

**RESPONSE TO LINE-BY-LINE ATTACKS  
ON HOUSE HEALTH REFORM LEGISLATION (H.R. 3200)  
July 29, 2009**

Pg 22 of the HC Bill MANDATES the Government will audit the books of ALL EMPLOYERS that self insure!!

- Many provisions in H.R. 3200 apply to people without insurance. Page 22 requests a **study**, not an audit, to protect the employer-sponsored insurance you already have. The study will make sure that insurance is on good financial footing and that new insurance rules aren't causing problems that would make current employer plan more complicated or more expensive. This is not an audit of each employer that self-insures.

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

- Nothing in the bill infringes upon you and your doctor's ability to make medical decisions. The National Health Benefits Advisory Council is not a "government committee" but is made up of doctors, consumer representatives, employers, labor, health insurers, independent experts and representatives of government agencies. They will make recommendations about the minimum benefits that every insurance company has to offer. That way, you won't need to read the fine print of your insurance policy every time you get sick. These are only minimum standards, and your insurance company can always choose to cover additional services. The Council advises health plans and will never weigh in on your personal health decisions or come between you and your doctor.

Pg 29 lines 4-16 in the HC bill - YOUR HEALTHCARE IS RATIONED!!!

- This is a misreading of the text. Today, many people go bankrupt due to medical expenses - even though they have insurance. This section ends that threat and says that insurers can't make you pay out-of-pocket costs of more than \$5,000 for an individual or \$10,000 for a family (indexed for inflation) for covered services, even if you have a condition that is costly to treat, like cancer. This ensures you have access to affordable care and won't go bankrupt paying for it.

Pg 42 of HC Bill - The Health Choices Commissioner will choose your Health Care Benefits for you. You have no choice!

- The Health Choices Commissioner will enforce minimum requirements for health insurance, so you know your plan isn't cutting corners on your coverage. The Commissioner will also distribute financial assistance ("affordability credits") to make insurance affordable based on your income. Nothing in this section -- or in the bill -- allows the Health Choices Commissioner to choose your benefits for you.

PG 50 Section 152 in HC bill - HC will be provided 2 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 58HC Bill - Government will have real-time access 2 individuals' finances & a National ID Health card will be issued!

- This section says nothing about a National ID health card or about accessing your personal financial information. This section will make it easier to get your own information about your insurance; for example, being able to look up your insurance coverage to find out which doctors are in your network and how much you'll have to pay. This saves in the health care system and gives you information at the front end about what you will owe, rather than being denied or getting a surprise bill from your insurance company weeks after your treatment.

Pg 59 HC Bill lines 21-24 Government will have direct access 2 your banks accounts 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 is a payoff subsidized plan for retirees and their families in Unions & community orgs (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 any specific community group like ACORN.

Pg 72 Lines 8-14 Government is creating an HC Exchange 2 bring private Health Care plans under Government control.

- Today, insurers follow a hodgepodge of regulations. The bill provides a new set of rules for insurance companies - so consumers always know their rights. Insurers will no longer be able to deny coverage based on pre-existing conditions or end your coverage because you get sick. This new insurance marketplace (called the "Exchange") will provide one-stop shopping that makes it easy to compare plans and get the best deal for your family.

PG 84 Sec 203 HC bill - Government mandates ALL benefit packages for private Health Care plans in the Exchange

- Insurance companies in the Exchange will have to offer a basic benefit packages in every area. This package will include basic care, such as hospitalization, physician visits, medical equipment, mental health, preventative care, maternity and well baby care, and prescription drugs – services that anyone would expect a real insurance policy to cover. Private insurers can offer additional benefits if they choose.

PG 85 Line 7 HC Bill - Specs for of Benefit Levels for Plans = The Government will ration your Healthcare!

- No, the bill sets a minimum for coverage - never a maximum. There is no rationing. Insurance plans can offer extra benefits.

PG 91 Lines 4-7 HC Bill - Government mandates linguistic approp svcs. Example - Translation 4 illegal aliens

- The bill requires plans in the Exchange to offer culturally and linguistically appropriate services. Especially in a sensitive situation like a consultation with their doctor, some American citizens are more comfortable speaking a language other than English. Many legal residents and citizens of the U.S. speak languages in addition to English, and implying that everyone of a different culture in the U.S. is here illegally is incorrect. The bill explicitly states that it will not subsidize coverage for illegal immigrants. (P. 143, sec. 246).

Pg 95 HC Bill Lines 8-18 The Government will use groups i.e., ACORN & Americorps 2 sign up individuals for Government HC plan

- The Health Choices Commissioner will help eligible people and businesses understand how the Exchange works and enroll in coverage. To do this, the Commissioner will set up a toll-free hotline, start a website, develop brochures and other outreach materials, and identify community locations for enrollment.

PG 85 Line 7 HC Bill - Specs of Ben Levels 4 Plans. #AARP members - U Health care WILL b rationed

- This section has nothing to do with seniors or Medicare. It describes the minimum benefits insurance plans must offer under the Exchange.

