

The Bottom Line on the Health Care Reform Bill (H.R. 3692)

Although the final version has not been published, here's what we can expect based upon earlier drafts of the bill.

Implications if the current health care 'reform' bill is passed:

- COSTS American taxpayers over \$1 TRILLION.
- Everyone will be FORCED to purchase health insurance or pay a 2.5% tax on adjusted gross income.
- DRAMATIC PREMIUM INCREASES in private insurance plans (as much as 300%).
- SIGNIFICANT PREMIUM INCREASES in Medicare Part B (\$25 billion) and Part D (25%) plans.
- Persons covered by individual plans will eventually be FORCED INTO THE GOVERNMENT PLAN.
- HUGE NEW TAX INCREASES – projections indicate over \$700 billion. Includes new taxes on private insurance plans, a 2.5% excise tax on medical devices and equipment and a 5.4% surtax on individuals making more than \$500K.
- JOB-KILLING EMPLOYER MANDATES with up to 8% “pay or play” payroll tax on small businesses.
- HUGE REDUCTION in Medicare benefits (\$500 billion), forcing many seniors out of Medicare Advantage plans and resulting in the rationing of care.
- Unfunded federal mandates that place HUGE FINANCIAL BURDENS on the states.
- Dozens of NEW GOVERNMENT BUREAUCRACIES will be created, coming between patients and their doctors, and add millions of dollars of additional costs to our health care system.
- The Federal Government will RATION CARE by deciding what procedures will be covered by your private insurance and what treatments can be delivered by your physician.
- MASSIVE NEW ENTITLEMENT PROGRAM that is projected to grow by at least 8% per year, far faster than the rate of growth of the economy or tax revenue.
- SHORTAGE OF PHYSICIANS as millions of new patients are suddenly added to their rolls and doctors are squeezed by below-cost government reimbursement rates.
- ABORTIONS will be subsidized using taxpayer-funding.
- ILLEGAL ALIENS will receive taxpayer-funded health care services.
- DECREASE IN MEDICAL INNOVATIONS as incentives are removed for companies to take risk.
- The bill fails to CUT COSTS by reforming frivolous lawsuits or enabling interstate competition.

False arguments used by supporters of the current health care 'reform' bill:

- MYTH: Insurance companies ration care today, what's the difference if the government does it under the new health reform bill?
FACT: Insurance companies don't ration care; they adjudicate claims, determining how much they will pay for certain medical procedures. Medicare actually denies more claims than private insurance. Under today's system, individuals in consultation with their physicians get to decide the care they will receive, even if it's not fully covered by insurance. Individuals ALWAYS have the freedom to make the decision to pay for non-covered care out of their own pocketbooks. Under the proposed health care reform, the government will take this freedom away from individuals and physicians. The government will decide what medical procedures the physicians can perform, not just what procedures are able to be reimbursed. Doctors and clinics will be fined by the government if they recommend procedures other than those officially approved by government bureaucrats.
- MYTH: There are 47 million uninsured citizens in the United States.
FACT: Studies have shown that if you exclude illegal aliens, individuals who currently qualified for existing government health insurance programs and those making more than \$75,000 per year, the correct number uninsured is closer to 9 million people.
- MYTH: People who do not have health insurance are being denied health care.
FACT: No one is being denied health care. The law requires that hospitals and clinics must provide care for everyone, regardless of whether they have insurance.

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