



HEALTH INSURANCE REFORM: A GUIDE FOR SENIORS

Medicare—which has provided health care for Americans age 65 and older for the last 45 years—is working, and will be strengthened under new health reform legislation. Reform will mean **better benefits** and **lower costs**, and will **preserve Medicare’s solvency for years to come**.

Without reform for all Americans, health care costs will keep rising, and that could jeopardize Medicare’s ability to keep covering costs. Rising costs hit seniors’ wallets too—with the average Part D plus Part B premium consuming an estimated 12% of the average Social Security benefit in 2010—and 16% by 2025.

The debate on reform has been intense, and often filled with frightening—and wrong—information.

AARP supports the health reform bill and has spoken out strongly against the scare tactics: “We won’t stand idle when opponents of health care reform attempt to scare or mislead the American people—and older Americans in particular—about what fixing the system really means,” said AARP Executive Vice President Nancy LeaMond.

This guide:

- Explains what’s in the reform bill for you
- Clears up some misinformation
- Answers questions frequently asked by older Americans



CLEARING UP MISINFORMATION

“UNDER HEALTH REFORM, A GOVERNMENT PANEL OR BUREAUCRAT WILL TELL ME WHEN TO DIE.”

FALSE! Decisions about your health will still be made by you, your doctor, and your family. There’s nothing in health reform that would affect your end of life decision-making. Earlier versions of the bill would have compensated your Medicare doctor for having a conversation with you about such planning at your request—but that’s no longer part of reform at all.

Some scare tactics have focused on “comparative effectiveness research” in the bill to try to claim government panels would decide what care you can get. The bill explicitly prohibits using this research to define, limit, or deny any treatment or services. In reality, this research would provide doctors with the best information on what treatments work – in effect, making them smarter and better able to treat you.

“HEALTH CARE REFORM WILL LEAD TO RATIONED CARE.”

FALSE! Nothing will stand between you and your doctor, or prevent you from making the best health care decisions. Reform actually takes insurance company bureaucrats out of the decision making process for your family—and if you’re enrolled in Medicare—improves the level of care you get, at a lower cost, with no government bureaucrats making decisions for you.

FALSE! Under this bill, there is no government takeover of health care. Every American will still be able to choose your own doctor and health insurance plan—and make care decisions with that doctor. The health reform bill builds on the current system of private health insurance. Indeed, according to the nonpartisan Congressional Budget Office, private insurance coverage will expand by 16 million under the reform bill.

“HEALTH CARE REFORM IS A GOVERNMENT TAKEOVER.”

“HEALTH CARE REFORM WILL END MEDICARE.”

FALSE! Reform is about strengthening Medicare—a part of our health care system that’s working well. For Medicare enrollees, the health reform bill lowers prescription drug costs, makes preventive care free, ensures that you can keep your doctor, improves the quality of your care, and extends the program’s solvency by nearly a decade.

FALSE! We can’t afford not to fix it. Rising health care costs are hurting our families and businesses now, and driving up the budget deficit. If we do nothing, the cost of health care premiums will eat up more and more of your monthly check—and the prescription drug ‘donut hole’ won’t get fixed. Indeed, lowering costs for small businesses through health reform is projected to create up to 4 million new jobs in the coming decade.

“WE CAN’T AFFORD TO FIX HEALTH CARE DURING AN ECONOMIC CRISIS.”

FREQUENTLY ASKED QUESTIONS

Q. I've heard that the bill pays for providing coverage for millions more Americans by cutting Medicare by billions of dollars. Won't that mean cuts to my benefits and care?

A. The Medicare cost savings in health reform affect insurance companies and health care providers, not seniors. Studies show at least 5 percent of Medicare spending currently goes to waste, fraud, and abuse. That five percent is all this bill would cut. The savings are achieved by reducing excessive profits that private insurance companies are making off Medicare Advantage; requiring hospitals, doctors, and other providers to be more efficient; calling for more coordinated care; and cracking down on waste, fraud and abuse. The AARP has concluded that none of these savings will hurt seniors or cut their benefits.

The reform bill also plows some of the Medicare cost savings right back into Medicare—making key improvements in Medicare benefits for seniors (see page 2!).

Q. What if I'm on Medicare Advantage? Will Medicare Advantage plans still be available?

A. Yes, private Medicare Advantage plans will still be available under health care reform. Currently, about 24 percent of America's seniors are in Medicare Advantage plans rather than in traditional Medicare. Since 2003, these plans have cost U.S. taxpayers more than traditional Medicare—overpaying private insurance companies by an average of 14%, and in some regions of the country as much as 20%. Those profits cost all Medicare enrollees more. In fact, a typical older couple enrolled in traditional Medicare will pay \$90 extra in premiums next year to help pay for profits to the Medicare Advantage private insurance companies. The reform bill significantly reduces these overpayments to Medicare Advantage plans.

Many MA plans will continue to offer their services under the new payment system. The plans that are able to operate efficiently and provide extra value to their enrollees through care coordination will continue to flourish. Indeed, under the reform bill, high-quality MA plans will be able to earn bonus payments, which will encourage these plans to move toward higher quality and better care for their enrollees. If an MA plan chooses to leave the market, people will have choices of other MA plans in their community as well as the choice of a stronger traditional fee-for-service Medicare program to choose from.

The nonpartisan Congressional Budget Office estimates that, under health reform, there will be about 9 million seniors enrolled in Medicare Advantage plans in 2019—not many fewer than the 10.5 million seniors enrolled today.

Q. What if I'm a veteran and get care through the VA? Will my care be cut?

A. Not at all. Veterans' health services have seen historic funding increases under this Congress and care continues to improve. Nothing in health care reform will hurt or change Veterans' health care.

Q. Will there be a shortage of doctors if we're suddenly insuring millions of people who aren't covered now?

A. Health reform expands the number of trained doctors in our country – to ensure that access to doctors is not a problem. These provisions include providing new scholarships, loans, and loan repayment help to help recruit new doctors and nurses into the profession—especially primary care providers. The bill will make sure we are training the right kinds of doctors to meet our needs and provide incentives for them to better coordinate your care. And it will help move us to a system of more computerized medical records to save your time and your doctor's time—as well as money and lives.