PG 102 Lines 12-18 HC Bill - Medicaid Eligible Individuals will be automatically enrolled in Medicaid. No choice

- Many uninsured children and adults who can't afford health insurance don't realize that there is help available or aren't sure how to enroll. Nobody should have to put off a doctor's visit because they can't pay for it. Low-income families (a family of four earning under \$30,000 per year) without health insurance for six months will automatically be enrolled in Medicaid until they find other coverage. Far from depriving people a choice, this measure will ensure coverage, and an individual can enroll in a different program if they want.

pg 124 lines 24-25 HC No company can sue 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. For the public health insurance option, payments for medical services will be set in a fair and open way by the Secretary of Health and Human Services.

pg 127 Lines 1-16 HC Bill - Doctors/ #AMA - The Government will tell YOU what u can make.

- This section outlines payment policies for physicians that choose to participate in the public option. No physician is required to participate in the public option. Private insurance companies are free to pay doctors and hospitals as much as they want.

Pg 145 Line 15-17 An Employer MUST auto enroll employees into pub opt plan. NO CHOICE

- No. 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 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. If you are in the Exchange and do not pick a plan, you will be auto-enrolled into the lowest premium plan (which could be either a private or public plan, depending on which is the least expensive in your area.)

Pg 146 Lines 22-25 Employers MUST pay 4 HC 4 part time employees AND their families.(this will insure bankruptcies of many small businesses)

- Many people who work part-time are not offered insurance and have to pay the full cost themselves. Often, these employers can't afford to provide health insurance, but sometimes, employers will schedule workers for fewer hours, just so they don't have to pay for benefits. In this bill, employers will pay their fair share based on the number of hours an employee works. For small businesses that need extra help, this bill provides huge new tax breaks (a tax credit equal to 50% of the cost of coverage) that will make coverage more affordable.

Pg 149 Lines 16-24 ANY Employer w payroll 400k & above who does not prov. pub opt. pays 8% tax on all payroll (this will insure more bankruptcies of many small businesses)

- All businesses, except some small businesses that are exempted, must contribute to their employees' health insurance. Most employers that are required to provide coverage under this bill already provide coverage—so little will change for them under this bill. They will continue to offer the coverage that they do today and will not pay a tax. Some employers may choose to buy coverage through the Exchange, but no employer or employee will be forced to choose any particular plan option. Employers that don't contribute to employees' health care will make a contribution to the Exchange, so their employees can access plans offered through the Exchange.

pg 150 Lines 9-13 Biz w payroll btw 251k & 400k who doesn't prov. pub. opt pays 2-6% tax on all payroll (this will insure even more bankruptcies of many small businesses)

- All businesses, except certain small businesses that are exempted, must contribute to their employees' health insurance. Today, large businesses get a better deal on insurance than small businesses because of their size. This bill will give small businesses new and less expensive insurance options and level the playing field between large and small businesses that want to offer health insurance. No employer or employee will be locked into any particular health plan.

Pg 167 Lines 18-23 ANY individual who doesn't have acceptable HC according 2 Government will be taxed 2.5% of inc (this insures the government can collect extra taxes from you anytime they want)

- No, a tax is owed only if you don't have insurance and can afford to purchase it. Acceptable coverage includes your current individual or employer coverage (i.e., provided it meets the new minimum requirements), government coverage (e.g.,

Medicare, Medicaid, certain coverage provided to veterans, military employees, retirees, and their families), and new coverage offered through the Exchange or an employer.

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 Admin (GOVERNMENT) will have access 2 ALL Americans finan/pers recs

- 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 HC - "The tax imposed under this section shall not be treated as tax" Yes, it says that

- This is a technical wording to ensure appropriate function of the tax under the tax code. 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."

Pg 239 Line 14-24 HC Bill Government will reduce physician svcs 4 Medicaid. Seniors, low income, poor affected

- Completely wrong. This section adjusts the Medicare payment formula to prevent massive cuts in physician payments that will happen under current law in 2010. All physicians, including the American Medical Association (AMA), are in strong support of this section. Also it is for Medicare, not Medicaid.

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

- Page 241 does not say this. Nowhere does it say this. The formula that determines Medicare physician payment is broken. Grouping services into a few categories (primarily therapeutic or preventive care) is one way doctors, including the AMA, have suggested for making payment fairer. Within those groups, each service will still have its own individual payment amount.

PG 253 Line 10-18 Government sets value of Dr's time, prof judg, etc. Literally value of humans.

- This section directs the Secretary to regularly review payment rates for Medicare physician services to make sure rates are fair. 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. This doesn't have anything to do with the value

of human lives.

PG 265 Sec 1131 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 is a complete misreading of what this section is. This section updates one component of the payment formula for hospital outpatient services. It does not control productivity.

PG 268 Sec 1141 Fed Government regulates rental & purchase of power driven wheelchairs

- This change specifies the way Medicare pays for power drive 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. 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.

