

8 Myths About Health Care Reform

And why we can't afford to believe them anymore

By Karen Cheney, July & August 2009, AARP The Magazine

Americans spend more on health care every year than we do educating our children, building roads, even feeding ourselves—an estimated \$2.6 trillion in 2009, or around \$8,300 per person. Forty-five million Americans have no health insurance whatsoever. These staggering figures are at the heart of the current debate over health care reform: the need to control costs while providing coverage for all. As John Lumpkin, M.D., M.P.H., director of the Health Care Group for the Robert Wood Johnson Foundation, says, "There is enough evidence that it is now time to do something and to do the right thing." The key is to focus on the facts—and to dispel, once and for all, the myths that block our progress.

Myth 1: "Health reform won't benefit people like me, who have insurance."

Just because you have health insurance today doesn't mean you'll have it tomorrow. According to the National Coalition on Healthcare, nearly 266,000 companies dropped their employees' health care coverage from 2000 to 2005. "People with insurance have a tremendous stake, because their insurance is at risk," says Judy Feder, a professor of public policy at Georgetown University and a senior fellow at the Center for American Progress, a Washington, D.C.-based think tank. What's more, in recent years the average employee health insurance premium rose nearly eight times faster than income. "Everyone is paying for health increases in some way, and it's unsustainable for everyone," says Stephanie Cathcart, spokesperson for the National Federation of Independent Business (NFIB). "Reform will benefit everyone as long as it addresses costs."

Myth 2: "The boomers will bankrupt Medicare."

If you're looking to blame the rise in health care costs on an aging population, you'll have to look elsewhere. The growing ranks of the elderly are projected to account for just 0.4 percent of the future growth in health care costs, says Paul Ginsburg, president of the Center for Studying Health System Change. So why are health care costs skyrocketing? Ginsburg and others point to all those fancy medical technologies we now rely on (think MRIs and CT scans), as well as our fee-for-service payment system, in which doctors are paid by how many patients they see and how many treatments they prescribe, rather than by the quality of care they provide. Some experts say this fee-for-service payment system encourages overtreatment (see "[Why Does Health Care Cost So Much?](#)" from the July-August 2008 issue of *AARP The Magazine*).

Myth 3: "Reforming our health care system will cost us more."

Think of health care reform as if it's an Energy Star appliance. Yes, it costs more to replace your old energy-guzzling refrigerator with a new one, but over time the savings can be substantial. The Commonwealth Fund, a New York City-based foundation that supports research on health care practice and policy, estimates that health care reform will cost roughly \$600 billion to implement but by 2020 could save us approximately \$3 trillion.

Myth 4: "My access to quality health care will decline."

Just because you have access to lots of doctors who prescribe lots of treatments doesn't mean you're getting good care. In fact, researchers at Dartmouth College have found that patients who receive more care actually fare worse than those who receive less care. In one particularly egregious example, heart attack patients in Los Angeles spent more days in the hospital and underwent more tests and procedures than heart attack patients in Salt Lake City, yet the patients in L.A. died at a higher rate than those in Salt Lake City. (Medicare also paid \$30,000 for the L.A. patients' care, versus \$23,000 for the care of the patients with better outcomes in Salt Lake City.)

Myth 5: "I won't be able to visit my favorite doctor."

Mention health reform and immediately people worry that they will have fewer options—in doctors, treatments, and diagnostic testing. The concern comes largely during discussions of comparative effectiveness research (CER): research on which treatments work and which don't. But 18 organizations in a broad coalition, including AARP, NFIB, Consumers Union, and Families USA, support CER—and believe that far from limiting choices, it will instead prevent errors and give physicians the information they need to practice better medicine. A good example: Doctors routinely prescribe newer and more expensive medications for high blood pressure when studies show that older medications work just as well, if not better. "There is a tremendous value in new technology, but in our health care system we don't weigh whether these treatments work," says Feder. "Expensive treatments replace less expensive ones for no reason."

Myth 6: "The uninsured actually do have access to good care—in the emergency room."

It's true that the United States has an open-door policy for those who seek emergency care, but "emergency room care doesn't help you get the right information to prevent a condition or give you help managing it," says Maria Ghazal, director of public policy for Business Roundtable, an association of CEOs at major U.S. companies. Forty-one percent of the uninsured have no access to preventive care, so when they do go to the ER, "they are most likely going in at a time when their illness has progressed significantly and costs more to treat," says Lumpkin. Hospitals have no way to recoup the costs of treating the uninsured, so they naturally pass on some of those costs to their insured patients.

Myth 7: "We can't afford to tackle this problem now."

We may be in the middle of a recession, but as Robert Zirkelbach, spokesperson for America's Health Insurance Plans, says, "the most expensive thing we can do is nothing at all." If we do nothing, the Congressional Budget Office projects that our annual health costs will soar to about \$13,000 per person in 2017, while the number of uninsured will climb to 54 million by 2019. Already more than half of Americans say they have cut back on health care in the past year due to cost concerns. Roughly one in four of us say we put off care we needed, and one in five of us didn't fill a prescription. Clearly, the urgency is greater now than ever before.

Myth 8: "We'll end up with socialized medicine."

Some experts favor a single-payer system similar to Medicare or the health program offered to federal-government employees. Yet all the proposals being discussed today would build on our current system, Feder says—which means that private insurers and the government are both likely to play roles. Says Lumpkin: "There are many ways to solve our health care problem, but we will come up with a uniquely American solution, and that solution will be a mixed public and private solution."

Karen Cheney is a Philadelphia-based writer who specializes in money and health care issues.

For black-and-white reprints of this article call 866-888-3723.