



U.S. CONGRESSMAN DAVID SCOTT

Responses to popular myths about the bill text of [H.R. 3200](#)

1. On page 22 of the health care bill says it mandates the Government will audit the books of ALL EMPLOYERS that self insure.

Answer: Page 22 of [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 insurance market. This does not require an audit of ALL employers that self insure.

2. On page 30 Sec 123 of the healthcare bill says there will be a government committee that decides what treatments/benefits you get.

Answer: 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 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.

3. On page 29 lines 4-16 in the healthcare bill says your healthcare is rationed.

Answer: This is a misreading of the text. This section limits the amount of out-of-pocket costs you will face to \$5,000 for an individual and \$10,000 (indexed to CPI) for a family for a basic package of care. This ensures you have access to affordable care and will not go bankrupt paying for it.

4. On page 42 of the healthcare b says the Health Choices Commissioner will choose your healthcare benefits for you. You have no choice.

Answer: 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

5. On PG 50 Section 152 of the healthcare bill says healthcare will be provided to all non-U.S. citizens, illegal or otherwise

Answer: 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).

6. On page 58 of the healthcare bill says the Government will have real-time access to individuals' finances & a National ID Health card will be issued.

Answer: 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.

7. On page 59 lines 21-24 of the healthcare bill says government will have direct access to your bank accounts for electronic funds transfer,

Answer: 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.

8. On page 65 Sec. 164 is a payoff subsidized plan for retirees and their families in Unions & community organization (ACORN).

Answer: 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.

9. On page 72 lines 8-14 says Government is creating a healthcare exchange to bring private healthcare plans under Government control.

Answer: 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.

10. On page 84 Sec. 203 of the healthcare bill says Government mandates ALL benefit packages for private healthcare plans in the exchange

Answer: Insurance companies 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, as well as 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.

11. On page 85 line 7 of the healthcare bill Speculates for of Benefit Levels for Plans which equals to the Government rationing your Healthcare.

Answer: 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.

12. On page 91 Lines 4-7 of the healthcare bill says Government mandates linguistic appropriate services. Example – Translation for illegal aliens.

Answer: 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).

13. On page 95 lines 8-18 of the healthcare says the Government will use groups i.e., ACORN and Americorps to sign up individuals for the government-run healthcare plan.

Answer: 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.

14. On page 85 Line 7 of the healthcare bill says Speculates Benefit levels for plans-- AARP members - your healthcare will be rationed

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

15. On page 102 lines 12-18 of the healthcare bill - Medicaid Eligible Individuals will be automatically enrolled in Medicaid. No choice.

Answer: 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.

16. On page 124 lines 24-25 of the healthcare bill says no company can sue the government on price fixing. No "judicial review" against Government Monopolies.

Answer: There is no judicial or administrative review for the payment rates set for the public option. However payment rates will be comparable to those of private insurance plans, with the Medicare payment rates being the floor and the average of the private plans being the ceiling.

17. On page 127 lines 1-16 of the healthcare bill, Doctors and the AMA - The Government will tell you what you can make.

Answer: This section outlines payment policies for physicians participating in the public option only. No physician has to accept patients who are enrolled in the public option.

18. On page 145 lines 15-17 say an employer must automatically enroll employees into the public option plan. No Choice.

Answer: This is incorrect. 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.

19. On page 126 lines 22-25 say employers must pay for healthcare for part-time employees and their families (this will ensure bankruptcies of many small businesses).

Answer: 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.

20. On page 149 lines 16-24 says any employer with a payroll of 400k and above who does not provide public option will pay an 8 percent tax on all payroll (this will insure more bankruptcies of many small businesses)

Answer: All businesses, except some small businesses that are exempted (those below \$500,000 annual payroll), 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 do so through the Exchange, but no employer or employee will be forced to choose any option within the Exchange. Employers that don't contribute to employees' health care will make a contribution to the Exchange so their employees can access coverage there. Only businesses with annual payrolls above \$750,000 will have to pay the 8% penalty for not providing health insurance to their employees. (Payroll thresholds were increased in the Energy and Commerce Committee markup of H.R. 3200.)

