

Researched by Christine Gates directly from Health Care bill, HR3200. Email: abcgates@gmail.com

HR 3200 currently under consideration in the House of Representatives:

Pg 22 of the Health Care Bill MANDATES the Government will “study”/audit the books of ALL employers that self insure. **TRUE** This bill will allow the gov’t delve into the financial records of private businesses who choose to opt-out of the public insurance program and want to keep their private insurance. See the comments of pages 22-23 for more.

Pg 22-23 lines 23-25, line 1-3 Goal is to move everyone to public plan. **TRUE** To audit “not provide incentives for small and mid-size employers to self-insure” and will include “any recommendations the Commissioner deems appropriate...”. This is merely one example.

Pg 29 lines 4-16 - Health care is rationed. **TRUE** “ANNUAL LIMITATION” is the heading to the section. Limitations are not unlimited spending, and therefore limitations are set. The text reads, “The cost-sharing incurred under essential benefits package with respect to an individual (or family) for a year does not exceed the applicable level specified in subparagraph (B).”

Pg 30 Sec 123 - A government committee decides treatments/benefits **TRUE** See pages 42, 84-85. As individuals are assigned into the public plan, the government’s Health Choices Commissioner decides what level of care you will receive.

Pg 42 - The Health Choices Commissioner will choose the benefits for you-- ~~no choice~~ **TRUE** The Health Choices Commissioner will decide at what level of care you will receive (basic, enhanced, premium, or premium-plus). There are 4 levels of benefits available in the public option, but you do not decide which you receive. See pages 30, 84-85.

Pg 50-51 Section 152 in HC Bill - HC will be provided to ALL non-U.S. citizens, illegal or otherwise **TRUE** The text reads, “all health care and related services (including insurance coverage and public health activities) covered by this Act shall be provided without regard to personal characteristics extraneous to the provision of high quality health care or related services.”

Pg 58 lines 5-15 HC Bill – Government will have real-time access to individual’s finances and a National ID Health Care Card will be issued. **TRUE** Text reads, “(D) enable the real-time (or near real-time) determination of an individual’s financial responsibility at the point of service..., which may include utilization of a machine-readable health plan beneficiary identification card; (E) enable, where feasible, near real-time adjudication of claims;”

Pg 58-59 HC Bill lines 21-24 Government will have direct access to banks accounts for electronic funds transfer. Does not mention who will have this authority. **TRUE** Text reads, “(A) ...expand, as needed,... (C) enables electronic funds transfers, in order to allow automated reconciliation with the related health care payment and remittance advice;”

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Pg 65 Sec 164 is a payoff subsidized plan for retirees and their families ~~in unions and community organizations such as ACORN~~ **TRUE** While unions and ACORN are not listed or prohibited in the language of the bill, only non-profits and state agencies are permitted to participate.

Pg 72 Lines 8-14 Government is creating a Health Care Exchange to bring private health care plans under government control. **TRUE** see also pages 735, 757

Pg 84 Sec 203 HC Bill - Government mandates ALL benefit packages for private health care plans in the Exchange. **TRUE** Text reads, "The [Health Choices] Commissioner shall specify the benefits to be made available under Exchange-participating health benefits plans during each plan year,..." See also pages 30, 42, 85.

Pg 85 Line 7 HC Bill - Specifies benefit levels for plans, the government will ration health care. **TRUE to a certain extent.** There will be three levels of care "(A) Basic, Enhanced, and Premium Plans" but the bill in subparagraph (B) describes a fourth option, Premium-Plus Plan, with this text "Standards for additional benefits that may be offered,..." All plans will not be the same, and all plans will not be as good as Congress's medical plan. See pages 30, 42, 84. If you want the Premium-Plus plan, it may not be offered to you.

Pg 91 Lines 4-7 HC Bill - Government mandates culturally and linguistically appropriate services. **TRUE** see also page 914. The culture and language will be determined by the demographics of the areas and needs.

