Frequently Asked Questions About Health Care Reform

Q: Why does the American Heart Association (AHA) support health care reform?
A: The final health reform law will make care more available and affordable for millions of people with heart disease and stroke who are uninsured or who have inadequate coverage. While the new law certainly isn't perfect, we believe it makes a number of important improvements to the current health care system that we can build on in the years to come. The AHA has long recognized that the current healthcare crisis in the United States threatens our central mission of building healthier lives, free of cardiovascular disease and stroke. The reform law preserves what works in our current health care system; includes an important and long overdue emphasis on preventing illness; and will help to improve the quality of care that everyone receives. The law also includes important new consumer protections to ensure that health plans meet their obligations to pay for needed care.

Q: Will health care reform lead to a “government takeover” of health care or result in “socialized medicine,” as some claim?
A: No. The final law preserves our nation’s current employer-based private health insurance system, with public programs such as Medicare and Medicaid continuing to be available as a safety net for older, disabled and low-income Americans. The new law will rely on private health plans to deliver coverage through new health insurance exchanges. The “government takeover” concern was largely based on the public health insurance option that some Members of Congress wanted to make available. However, the public option was not included in the final legislation.

Q: Will health reform lead to rationing of care, as some have said?
A: No. This concern is based on provisions in the law that authorize “comparative effectiveness research.” This research will evaluate which drugs or other treatments work best for different medical conditions and different patients. The American Heart Association supports this research because it will provide doctors and their patients with more and better information to help them decide the best course of treatment. Ultimately, however, doctors and patients – not insurance companies or the government – will decide what treatment is best.

Q: Will I be able to keep my current health insurance coverage if I want to?
A: Yes. If you currently have health insurance coverage and you like that coverage, you’ll be able to keep it. Most Americans who are currently insured receive their coverage through their employer and two-thirds of them are satisfied with that coverage.

Q: Why don’t Members of Congress have to get their insurance coverage under this new law?
A: The new law requires that Members of Congress get their health insurance coverage through the state-based health insurance marketplaces, called exchanges. In other words, Members of Congress will have the same choices of private coverage that other Americans are being given under the reform law.

Q: Why does the American Heart Association support a requirement for individuals to obtain health insurance coverage?
A: The American Heart Association supports the principle of individual responsibility, provided that the coverage is made affordable. Under health care reform, insurance plans will no longer be able to deny coverage to those with preexisting conditions or charge them higher premiums because of their medical needs, which will help tremendously in making coverage available and affordable for heart disease and stroke patients. In return, however, individuals can’t be allowed to wait until they have an accident or develop a chronic condition to sign-up for insurance. This would make insurance unaffordable for everyone. If we require insurers to cover everyone – regardless of their health status – we need to be sure that there are healthy individuals in the insurance pool to balance the high costs of sicker patients.

Q: Will the health care reform law mean that I will pay more if I have good coverage now?
A: The goal of health care reform is to make health care more affordable for individuals and families as well as for our nation. Americans pay more for our health care than any other country, in part because we are covering the uninsured in a very inefficient way after they get sick and seek care at an emergency room. Some estimate that individuals with insurance pay up to $1,100 more per year through higher premiums and taxes because of uncompensated care received in public hospitals and emergency rooms. The exact impact of reform on the cost of your insurance premiums will depend on what type of coverage you have and on your particular circumstances. However, the non-partisan Congressional Budget Office has estimated that for most Americans (who get their coverage from large employers), premiums will be up to 3 percent lower in 2016, relative to current law.

Q: Why should I care about health care reform if I already have insurance coverage and like what I have?
A: Most importantly, health reform will provide American families with peace of mind that they will always have access to quality, affordable coverage, even if they lose their job, switch jobs, or move. Reform will also ensure that insurance companies can no longer cancel your insurance if you get sick or put annual or lifetime limits on the coverage for which you've been paying. And reform will help to get a handle on rising health care costs so that insurance is affordable in the future.

Q: What does health reform mean for Medicare beneficiaries?
A: The reform law will improve coverage for Medicare beneficiaries and improve the quality of care they receive. For example, the new law would close the coverage gap (or “doughnut hole”) in prescription drug coverage that 8 million Medicare beneficiaries currently face. It would also eliminate cost-sharing for preventive services in Medicare and add a new annual wellness exam to Medicare, beginning next year. While steps will be taken to reduce waste, fraud and abuse in Medicare, the new law would not cut Medicare benefits or increase seniors’ out-of-pocket Medicare costs nor would it deny seniors end-of-life care.

Q: I’ve heard that health reform will cost nearly $1 trillion – is this true?
A: The final health reform law would cost approximately $940 billion – but it’s important to note that this cost is over a 10-year period and it is fully paid for so that it won’t add to our national debt. In fact, the non-partisan Congressional Budget Office has found that the law will actually help reduce the federal budget deficit by $143 billion in the first decade following enactment. The cost estimate also doesn’t take into account the private savings that would result from health reform through such provisions as improved care coordination and a greater emphasis on preventing disease. Finally, we need to consider the cost of inaction. Without reform, costs are projected to continue to escalate, 16 million more Americans are projected to lose their coverage over the next decade, and millions more will have their out-of-pocket health costs rise substantially.

Q. Will health care reform provide coverage to illegal immigrants?
A. The final health reform law does not extend coverage to illegal immigrants. The American Heart Association remains committed to improving the cardiovascular health of all U.S. residents, including undocumented individuals. As a society we are already paying a high cost for ignoring the health care needs of these individuals (through higher emergency department utilization, preventable and avoidable hospitalizations and the associated costs of untreated cardiovascular disease).

Q. When will the changes made by the health care reform law occur?
A. Some important protections and changes will take effect in 2010: For example, private health plans will no longer be allowed to deny coverage to children with pre-existing conditions, to drop people from their coverage when they get sick, or impose lifetime caps on care, beginning in September. Also beginning this year, the smallest employers will be eligible for tax credits to help make it affordable to offer coverage to their employees, Americans who are uninsured due to a pre-existing condition will be able to get access to insurance through temporary high-risk pools, and Medicare beneficiaries impacted by the prescription drug “doughnut hole” will get some immediate relief. Beginning in 2014, state-based private health insurance exchanges will be available to provide affordable coverage to those who currently must rely on individual or small-group insurance and many of the other reforms also begin in 2014.