

# Important Facts for Senior Citizens

## *Health Care Reform Improves Medicare, Lowers Drug Costs*

Medicare benefits will not be cut in any way under reform. If you have Medicare, you will continue to receive coverage and choose your doctor as you do today. The proposal does save money in Medicare by reducing increases in payments for hospitals, but hospitals have agreed that these reductions are reasonable.

AARP, the primary advocate for retired people, supports the legislation being considered by the House of Representatives and has stated that it “would make great strides for all of our members and their families.”

Specifically, the health care reform improves Medicare:

- Maintains coverage under Medicare exactly as it is today
- Protects access to the doctor of your choice
- Phases out the “donut hole” in the Medicare prescription drug benefit where drug costs are not reimbursed, potentially saving senior citizens thousands of dollars a year.
- Eliminates co-payments and deductibles for preventive services under Medicare.
- Improves the low-income subsidy programs to help Medicare beneficiaries pay premiums and cost-sharing.
- Computerizes medical records so senior citizens won’t have to take the same test over and over or relay their entire medical history every time they see a new provider.

**FALSE CLAIM:** *The health care reform proposal promotes euthanasia, and requires seniors to participate in end of life meetings with government agents.* This is False.

**FACT:** There has been a lot of awful misinformation about this issue. Under current law, hospitals are required to inform patients of their rights under state laws to develop a living will or advance directive regarding their medical care. If you wish to speak with your doctor about living wills and advanced directives and the treatment options that may be part of having them, the health care reform proposal simply allows Medicare to pay for that appointment. This would be **purely voluntary**, and patients do not need to have this consultation with their doctor if they do not wish to do so. The AARP strongly supports the provision, saying, “This measure would not only help people make the best decisions for themselves, but also better ensure that their wishes are followed. To suggest otherwise is a gross, and even cruel, distortion—especially for any family that has been forced to make the difficult decisions on care for loved ones approaching the end of their lives.”