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Plenty of misinformation in health care debate

What can you believe about reform?

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WASHINGTON -- Don't believe everything you read. Or hear. Or are told about health care.

There's a lot of suspect information out there -- from false claims about end-of-life decisions being taken over by the federal bureaucracy to incorrect e-mail saying that everyone will be automatically enrolled in a new government health plan.

"There's been a lot of noise, and it's certainly made people wonder about what is being proposed because so much false information has been put out," said Brooks Jackson, director of FactCheck.org, a Web site dedicated to debunking (or backing up) political claims.

Meanwhile, there's a more substantial debate hanging fire over how much the plan pushed by President Barack Obama and congressional Democrats would cost, how it would be paid for and what the long-term impact on the quality of care and competition would be.

A Free Press analysis shows there are questionable claims on both sides.

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Welday defends inaccuracies on link from his Web site

On the Web site for his congressional campaign, Republican Paul Welday of Farmington links to a list of what he calls "the shocking lowlights" of health care reform legislation before Congress, describing in exacting, page-by-page detail bits of the majority Democrats' 1,017-page House bill.

On Page 29, he says, the bill's authors admit health care will be rationed. On Page 145, he finds employers must automatically enroll workers into a government-run insurance plan. On Page 427, "government dictates how your life ends."

None of his claims are true.

Welcome to the increasingly vitriolic debate over how to change health care in America, a fight fueled by disruptions at congressional town hall meetings, including one that U.S. Rep. John Dingell, D-Dearborn, held Thursday in Romulus, confrontational ads and viral e-mail -- like the one largely mirroring the list on Welday's Web site. If "the Obama-Pelosi experiment" succeeds, watch out for higher costs and worse care, it warns.

Welday defends the list as justifiable interpretations of the legislation, the opening shots of a debate quickly consuming the country.

Debatable topics

Without question, there's much to debate -- like the cost to taxpayers, whether a government plan will hurt private insurers and whether it will cost businesses more. U.S. Rep. Mike Rogers, a Republican from Howell and an opponent of the plan, argues that it will restrict Medicare spending -- that's one way the White House plans to pay for it -- and that the United States has higher cancer survival rates now than many of countries it would emulate by adopting a government plan.

A lot of the public debate has been geared to spreading sound bites of dubious claims.

It's not helping, say people on both sides of the debate.

"When they get into the over-the-top stuff, it's easy to point out that stuff is not true," said Michael Tanner, a senior fellow on health care issues at the libertarian Cato Institute in Washington, D.C., and a critic of the Democratic reform efforts. "There's a certain amount of hysteria out there among opponents, and flat-out disingenuousness among proponents."

"Sure, there's stuff that's been exaggerated," said Rick Scott, who heads Conservatives for Patient Rights, a group battling Democratic reform efforts, which has been accused of spreading misinformation as well as organizing opponents to disrupt congressional town hall meetings (a charge Scott says is overblown). He says his group is only interested in educating people about the bill.

On their side, Democrats and Obama have yet to convince skeptics that reform will lower health care spending; an analysis by the nonpartisan Congressional Budget Office said the initial House bill would add \$239 billion to the deficit over a decade's time. And Obama's claims that people will be able to keep their same health coverage if they want to glosses over the vast changes the market -- and policies -- will bear by government dictating levels of minimum coverage and cost-containment in Medicare and creating its own public plan that, by one estimate, could move 83 million people out of private insurance.

Some polls show the debate is hurting Obama, with his early sky-high approval rating dipping as the debate drags on.

Bending the truth

A Free Press analysis of Welday's "What You Don't Know Can Hurt You" list found several inaccuracies.

For instance, it says Page 50 of the bill provides that "All non-US citizens, illegal or not, will be provided with free healthcare services." Here's what we found: That page of the bill prohibits discrimination in health care. And in Section 246 -- on Page 143 -- federal health care payments for people in the country illegally are explicitly prohibited.

Another claim is that businesses that do not offer the public plan will have to pay a penalty, as much as 8% of payroll. What we found: Larger businesses would pay that penalty only if they do not offer their own insurance plans.

One claim that has resonated with many seniors is that the legislation requires "advance care planning consultations" in which doctors would have to talk to their elderly patients about end-of-life care, living wills and their wishes for terminating care in certain circumstances. According to the Welday list, Page 430 says government "will decide what level of treatments you may have at end of life."

But it doesn't. The legislation doesn't require advance care planning consultations. It allows Social Security to pay for one -- if the patient wants.

"It's easy for people to scare the public with readings of this that simply are not true," said Eric Schneidewind, president of AARP's Michigan chapter.

Welday, who said what he really would like is a chance to debate the issue with his would-be opponent, Rep. Gary Peters, a Democrat from Bloomfield Township, said he fears the bill will eliminate competition without holding down costs. As for the Free Press' contention that some of the conclusions on the list were incorrect, he said while they may be interpretations, they are not extreme. He said he culled the list from other sources and his own research.

"It's not scare tactics at all," he said. "This is about trying to educate people."

Tanner said the problem is that the real issues of health care and coverage refuse to be overly simplified, leaving both sides to rely on slogans and shock value.

"I don't think it's been a very good debate. It hasn't been a serious debate," he said. "It's very difficult to convey complex answers in a 9-second sound bite."

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