

Anyone who has read a newspaper, seen a television report or attended a health care reform event has to be amazed at some of the outrageous, bizarre and just off-the-charts lies being spouted about health care reform.

Health care reform, according to the ranters and ragers, will make private insurance illegal, socialize medicine, convene death panels to kill grandma and give undocumented aliens Mayo Clinic quality care. And those are just a few of the delusional claims.

The group Media Matters identified some of the most cited health care reform myths and lies that opponents are spreading. Here are a few:

**HEALTH CARE REFORM
WILL IMPOSE RATIONING**

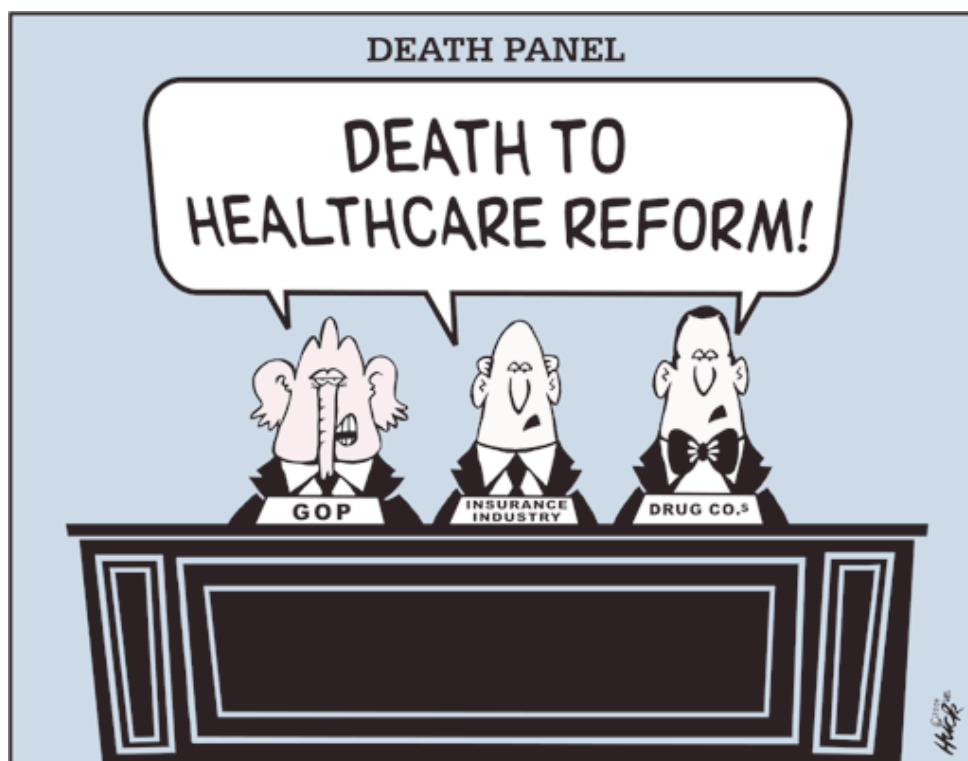
CLAIM: Progressive health care reform proposals will introduce a system of “rationing” into American medicine.

REALITY: Insurance companies already ration care. Insurance companies acknowledge that they ration care, restricting coverage of procedures and tests like MRIs and CAT scans and denying coverage for pre-existing medical conditions. Insurance companies also ration care by rescinding coverage. As former senior executive at CIGNA health insurance company Wendell Potter explained in June 24 Senate testimony, insurance companies restrict or deny coverage by rescinding health insurance policies on the grounds that people had undisclosed pre-existing conditions.

**HEALTH CARE REFORM
PROVIDES FOR EUTHANASIA, “DEATH PANEL”**

CLAIM: House health care reform bill mandates end-of-life counseling that will pressure seniors to end their lives.

REALITY: Advance care planning is not mandatory in the House health care bill. Section 1233 of America’s Affordable Health Choices Act of 2009 — which includes “Page 425” — amends the Social Security Act to ensure that advance care planning will be covered if a patient requests it from a qualified care provider. According to an analysis of the bill produced by the three relevant House committees, the section “[p]rovides coverage for consultation between enrollees and practitioners to discuss orders for life-sustaining treatment. Instructs CMS to modify ‘Medicare & You’ handbook to incorporate information on end-of-life planning resources and to incorporate measures on advance care planning into the physician’s quality reporting initiative.”



Myths About Health Care Reform

**HEALTH CARE REFORM LEGISLATION WILL
COVER UNDOCUMENTED IMMIGRANTS**

CLAIM: Under health care reform, you will be denied care, and it will be given to undocumented immigrants instead.

REALITY: House bill stipulates that those “not lawfully present” may not receive subsidies to purchase insurance. And the Senate bill excludes those “not lawfully present” from federal funding.

**HEALTH CARE REFORM WILL
RAISE YOUR TAXES**

CLAIM: Health care reform would be funded by broad-based tax increases.

REALITY: The surtax in House bill applies only to income exceeding \$350,000 per year for joint filers. The House health care legislation would establish a 1 percent tax on joint income exceeding \$350,000 but not greater than \$500,000 per year; a 1.5 percent tax on joint income exceeding \$500,000 but not greater than \$1 million per year; and a 5.4 percent tax on joint income ex-

ceeding \$1 million per year. Single filers would be subject to the surtax starting at income exceeding \$280,000 per year.

