

What we've been told about the Patient Protection & Affordable Care Act vs. THE TRUTH

1.) ***“Contrary to some reports, the law does not reduce Medicare benefits.”*** WHAT IS THE TRUTH?

Medicare's Chief Actuary Richard Foster stated in his analyses of the Patient Protection & Affordable Care Act (PPACA) that:

- a.) Medicare fees will fall below Medicaid rates by 2019 and fall further and further behind private payment rates in future years.
- b.) Medicare spending will be cut by \$575 billion will over the next decade.
- c.) 7½ million members of Medicare Advantage plans will lose their coverage and another 7½ million members will face higher premiums and benefit cuts. Remember that the President said “If you like your plan, you can keep your plan.”
- d.) About one in seven facilities — hospitals, skilled nursing facilities, home health agencies and hospices will become unprofitable and possibly drop out of Medicare altogether.
- e.) Many doctors will quit seeing Medicare patients entirely, as the Mayo Clinic has already done in Arizona.
- f.) The report also states that **\$818 billion will be cut from Medicare Part A from 2014-2023, and \$3.2 trillion over the first 20 years, 2014-2033. Adding in the cuts for Medicare Part B brings the total cut to \$1.05 trillion over the first 10 years and \$4.95 trillion over the first 20 years”**.

Furthermore, Richard Foster told the Associated Press on September 13th, 2010 that: ***“The White House does not provide a meaningful or accurate indication of the effect of the health care law”***

He further stated that: ***“The amounts quoted in the White House blog are not meaningful and cannot be used to calculate the change in health expenditures per insured person,”***

To read Richard Foster's complete analysis of the PPACA visit the following web link. Hosted by the New York Times:

<http://graphics8.nytimes.com/packages/pdf/health/oactmemo1.pdf>

2) ***“The law ensures no Government bureaucrat interferes with doctor patient decisions”*** WHAT IS TRUE?

The PPACA provides more than \$60 Billion for the implementation of 159 boards & agencies that control health care decisions. In addition to these regulatory agencies, an “Independent Payment Advisory Board” (not doctors) has now been established to determine what medical services will and will not be covered. This panel has unprecedented powers. In fact, in order to override decisions made by this panel, a Super majority of 67 votes in the Senate is needed. More concerning is the recent appointment of Dr. Donald Berwick as head of the Centers for Medicaid & Medicare services.

Dr. Berwick stated: ***“The decision is not whether or not we will ration health care—the decision is whether we will ration with our eyes open.”*** He also stated ***“I am romantic about Britain's National Health Service; I love it. The NHS is not just a national treasure; it is a global treasure.”***

Britain's NHS system is now rationing cancer treatment, medications & many other medical services due to widespread patient neglect & fiscal insolvency: <http://www.telegraph.co.uk/health/7908742/Axe-falls-on-NHS-services.html>

For a complete list of the 159 new Federal Agencies established under the PPACA which will cost tax payers an additional \$60 Billion to implement visit: <http://www.saveyourrights.com/government-control/the-new-labyrinthine-bureaucracy-of-obamacare-159-new-ones-to-streamline-and-decrease-cost-of-healthcare/>

For more about Dr. Donald Berwick visit: <http://www.sbisvcs.com/Brochures/Freedom-HealthPresentation.ppt>

3.) ***“This legislation will not increase Taxes on those earning under \$200,000 a year”*** WHAT IS THE TRUTH?

According to the Joint Committee on Taxation (Congress's official scorekeeper). **Taxpayers earning less than \$200,000 a year will pay roughly \$3.9 billion more in taxes in 2019 alone** due to the “Patient Protection & Affordable Care” Act. The new law raises \$15.2 billion over 10 years by limiting the medical expense deduction, a provision widely used by taxpayers who either have a serious illness or are older. Taxpayers can currently deduct medical expenses in excess of 7.5 % of their adjusted gross income. Starting in 2013, most taxpayers will only be able to deduct expenses greater than 10 percent of AGI. Older taxpayers are hit by this threshold increase in 2017. Once the law is fully implemented in 2019, the JCT estimates the deduction limitation will affect 14.8 million taxpayers — 14.7 million of them will earn less than \$200,000 a year.

To read the Joint Committee on Taxation's report visit: <http://www.jct.gov/publications.html?func=startdown&id=3672>

For a complete list of all the new taxes coming under the PPACA listen to Barron's #1 rated Financial Advisor & Syndicated Chicago Radio talk show host Ric Edelman: http://www.youtube.com/watch?v=REpjHpshwvU&feature=player_embedded

4.) ***“If you like your plan, you can keep your plan”*** WHAT IS THE TRUTH?

The White House now estimates that 51 % of employer sponsored health insurance plans will now be subject to new federal requirements, therefore losing their “grandfathered status” <http://abcnews.go.com/Politics/wireStory?id=10890753> In addition, the Medicare Office of the Actuary states that about 7.4 million people who would have been enrolled in Medicare Advantage plans in 2017 **will lose their coverage completely**. Read “How Seniors Will Pay for Health Care Reform” in the September 23rd issue of the Wall Street Journal <http://online.wsj.com/article/SB10001424052748704129204575505804034634066.html>

For more information about the PPACA visit www.TRUTHaboutObamaCare.com