

Three Myths About Healthcare Reform | TPMCafe

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Since Congress began considering healthcare reform, conservatives and their industry allies -so-called opponents of healthcare reform- have embarked on a shameless misinformation campaign about the consequences and implications of expanding access to affordable coverage. Here, debunked, are three of the right wing's most widely circulated myths about reform.

Myth 1: Healthcare reform will limit patient choice and lead to socialized medicine. The Republican alternative to President Obama's health reform efforts-the Patients' Choice act-states, "The Federal government would run a health care system-or a public plan option-with the compassion of the IRS, the efficiency of the post office, and the incompetence of Katrina." The Cato Institute has published a brief asking "does Barack Obama Support Socialized Medicine" before suggesting that "reasonable people can disagree over whether obama's health plan would be good or bad. But to suggest that it is not a step toward socialized medicine is absurd." (*Patients' Choice Act Summary*, May 20, 2009; *Cato Institute*, October 7, 2008)

Reality: Progressive reforms will provide more choice, not less. Under progressive proposals, Americans will have the choice to keep the employer plan they currently have or buy an affordable plan from the national insurance exchange. Individuals and small businesses will be able to "compare private coverage options and a public plan and to purchase the policy that would work best for them." Moreover, to characterize Obama's healthcare as "socialized medicine" is itself "absurd." In contrast to Cato's rhetoric, socialized healthcare is "a system of health care delivery in which care is provided as a state-supported service." as Jeanne Lambrew, director of the Health and Human Services Office of Health Reform, points out, given Obama's reliance on private insurers and providers, accusations of socialism are "far from the truth." "nonetheless, accusations of socialized medicine will likely continue to be raised about any reform proposal that is not based entirely on letting private insurance companies rule our health care system," she argues. (Baucus Health Plan, November 12, 2008; *Center for American Progress*, May 14, 2008)

Myth 2: The government will ration care. In his memo on healthcare, GOP wordsmith Frank Luntz says, "nothing else turns people against the government takeover of healthcare [more] than the . . . expectation that it will result in delayed and potentially even denied treatment, procedures and/or medications." (*The Language of Healthcare 2009*, May 6, 2009)

Reality: Government research that compares the clinical outcomes of alternative therapies will not ration care. They will inform doctors and patients on the most effective medical treatments and procedures. research into the comparative effectiveness of treatments can identify the procedures that provide the best results at the lowest cost. Currently, at least one-third of medical procedures have questionable benefits, according to the Rand Corporation. (*Rand Corporation*, 1998)

Myth 3: A new public health plan will only drive up healthcare costs and increase premiums for Americans with private insurance. Karen Ignagni, the CEO of America's Health Insurance Plans, recently argued that "a new public program similar to Medicare would exacerbate cost-shifting, which already adds \$1,500, or 10 percent, to the average premium for a family of four." (*New York Times*, December 17, 2008)

Reality: A public plan will contain costs, lower premiums, and give Americans a choice of health plans-public and private. a recent analysis of the public option by the Institute for America's Future concluded that offering a new public insurance option to americans who lack coverage would control healthcare costs and improve quality by providing an important benchmark for private insurance within a reformed healthcare framework. Universal coverage will reduce cost shifting by getting everybody covered and contain costs through investment in prevention, management of chronic care, twenty-first-century information technology, and research on and adoption of effective treatments. (*Institute for America's Future*, December 17, 2008)