Page 280 Sec 1151 The Government will penalize hospitals 4 what Government deems preventable readmissions.

- Preventable readmissions are never desirable. The American Hospital Association recommended reduced payments for avoidable readmission in testimony to Congress. Right now, hospitals are paid for each admission to the hospital, so the more you are readmitted, the more they get paid. This means doctors and hospitals will have new incentives to let you heal at your own pace and to make sure you understand how to take care of yourself after you are released.

Pg 298 Lines 9-11 Drs, treat a patient during initial admitt that results in a readmiss- Government will penalize u.

- Preventable readmissions are never desirable. Right now, hospitals and doctors are paid for each admission. This section of the bill will ensure that the hospital and doctor let you stay in the hospital until you're ready to leave, instead of rushing you out. This means doctors and hospitals will have new incentives to let you heal at your own pace and to make sure you understand how to take care of yourself after you are released.

Pg 317 L 13-20 OMG!! PROHIBITION on ownership/investment. Government tells Drs. 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 he makes money on the revenue paid to the hospital he owns.

Pg 317-318 lines 21-25,1-3 PROHIBITION on expansion- Government is mandating hospitals cannot expand

- Same as above. This section regulates physicians' investment in hospitals to address a well-documented problem. If a provider has an ownership interest in a hospital (or testing lab, etc.), there is a greater likelihood that patients will be referred for services, driving up health care costs. This provision is aimed to eliminate this incentive to over-refer patients.

pg 321 2-13 Hospitals have opportunity to apply for exception BUT community input required. Can u say ACORN?!!

- Physician-owned hospitals can apply for an exception to expand. Input of the community they serve is required to determine how valuable the hospital is to the patients they serve.

Pg335 L 16-25 Pg 336-339 - Government mandates establishment of outcome based measures. HC the way they want. Rationing

- This section creates an incentive system to increase payments to high quality Medicare Advantage plans and plans that demonstrate improvement and better outcomes such as reduced readmissions, and better outcomes of its enrollees. This is about better quality care, not rationed care. A plan that cuts back on care and produces worse outcomes would not receive any extra payment.

Pg 341 Lines 3-9 Government has authority 2 disqualify Medicare Adv Plans, HMOs, etc. Forcing peeps in2 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. A senior would remain on Medicare (which is, by the way, a government plan), and they could choose another Medicare Advantage plan or traditional Medicare.

Pg 354 Sec 1177 - Government will RESTRICT enrollment of Special needs ppl! WTF. My sis has down syndrome!!

- This section extends the special needs plans (SNPs) demonstration program through 2012, and extends certain fully integrated dual eligible SNPs through 2015, and ensures that chronic condition special needs plans (SNPs) enroll beneficiaries only during their eligibility periods. Without this provision, these options would terminate.

Pg 379 Sec 1191 Government creates more bureaucracy - Telehealth Advisory Cmtte. Can u say HC by phone? 84 new Government agencies!

- 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 (i.e., 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 Government mandates Advance Care Planning Consult. Think Senior Citizens 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 their health care provider to

discuss plans for end-of-life care. These are important individual decisions that take time and consideration, and AARP supports Medicare payment for this planning provision.

Pg 425 Lines 17-19 Government will instruct & consult regarding living wills, durable powers of atty. Mandatory!

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

PG 425 Lines 22-25, 426 Lines 1-3 Government provides apprvd list of end of life resources, guiding u 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 Government mandates program 4 orders 4 end of life. The Government has a say in how your life ends

- You decide the medical treatment you want -- that is the aim of an advance care planning consultation.

Pg 429 Lines 1-9 An "adv. care planning consult" will b used frequently as patients health deteriorates

- Additional consultations between the patient and their health care provider (and payment by Medicare) are permitted if a patient wants an additional consultation as a result of a significant change in the patient's health condition.

PG 429 Lines 10-12 "adv. care consultation" may including an ORDER 4 end of life plans. AN ORDER from GOV

- No, an advance care directive is not an order from the government, but rather it is a way for you to indicate the medical treatment you do or not want.

Pg 429 Lines 13-25 - The Government will specify which Doctors can write an end of life order.

- The bill specifies which categories of licensed health care professionals can write them but not which specific doctor – you can still choose your doctor.

PG 430 Lines 11-15 The Government will decide what level of treatment u will have at end of life

- No, you decide with your doctor.

Pg 469 - Community Based Home Medical Services= Non profit orgs. Hello, ACORN Medical Svcs here!!?

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

Page 472 Lines 14-17 PAYMENT TO COMMUNITY-BASED ORG. 1 monthly payment 2 a community-based org. Like ACORN?

- Under this provision, the current community based medical home option is made

available to 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. This provision includes all qualified non-profit entities and in no way targets ACORN.

PG 489 Sec 1308 The Government will cover Marriage & Family therapy. Which means they will insert Government in 2 your marriage

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

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

- Medicare will now cover mental health counselors.