Q: Republicans claim reform will cost trillions. But Democrats say we can’t afford not to act. Who’s right?
- Right now, America spends twice what other nations spend on health care for each citizen, but ranks last in preventing deaths. We spend $2.2 trillion nationally on health care each year, and without reform, that number will nearly double in the next 7 years.
- If we don’t act, 14,000 Americans will lose their coverage today and every day.
- The growth of health care spending is on an unsustainable course for Americans both nationally and personally.
- The Patient Protection and Affordable Care Act will reduce costs and will include targeted revenue increases focused on those who gain most from the reforms.

Q: Republicans claim we’re cutting Medicare. Democrats claim that isn’t true. Who’s right?
- The Patient Protection and Affordable Care Act will cut overpayments to private insurance companies participating in the Medicare Advantage system. Those companies pocket more than $12 billion in overpayments every year. And every American taxpayer subsidizes those companies’ profits.
- However, The Patient Protection and Affordable Care Act does not cut ANY guaranteed Medicare benefits. In fact, it actually increases benefits. The Patient Protection and Affordable Care Act will provide Medicare beneficiaries with a free yearly physical and free preventive care, decrease the cost of brand-name drugs, and work to fill in the donut hole.
- Republicans have consistently been wrong on seniors’ issues — they opposed Medicare and Social Security at the beginning and have spent decades working to dismantle the programs seniors need and like the most.

Q: The majority of Americans have health insurance, can afford it, and are happy with their doctor. Why do we need to “fix” the system?
- The Patient Protection and Affordable Care Act builds on what works and fixes what is broken, meaning that if you are happy with your current health insurance, you can keep it.
- Right now, the health care system is unsustainable for American families, American businesses, and federal programs like Medicare. Millions of Americans are one illness, unexpected catastrophic event, or job loss away from losing the coverage they have today.
- Premiums are skyrocketing and thousands of Americans are losing their health insurance every day.
- All Americans pay an additional $1,100, on average, in premiums because the current system leaves so many Americans uninsured.
- The Patient Protection and Affordable Care Act will lower costs for Americans and make health care an affordable option, not a luxury purchase.
Q: Democrats claim we will be able keep our health care coverage if we like it but Republicans say we won’t. Who’s right?

✓ A large number of Americans are happy with their doctor and with their coverage and no one will take away coverage from millions of Americans who are happy with their doctors.
✓ The Patient Protection and Affordable Care Act protects existing coverage, and encourages employers to maintain it. The Patient Protection and Affordable Care Act builds upon the private insurance market; it doesn’t dismantle it.
✓ Americans who are not satisfied with their current coverage will have new choices, and competition in the market will create stable health care options for all Americans.

Q: The President and Democrats argue that employers should be required to provide insurance. Republicans claim that such a move would force companies out of business. Who’s right?

✓ Health reform that reduces costs and provides choice to employers and their employees means share responsibility on the part of individuals, employers, the federal government, states, and providers. When it comes to employer responsibility, many employers, including Wal-Mart, agree with this approach.
✓ Companies shouldn’t be able to get a leg up on competitors simply by eliminating or reducing health insurance coverage for their employees.
✓ For Americans who like their coverage and want to keep it, the Patient Protection and Affordable Care Act will help ensure they can.
✓ Not only is this idea good for employees, it also helps employers because it puts businesses on a level playing field.
✓ The Patient Protection and Affordable Care Act will not burden small businesses; in fact, they will receive tax credits to assist with the cost of offering their employees health benefits.

Q: What are politicians talking about when they refer to ‘bending the cost curve’?

✓ Bending the cost curve means slowing the out-of-control growth in medical spending.
✓ That means making sure the entire health system spends less.
✓ We can do this by making care more efficient and creating incentives for prevention and wellness so people don’t get sick in the first place and won’t have to rely on costly forms of treatment like visiting the emergency room.
✓ We can also invest in health information technology to help coordinate care and reduce health care costs.

Q: Republicans claim medical malpractice reform is necessary to reform the system. Why aren’t Democrats considering this as a part of their reform?

✓ Malpractice claims represent only one-fifth of one percent of health care costs.
✓ Not one of the 46 states that have enacted medical malpractice reform has lowered health care costs.
✓ Republicans’ insistence on including medical malpractice in health reform is a red herring – they have no intention of supporting this reform and are looking for excuses not to vote for it.

Q: Are Democrats proposing to cover illegal aliens?

✓ No - only legal residents of the United States will receive premium tax credits and cost-sharing reductions under the Patient Protection and Affordable Care Act.

Q: Will Federal funds go to Abortion under the bill?

✓ The Patient Protection and Affordable Care Act will continue the current practice that NO federal funds can be used to pay for abortions beyond those currently allowed under federal law – that is in cases of rape, incest, or when the life of the mother is in jeopardy.
Q: Does the bill mandate abortion coverage?
✓ The Patient Protection and Affordable Care Act does not require coverage of abortions in the Exchange and requires private plans, if they choose to cover abortion services, to use only private premium dollars to pay for those services. Those funds must be kept separate from federal, taxpayer dollars, and be fully accounted for.
✓ The Patient Protection and Affordable Care Act will NOT require the Community Health Insurance Option to cover abortion services beyond those currently allowed under federal law (rape, incest, and life endangerment). In fact, the bill will NOT allow the Secretary to make the determination to include coverage of abortions in the Community Health Insurance Option unless it can be determined, in accordance with three sets of accounting standards, that no federal funds would be used for this purpose and the US Government would not bear the risk for this service.
✓ The Patient Protection and Affordable Care Act also includes conscience protections that allow health care providers and health care facilities, including those like Catholic hospitals, to make decisions about whether or not to provide, pay for, provide coverage of or refer for abortions without having to worry that their decision will shut them out of insurance provider networks. No Catholic hospital will be forced to provide abortions.

Q: How will the public plan work? And why isn’t a public plan the first step to a government-run health care system?
✓ Americans who purchase health insurance through the Exchange will have the option of selecting health coverage from a publically-run plan, called the Community Health Insurance Option.
✓ The Community Health Insurance Option will be offered through the health insurance Exchange and would compete on a level playing field with private insurance plans. This competition will help reduce costs and improve services.
✓ Premiums for the public option will be competitive because the plan will be free from significant administrative costs, such as marketing, advertising, executive salaries, and profits, that many private plans have.
✓ The public plan is NOT a government takeover of insurance. It’s just another option for Americans who find themselves without coverage. No one will be forced to enroll in the public option.

Q: How will the health insurance Exchanges work?
✓ A health insurance Exchange creates a more organized and competitive marketplace for health insurance where individuals, families, and employers can turn for increase health care choices at affordable prices.
✓ An Exchange lets you have control over your health coverage – you’ll have a choice on what type of insurance you want. And health insurance companies will compete for your business.
✓ This means that if your employer doesn’t offer insurance, you will be able to shop around and find the plan that best fits your needs.

Q: What’s a single-payer system and why isn’t the Senate considering that?
✓ A single-payer system is when the government pays doctors, hospitals and other care providers from a single entity, like a government agency or fund.
✓ The Senate isn’t considering that because we don’t want government to dominate the health care industry. We want to increase competition in the marketplace, not eliminate it.

Q: Republicans say health insurance reform will impose a new tax on Americans. Is that true?
✓ Right now, Americans pay a hidden tax over $1,100 because of a flawed and broken system. By requiring everyone to have health insurance, this legislation will combat that tax.
✓ The Patient Protection and Affordable Care Act is a net tax cut for low and middle income families. In fact, many families will see an increase in wages as employers make more responsible health insurance choices.