



AN AMERICAN SOLUTION QUALITY AFFORDABLE HEALTH CARE

HEALTH CARE Q&A: WHY AMERICANS NEED HEALTH REFORM

WHY DO WE NEED HEALTH CARE REFORM?

America's health care system is home to the world's best providers, greatest technology, and most advanced research and development. But rising health care costs are squeezing American families, burdening businesses, and making us less competitive in a global economy. We have the most expensive care in the world--but we're not the healthiest as a result. The goal of health care reform is to build on what works and fix what is broken so health care is more affordable and put doctors and patients--not insurance companies--in charge.

HOW WILL I BENEFIT?

Every day, millions of Americans worry not simply about getting well, but whether they can *afford* to get well. Millions more wonder if they can afford routine care to stay well. Health care reform is about giving you and your family the peace of mind in knowing that you will always have access to affordable quality health care

Health care reform will contain the rising health care costs that are squeezing you and your family more each year. Health reform will preserve what works in our system so you can keep your plan if you like it, and provide greater choices with the option of a high-quality, public health insurance plan that would compete with private companies. Health reform will ensure the stability of coverage for you and your family and end the practice of insurance companies denying coverage or raising rates based on a pre-existing condition. And health reform will mean higher quality care, putting the medical professionals -- not the insurance companies -- in charge of health care decisions, and allowing doctors to focus on the practice of healing, rather than dealing with administrative red-tape.

WILL MY TAXES GO UP?

We will pay for health care reform so that it does not increase the deficit and burden future generations. Fiscally responsible reform means we are considering several ideas, including the considerable savings within the health sector that can be achieved through increasing efficiency, reducing administrative waste, eliminating fraud and abuse, expanding our use of proven cost-saving preventive and wellness measures, and improving the accuracy of payment in current federal health programs. The bottom line is that the growth in health care costs will slow --and the quality of your care will go up.

AMERICA IS IN A SERIOUS ECONOMIC RECESSION; SHOULDN'T CONGRESS FOCUS ON THAT FIRST?

Health care reform is a critical part of our economic recovery. If we don't act now, skyrocketing health care costs will only get worse -- threatening the budgets of families, businesses, and the nation. In the last ten years, premiums have risen three times faster than wages. U.S. firms, which pay more than twice as much

for health care than their foreign competitors, are being forced to choose between covering their employees at a competitive disadvantage or laying them off. And, as the fastest growing segment of our federal budget, health care costs are hitting taxpayers hard and putting our nation deeper into debt. The cost of inaction is too great. The time to act is now.

WILL I LOSE MY CURRENT HEALTH INSURANCE?

No. The discussion draft builds on what works – the employer-based system and public programs, while reforming the private health insurance market - so if you like the insurance that you have, you will be able to keep it. We'll even improve it and guarantee you can't lose it. The goal of health reform is to fix only what is broken in order to provide all Americans with affordable choices for high-quality health care. It's a uniquely American solution.

I CAN'T GET INSURANCE BECAUSE I HAVE A PRE-EXISTING CONDITION. WHAT WILL HEALTH CARE REFORM MEAN FOR ME?

Health care reform will make it easier for you to find more affordable insurance and give you a lot more peace of mind. Our reforms would prevent insurance companies from cherry-picking policy-holders, by refusing to insure people who have had cancer, heart disease, diabetes, or any other pre-existing condition--or for using that excuse to deny coverage of services or charge excessively high premiums.

ARE YOU PLANNING ON ELIMINATING MEDICARE AND MEDICAID?

No. In fact, Medicare and Medicaid will be strengthened, with Medicare's solvency ensured for years to come.

DOES HEALTH REFORM MEAN THAT MY MEDICARE BENEFITS WILL BE CUT?

Just the opposite. Medicare benefits will be improved. One of the biggest problems facing seniors is rising drug costs -- especially when they hit the so-called "donut hole" gap in Medicare drug coverage. The proposal shrinks the hole by \$500 in 2011 and eliminates it over a number of years.

Reform also involves strengthening and improving Medicare to ensure its long-term solvency so that it will be available for future generations. With the looming retirement of the Baby Boomer generation, Medicare spending is projected to continue rising steadily. Ensuring Medicare's long-term solvency and getting a handle on the nation's federal debt and deficits requires that we strengthen and improve the Medicare program by implementing reforms to reduce costs, and increase efficiencies and quality. Such reforms include ending excessive overpayments to Medicare's private health plans ("Medicare Advantage" plans), and adding consumer protections to ensure that these plans are investing premiums in patient care and limiting their abilities to charge higher cost-sharing than traditional Medicare.

WHAT IS A PUBLIC HEALTH INSURANCE PLAN AND WHY DO WE NEED ONE?

There's no incentive for private plans to offer more affordable rates or better coverage unless they have to compete with a plan that puts people first. A public health insurance plan is important to guarantee that all Americans will have an affordable choice among insurance providers with the freedom to choose which plan works best for you and your family. Through competition and choice, we will make coverage more affordable and accountable for everyone.

UNDER THE NEW SYSTEM YOU PROPOSE, CAN THE GOVERNMENT ARBITRARILY DECIDE THAT A TREATMENT IS TOO EXPENSIVE AND REFUSE TO PROVIDE IT OR PAY FOR IT?

No. The discussion draft puts doctors, nurses and patients in charge of medical decisions, not private insurance companies or the government. We must have a system driven by patients' needs, not corporate

profits, empowering you and your doctor to make informed health care decisions that meet your specific needs.

WILL HEALTH REFORM RESULT IN A CANADIAN-STYLE SYSTEM OF CARE OR WHERE CARE COULD BE DELAYED OR DENIED?

No. The discussion draft provides a uniquely American solution that builds on the private insurance system--but with patient-centered reforms to that system that remove the insurance industry's ability to deny coverage and care. Under our plan, if you like the health plan and doctors you have you can keep them; but if you don't have insurance or want the option of a different plan, there will be choices available for you and your family.