**HEALTH CARE REFORM WOULD
TAX ALL SMALL BUSINESSES**

CLAIM: House Democrats’ bill would subject all small businesses to an 8 percent payroll tax as a penalty for not providing insurance to employees.

REALITY: Companies with annual payrolls of less than \$250,000 would pay no penalty under the House bill. The House bill would establish a 2 percent payroll penalty for employers with combined payroll between \$250,000 to \$300,000 that don’t offer health insurance to employees; a 4 percent penalty for employers with \$300,000 to \$350,000 in payroll; a 6 percent penalty for employers with \$350,000 to \$400,000 in payroll; and an 8 percent penalty for companies with annual payrolls exceeding \$400,000. Additionally, the bill establishes tax credits for small-business employers that do provide health care.

**OBAMA, DEMS PUSHING
“SOCIALIZED MEDICINE”**

CLAIM: Health care reform proposals are socialist and will lead to socialized medicine.

REALITY: Conservatives have trotted out “socialized medicine” smear for 75 years — and it’s never been true. Numerous conservative media figures have revived the “socialized medicine” smear to undermine the efforts of Obama and congressional Democrats, most recently by promoting Ronald Reagan’s 1961 attacks on a legislative precursor to Medicare. But as the Urban Institute wrote in an April 2008 analysis, “socialized medicine involves government financing and direct provision of health care services,” and therefore, recent progressive health-care reform proposals do not “fit this description.” The analysis also noted: “Similar rhetoric was used to defeat national health care reform proposals in the 1990s and, with less success, to argue against the creation of Medicare in the 1960s.” Indeed, a Media Matters for America analysis found that dating as far back as the 1930s — with respect to at least 16 different reform initiatives including President Franklin D. Roosevelt’s consideration of government health insurance when crafting the 1935 Social Security bill; President Lyndon Johnson’s 1965 legislation establishing Medicare; and the health-care initiative by President Bill Clinton and first lady Hillary Clinton in 1993 and 1994 — conservatives have attempted to smear those proposals by calling them “socialized medicine” or a step toward that purportedly inevitable result.

**GOVERNMENT CAN’T RUN A
HEALTH CARE PROGRAM**

CLAIM: Medicare has failed, and so the government can’t be trusted to “run health care.”

REALITY: Medicare costs have risen more slowly than private insurance. As Nobel Prize-winning economist Paul Krugman noted, “since 1970 Medicare costs per beneficiary have risen at an annual rate of 8.8 percent — but insurance premiums have risen at an annual rate of 9.9 percent. The rise in Medicare costs is just part of the overall rise in health care spending. And in fact Medicare spending has lagged private spending: if insurance premiums had risen ‘only’ as much as Medicare spending, they’d be 1/3 lower than they are.”

Medicare is extremely popular. A May 2009 Commonwealth Fund study concluded that “elderly Medicare beneficiaries reported greater overall satisfaction with their health coverage, better access to care, and fewer problems paying medical bills than people covered by employer-sponsored plans.”

— from blog.aflcio.org and MediaMatters.org

For job with State of Oregon

SEIU’s Crider leaves organized labor

Lynn-Marie Crider, policy director for Portland-headquartered Service Employees International Union (SEIU) Local 49, has left organized labor to work as policy analyst for Office for Oregon Health Policy and Research (OHPR). OHPR is a state agency that is developing a plan for comprehensive health coverage. The new job began Sept. 1.

“I made a decision that I wanted to be working full-time on health care reform,” Crider told the Labor Press. “The Legislature has said we want to provide

affordable high-quality health care to all Oregonians, and that’s something I totally believe in.”

Budget reductions at Local 49 were also a factor in Crider’s decision to apply for the job.

Crider, 56, has spent most of the last 27 years working for the labor movement as a lawyer, researcher, organizer, and negotiator.

“It would be nice if labor relations was not as legalistic as it is, but it is, so there’s no way that a trade union can

function without having legal expertise,” Crider said. “I was usually the legal expertise part of the team.”

With a bachelor’s degree from University of Oregon and a law degree from Yale University Law School, Crider was first hired in 1982 as staff attorney for the Western Region of the International Woodworkers of America, which later merged into the Machinists Union. She later worked a year for a legislative labor committee, and five years at the Workers Compensation Board, before joining



She next joined then-president Tim Nesbitt at the Oregon AFL-CIO as research and education director in 2000. Crider says some of the work she’s most proud of was at the state labor federation — educating affiliates about the harm done by NAFTA-style trade treaties and the World Trade Organization.

“We figured out how to speak more

SEIU Local 503 (Oregon Public Employees Union) as legal counsel in 1995, and SEIU 1199 in Washington in 1998 as a organizer.

coherently about really complex trade issues and explain what difference it made for working people, and why we should care,” Crider said.

She went to work for SEIU Local 49 in 2004. Local 49 represents over 4,000 hospital workers, and there, Crider authored reports on hospital pricing practices, overbuilding, and market domination. She testified before state and local government bodies, and in general helped keep the pressure on hospitals to live up to their charitable mission. And she served as a labor representative on the Finance Committee of the Oregon Health Fund Board.

“We don’t think of [Crider’s departure] as a loss to us,” said Local 49 Political Director Felisa Hagins. “We think of it as a gift to the State of Oregon.”