

Setting the Record Straight on Medicare

Opponents of health reform are trying to scare seniors and people with disabilities by spreading lies about what would happen to Medicare under health reform. In fact, health reform will help Medicare beneficiaries with their health care costs and strengthen the Medicare program for the future. Here, we set the record straight on some of the most outrageous attacks.

Health reform is not paid for by cuts in Medicare benefits.

None of the bills introduced in Congress makes any cuts to Medicare benefits. In fact, coverage in some areas, such as prescription drugs and preventive care, would be improved. Wasteful spending, like overpayments to insurance companies, would be reduced.

Health reform does not limit Medicare beneficiaries' access to their doctors—it increases it.

None of the bills places any limits on access to doctors. Instead, access to doctors should improve under health reform because it will prevent a scheduled cut in payments to physicians.

Health reform does not increase Medicare out-of-pocket costs—it decreases them.

There are no increases in any Medicare out-of-pocket costs for health care services in any of the bills before Congress. Instead, health reform will reduce beneficiaries' prescription drug costs by shrinking or eliminating the Part D "doughnut hole." Other provisions in the health reform bills would eliminate out-of-pocket costs for preventive care like cancer screenings.

Health reform does not ration the health care that is available through Medicare.

Nothing in any of the bills changes the relationship between Medicare beneficiaries and their doctors. The bills do include proposals to encourage doctors, hospitals, and other providers to work together to improve the quality of the services they provide. That is not rationing—that is making the health care system work better.

Health reform does not authorize euthanasia or "death panels."

This rumor is entirely a fabrication that was concocted by opponents of health reform. One provision in one bill would reimburse doctors for taking the time to talk with patients about the care they want to receive near the end of their lives. These discussions would be entirely *voluntary* for both doctors and patients, and there would be no involvement by Medicare or any other government program.