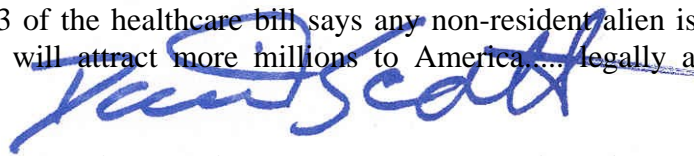
21. On page 50 lines 9-13 say businesses with payrolls between 251k & 400k who does not provide the public option pays 2 to 6 percent tax on all payroll (this will insure even more bankruptcies of many small businesses)

Answer: All businesses, except certain small businesses that are exempted, must contribute to their employees' health insurance. Small businesses typically pay more for the same insurance that a large employer might offer. Small businesses will benefit from this legislation because it will help lower their administrative costs and insurance rating, and increase options available to them. The House legislation helps level the playing field between large and small businesses that want to offer health insurance. Additionally, during the Energy and Commerce Committee's markup of H.R. 3200, the payroll threshold for paying the penalty was altered to begin at \$500,000 rather than \$250,000.

22. On page 167 lines 18-23 says any individual who does not have acceptable healthcare according to the government will be taxed 2.5 percent of their income (this insures the government can collect extra taxes from you anytime they want)

Answer: A 2.5% excise tax can only be collected if you don't have insurance but can afford to purchase it. Acceptable coverage includes grandfathered individual and employer coverage (i.e. what you have now, providing your insurance company complies with new laws), certain government coverage (e.g., Medicare, Medicaid, certain coverage provided to veterans, military employees, retirees, and their families), and coverage obtained pursuant to the Exchange or an employer offer of coverage.

23. On page 170 lines 1-3 of the healthcare bill says any non-resident 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)



Answer: Nonresident aliens and illegal aliens are not the same thing. A non-resident 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 nonresident aliens.

24. On page 95 the healthcare bill says officers and employees of the healthcare administration (GOVERNMENT) will have access to all Americans finances and personal records.

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

25. On page 203 line, 14-15 of the healthcare bill says the tax imposed under this section shall not be treated as tax. Yes, it says that

Answer: This is a technical wording to ensure appropriate function of the tax under the tax code.

26. On page 239, line 14-24 of the healthcare bill says Government will reduce physician services for Medicaid. Seniors, low income and the poor will be affected.

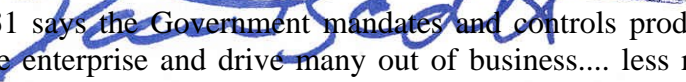
Answer: This section adjusts the way the sustainable growth rate (SGR) formula is calculated, helping to prevent massive cuts for physicians. All physicians and AMA are in strong support of this section. Also it is for Medicare, not Medicaid.

27. On page 241, lines 6-8 of the healthcare bill say doctors, doesn't matter what specialty you are in, you all will be paid the same

Answer: Again, this still is part of the SGR adjustment- which applies to all specialties. Providers and AMA are very strong supporters of this.

28. On page 253, lines 10-18 say the Government sets value of a doctor's time, professional judgment, etc. Literally value of humans.

Answer: This section directs the Secretary of Health and Human Services 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. This doesn't have anything to do with the value of human lives.

29. On page 265 Sec. 1131  says the Government mandates and controls productivity for private healthcare industries (this will kill free enterprise and drive many out of business.... less resources yet available for the boomers)

Answer: This section updates the market basket payment for hospital outpatient services. Just because the word productivity is included does not mean it is mandating productivity of industry - it simply holds providers accountable to the same level of productivity as the whole economy, putting them on a level playing field.

30. On page 268 Sec. 1141 says the Federal Government regulates rental and purchase of power driven wheelchairs

Answer: 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.

31. On page 272 Sec.1145 sets the treatment of certain cancer hospitals (???) Cancer patients - welcome to rationing.

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

32. On page 280 Sec. 1151 says the Government will penalize hospitals for what Government deems preventable readmissions.

33. On page 298 lines 9-11 says government will penalize doctors that treat a patient during initial admission that results in a readmission.

Answer: 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.

34. On page 317 lines 13-20 says there is a prohibition on ownership/investment. Government tells doctors what and how much they can own.

35. On page 317-318 lines 21-25 says prohibition on expansion- Government is mandating hospitals cannot expand

Answer: 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.

