living wills, durable powers of attorney are mandatory!

Not mandatory! These are consultations between you and your provider, not the government.

Pg 425, Lines 22-25, 426 Lines 1-3, HC Bill – Government provides approved list of end of life resources, guiding you in death.

CMS will provide planning resources to discuss with your doctor about how you would like to be treated in your final days.

Pg 427, Lines 15-24, HC Bill – Government mandates program for orders for end of life. The Government has a say in how your life ends

You decide how your life ends- that is the purpose of an advance directive.

Pg 429, Lines 1-9, HC Bill – An "Advance Care Planning Consult" will be used frequently as patients health deteriorates

There is nothing in lines 1-9 that says that.

Pg 429, Lines 10-12, HC Bill – "Advanced care consultation" may include an ORDER for end of life plans.

No, the order would be from **you** for your doctor.

Pg 429, Lines 13-25, HC Bill – The government will specify which doctors can write an end of life order.

The bill specifies which categories of licensed health care professionals (including nurse practitioners) can write them but not which specific provide – you can still choose your provider.

Pg 430, Lines 11-15, HC Bill – The government will decide what level of treatment you will have at end of life

No, you decide with your physician or healthcare provider

Pg 469, HC Bill – Community Based Home Medical Services= Non profit organizations – such as ACORN Medical Services.

This section is the Medical home pilot program. This in no way refers to ACORN.

Pg 472, Lines 14-17, HC Bill – Payment to community-based organizations. One monthly payment to a community-based org, like ACORN.

The community based medical home, is targeted at a broader population of Medicare beneficiaries with chronic diseases and allows for State-based or non-profit entities to provide care-management supervised by a beneficiary designated primary care provider. A provision inclusive of all non-profit entities in no way targets ACORN

Pg 489, Sec 1308, HC Bill – The government will cover Marriage & Family therapy. Which means they will insert government into your marriage.

Medicare will now cover state licensed marriage and family therapists. You are not forced to receive these services.

Pg 494-498, HC Bill – Government will cover Mental Health Services including defining, creating, rationing those services

Medicare will now cover mental health counselors. It will not ration these services.