



Seniors Only Gain – and Lose Nothing - In Health Care Reform

It's essential to get all the facts about the health care reform proposals now being discussed in Congress. Opponents are attacking the effort, but their criticisms are misleading and often completely inaccurate. **Let's be clear: you will not only keep the health care you get under Medicare now, but Medicare will be better and stronger.** Supporters of the current reform proposals all agree that your Medicare coverage must be protected.

Issue of Concern	What WOULD NOT Happen Under Reform	What WOULD Really Happen Under Reform
<p>Your Medicare Benefits</p>	<p><u>Would not</u> cut Medicare benefits to help pay for health care reform. (No Medicare benefit reductions are included in reform proposals.)</p>	<p><u>Would</u> reduce wasteful extra payments to HMOs in the Medicare Advantage program that simply boost profits and do nothing to improve care. The cuts would gradually lower rates to those paid under traditional Medicare.</p> <p><u>Would increase</u> access to prescription drugs in Medicare by phasing out the “donut hole” gap in Part D coverage.</p>
<p>Your Access to Care Under Medicare</p>	<p><u>Would not</u> make it harder to get needed care as a result of money-saving improvements in Medicare.</p> <p><u>Would not</u> change what works in Medicare.</p> <p><u>Would not</u> change Medicare into something different that you don't recognize or trust. You keep your doctors, your medications, etc.</p>	<p><u>Would</u> save money through improvements in Medicare that create incentives for providers, but also help patients, such as:</p> <ul style="list-style-type: none"> • Providing an incentive to reduce unnecessary repeat hospitalizations for the same health problem (by providing the needed care the first time). • Removing the incentive to order the most tests or approve the most procedures, instead of focusing on the real health care needs of the patient. • Providing an incentive for providers to work cooperatively to manage patients' care instead of working in isolation.
<p>Your Medicare Out-of-Pocket Costs</p>	<p><u>Would not</u> increase Medicare out-of-pocket costs.</p>	<p><u>Would</u> eliminate out-of-pocket costs for prevention services in Medicare.</p> <p><u>Would</u> decrease limits on out-of-pocket costs in Medicare Advantage plans down to the limits of traditional Medicare.</p>
<p>Government Control and Rationing of Your Health Care</p>	<p><u>Would not</u> come between seniors and their doctors.</p> <p><u>Would not</u> lead to “rationing” of health care.</p> <p>(Even the way this issue is phrased is misleading. Insurance companies come between you and your doctor all the time under the <u>current</u> system. And insurers already “ration” care. The difference is that these decisions are currently driven by profits, not patients.)</p>	<p><u>Would</u> provide better information about what works and doesn't work to seniors and to their doctors. If you know what's most effective and what's wasteful, you can make decisions that help you get the best care and the best value for your health care dollar.</p> <p><u>Would</u> save the system money the right way, and so <u>would</u> help make sure that you can keep the Medicare you've worked for.</p>
<p>Your End-of-Life Decisions</p>	<p><u>Would not</u> lower Medicare costs by “guiding you in how to die” or by promoting “death care”.</p>	<p><u>Would</u> reimburse doctors for one session every 5 years to confer with Medicare patients about what medical care they would prefer near the end of life and how to prepare instructions such as living wills.</p>



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