36. On page 321 2-13 says hospitals have opted to apply for exception but community input required. Can u say ACORN?

Answer: Physician-owned hospitals can apply for an exception to expand- and input of the community they serve is required to determine how valuable the hospital is to the patients they serve. Any and every community group or individual citizen will be allowed input into this process.

37. On page 335 lines 16-25 and pages 336-339 says Government mandates establishment of outcome based measures. Healthcare the way they want. Rationing.

Answer: 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.

38. On page 341 lines 3-9 says Government has the authority to disqualify Medicare Advantage Plans, HMOs, etc. Forcing people into Government plan

Answer: This section states that the government may only disqualify a plan from participating in Medicare Advantage. This would not result in seniors being forced into the public option. They would remain on Medicare.

39. On page 354 Sec. 1177 says Government will Restrict enrollment of special needs people.

Answer: This section ensures that chronic condition special needs plans (SNPs) enroll beneficiaries only during their eligibility periods and extends the SNP program through 2012, and extends certain fully integrated dual eligible SNPs through 2015.

40. On page 379 Sec. 1191 says the Government creates more bureaucracy in the form of a Telehealth Advisory Committee.

Answer: 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.

41. On page 425 lines 4-12 says Government mandates Advance Care Planning Consult. Think Senior Citizens end of life

Answer: 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, and AARP supports inclusion of this planning provision.

42. On page 425 lines 17-19 says the Government will instruct and consult regarding living wills, durable powers of atty. Mandatory. 

Answer: End-of-life counseling will not be mandatory. These are consultations between you and your provider, not the government and no one would be forced to engage in these discussions should you not desire them.

43. On page 425 lines 22-25 and on page 426 lines 1-3 says Government provides an approved list of end of life resources, essentially guiding you into death.

Answer: CMS will provide planning resources to discuss with your doctor about how you would like to be treated in your final days but will not suggest or advocate for any options about your end-of-life care.

44. On page 427 lines 15-24 says the Government mandates program for orders for end of life. The Government has a say in how your life ends

Answer: You decide how your life ends- that is the whole point of an advance directive.

45. On page 429 lines 1-9 says an "advanced care planning consult" will be used frequently as patients health deteriorates

46. On page 429 lines 10-12 says "advanced care consultation" may include an order for end of life plans. An order from the government.

Answer: This section of H.R. 3200 says:

1 *“(4) A consultation under this subsection may in-*
2 *clude the formulation of an order regarding life sustaining*
3 *treatment or a similar order.*
4 *“(5)(A) For purposes of this section, the term ‘order*
5 *regarding life sustaining treatment’ means, with respect*
6 *to an individual, an actionable medical order relating to*
7 *the treatment of that individual that—*
8 *“(i) is signed and dated by a physician (as de-*
9 *fined in subsection (r)(1)) or another health care*
10 *professional*

The key in this is line 8 which says that any end of life order produced through consultation with your physician will be signed and approved by you and your doctor, not the government, and as stated above the government will not dictate what is contained in such an order.

47. On page 429 lines 13-25 says the Government will specify which Doctors can write an end of life order.

Answer: The bill specifies which categories of licensed health care professionals can write an end of life order but not which specific doctor - you can still choose your own doctor.

48. On page 430 lines 11-15 says the Government will decide what level of treatment you will have at end of life

Answer: These decisions are made through consultation between you and the physician of your choice, not the government.

49. On page 469 says Community Based Home Medical Services and Non profit organization have a say. ACORN.

50. On page 472 Lines 14-17 says payment to community based organization, such as ACORN?

Answer: This section provides that only community organizations that provide in home medical care in consultation with a patient’s primary care-giver will be eligible to participate in the Community-Based Medical Home Pilot Program. The Community-Based Medical Home Pilot Program 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

51. On page 489 Sec. 1308 says the Government will cover Marriage and Family therapy. They will insert Government into marriage.

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

52. On page 494-498 says Government will cover Mental Health Services including defining, creating and rationing those services.

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

A handwritten signature in blue ink that reads "Paul Scott". The signature is written in a cursive style with a large loop for the letter 'P' and a long horizontal stroke at the end.