

The Five Biggest Lies in the Health Care Debate

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To the credit of opponents of health-care reform, the lies and exaggerations they're spreading are not made up out of whole cloth—which makes the misinformation that much more credible. Instead, because opponents demand that everyone within earshot (or e-mail range) look, say, "at page 425 of the House bill!," the lies take on a patina of credibility. Take the claim in one chain e-mail that the government will have electronic access to everyone's bank account, implying that the Feds will rob you blind. The 1,017-page bill passed by the House Ways and Means Committee does call for electronic fund transfers—but from insurers to doctors and other providers. There is zero provision to include patients in any such system. Five other myths that won't die:

You'll have no choice in what health benefits you receive.

The myth that a "health choices commissioner" will decide what benefits you get seems to have originated in a July 19 post at blog.flecksoflife.com, whose homepage features an image of Obama looking like Heath Ledger's Joker. In fact, the House bill sets up a health-care exchange—essentially a list of private insurers and one government plan—where people who do not have health insurance through their employer or some other source (including small businesses) can shop for a plan, much as seniors shop for a drug plan under Medicare part D. The government will indeed require that participating plans not refuse people with preexisting conditions and offer at least minimum coverage, just as it does now with employer-provided insurance plans and part D. The requirements will be floors, not ceilings, however, in that the feds will have no say in how generous private insurance can be.

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No chemo for older Medicare patients.

The threat that Medicare will give cancer patients over 70 only end-of-life counseling and not chemotherapy—as a nurse at a hospital told a roomful of chemo patients, including the uncle of a NEWSWEEK reporter—has zero basis in fact. It's just a vicious form of the rationing scare. The House bill does not use the word "ration." Nor does it call for cost-effectiveness research, much less implementation—the idea that "it isn't cost-effective to give a 90-year-old a hip replacement."

The general claim that care will be rationed under health-care reform is less a lie and more of a non-disprovable projection (as is Howard Dean's assertion that health-care reform will not lead to rationing, ever). What we can say is that there is de facto rationing under the current system, by both Medicare and private insurance. No plan covers everything, but coverage decisions "are now made in opaque ways by insurance companies," says Dr. Donald Berwick of the Institute for Healthcare Improvement.

A related myth is that health-care reform will be financed through \$500 billion in Medicare cuts. This refers to proposed decreases in Medicare increases. That is, spending is on track to reach \$803 billion in 2019 from today's \$422 billion, and that would be dialed back. Even the \$560 billion in reductions (which would be spread over 10 years and come from reducing payments to private Medicare advantage plans, reducing annual increases in payments to hospitals and other providers, and improving care so seniors are not readmitted to a hospital) is misleading: the House bill also gives Medicare \$340 billion more over a decade. The money would pay docs more for office visits, eliminate copays and deductibles for preventive care, and help close the "doughnut hole" in the Medicare drug benefit, explains Medicare expert Tricia Neuman of the Kaiser Family Foundation.

Illegal immigrants will get free health insurance.

The House bill doesn't give anyone free health care (though under a 1986 law illegals who can't pay do get free emergency care now, courtesy of all us premium paying customers or of hospitals that have to eat the cost). Will they be eligible for subsidies to buy health insurance? The House bill says that "individuals

who are not lawfully present in the United States" will not be allowed to receive subsidies.

The claim that taxpayers will wind up subsidizing health insurance for illegal immigrants has its origins in the defeat of an amendment, offered in July by Republican Rep. Dean Heller of Nevada, to require those enrolling in a public plan or seeking subsidies to purchase private insurance to have their citizenship verified. Flecksoflife.com claimed on July 19 that "HC [health care] will be provided 2 all non US citizens, illegal or otherwise." Rep. Steve King of Iowa spread the claim in a **USA Today** op-ed on Aug. 20, calling the explicit prohibition on such coverage "functionally meaningless" absent mandatory citizenship checks, and it's now gone viral. Can we say that none of the estimated 11.9 million illegal immigrants will ever wangle insurance subsidies through identity fraud, pretending to be a citizen? You can't prove a negative, but experts say that Medicare—the closest thing to the proposals in the House bill—has no such problem.

Death panels will decide who lives.

On July 16 Betsy McCaughey, a former lieutenant governor of New York and darling of the right, said on Fred Thompson's radio show that "on page 425," "Congress would make it mandatory...that every five years, people in Medicare have a required counseling session that will tell them how to end their life sooner, how to decline nutrition." Sarah Palin coined "death panels" in an Aug. 7 Facebook post.

This lie springs from a provision in the House bill to have Medicare cover optional counseling on end-of-life care for any senior who requests it. This means that any patient, terminally ill or not, can request a special consultation with his or her physician about ventilators, feeding tubes, and other measures. Thus the House bill expands Medicare coverage, but without forcing anyone into end-of-life counseling.

The death-panels claim nevertheless got a new lease on life when Jim Towey, director of the White House Office of Faith-Based Initiatives under George W. Bush, claimed in an Aug. 18 *Wall Street Journal* op-ed that a 1997 workbook from the Department of Veterans Affairs pushes vets to "hurry up and die." In fact, the thrust of the 51-page book, which the VA pulled from circulation in 2007, is letting "loved ones" and "health care providers" "know your wishes." Readers are asked to decide what they believe, including that "life is sacred and has meaning, no matter what its quality," and that "my life should be prolonged as long as it can...using any means possible." But the workbook also asks if readers "believe there are some situations in which I would not want treatments to keep me alive." Opponents of health-care reform have selectively cited this passage as evidence the government wants to kill the old and the sick.

The government will set doctors' wages.

This, too, seems to have originated on the Flecksoflife blog on July 19. But while page 127 of the House bill says that physicians who choose to accept patients in the public insurance plan would receive 5 percent more than Medicare pays for a given service, doctors can refuse to accept such patients, and, even if they participate in a public plan, they are not salaried employees of it any more than your doctor today is an employee of, say, Aetna. "Nobody is saying we want the doctors working for the government; that's completely false," says Amitabh Chandra, professor of public policy at Harvard's Kennedy School of Government.

To be sure, there are also honest and principled objections to health-care reform. Some oppose a requirement that everyone have health insurance as an erosion of individual liberty. That's a debatable position, but an honest one. And many are simply scared out of their wits about what health-care reform will mean for them. But when fear and loathing hijack the brain, anything becomes believable—even that health-care reform is unconstitutional. To disprove that, check the commerce clause: Article I, Section 8.

With Katie Connolly, Claudia Kalb, and Ian Yarett

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