Pg 95-96 HC Bill Lines 8-18 The government will use groups ~~i.e., ACORN & AmeriCorps~~ to sign up individuals for government Health Care Plan. **TRUE, but ACORN is not listed.** Open to non-profit community groups and state agencies. While unions and ACORN are not listed or prohibited in the language of the bill, only non-profits and state agencies are permitted to participate.

Pg 102 Lines 12-18 HC Bill - Medicaid Eligible Individuals will be automatically enrolled in Medicaid. No choice. **TRUE** "an individual who is described in section 202(d)(3) and has not elected to enroll in an exchange-participating health benefits plan is automatically enrolled under Medicaid." **QUESTION: If an individual belongs to a non-participating plan (i.e., not approved by the Secretary and Commissioner), they're choice to remain in that plan is taken away with this bill. Where is the choice in "has elected not to enroll" and will be "automatically enrolled"?**

Pg 124 lines 24-25 HC No company can sue the government for price fixing. No "judicial review" against government monopoly. **TRUE** "(f) LIMITATIONS ON REVIEW – There shall be no administrative or judicial review of a payment or methodology..." **QUESTION: Don't American's have the Constitutional right to the redress of grievances with our government?**

Pg 127 Lines 1-16 HC Bill - Doctors/ #AMA - the government will tell you what you can make. **TRUE** see also page 241. Text describes Preferred and Participating physicians and their fee differences. Lines 6-8 "(A) PREFERRED PHYSICIANS. – Those physicians who agree to accept the payment rate established under

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section 223 (without regard to cost-sharing) as the payment in full. (B) PARTICIPATING, NON-PREFERRED PHYSICIANS. – Those physicians who agree not to impose charges... that exceed the ratio permitted under section 1848(g)(2)(C) of the Social Security Act.”

Pg 144-145 Line 15-17 An employer MUST auto-enroll employees into public opt plan, if there is other plan offered. **TRUE** Plan must be within the Exchange-participating plans (gov't approved). If the insurance plan is not recognized by the Exchange, then there will be a fee / tax imposed on both the employee and employer and the provider. See page 148-149, regarding prohibition of auto-enrollment in private insurance plans.

Pg 146-147 Lines 22-25, 1-13 Employers MUST pay for health care for part-time employees AND their families. **TRUE** (A)(B) proportioned employer contribution determined either by average weekly hours, or minimum hours set by the Commissioner.

Pg 148-149 Lines 20-25,1-11. Employers may not auto-enroll employees in private health care plans. **TRUE** See page 144-145, and remember that employers MUST auto-enroll employees in the public plan if they are eligible.

Pg 149 Lines 16-24 ANY Employer w/ payroll \$400k and above who does not provide public option health care pays 8% tax on all payroll. **TRUE**

Pg 150 Lines 9-13 Businesses with payroll between 251k and 400k who do not provide public opt pays 2-6% tax on all payroll. **TRUE**

Pg 167-169 Lines 18-23 section 312 ANY individual who doesn't have acceptable health care according to government will be taxed 2.5% of income. **TRUE** *QUESTION: As pg. 167 states there will be a tax on individuals who don't have insurance. 2.5% of \$35,000 is only \$875. Does that mean an individual would be covered when that is paid? or is it merely punitive??* The tax seems not to cover individuals. This is an IRS law change, see page 167, Lines 5-19 “TITLE IV – AMENDMENTS TO INDIVIDUAL REVENUE CODE OF 1986. Subtitle A – Shared Responsibility. Part 1 – INDIVIDUAL RESPONSIBILITY.” “PART IV - HEALTH CARE RELATED TAXES.” “SEC. 59B. TAX ON INDIVIDUALS WITHOUT ACCEPTABLE HEALTH CARE COVERAGE.” “I Lines 20-22 “(a) TAX IMPOSED. - “In the case of any individual who does not meet the requirements of subsection (d) at anytime during the taxable year, there is hereby imposed a tax equal to 2.5 percent....” of modified adjusted gross income or gross income specified in section 6012(a).

Pg 170 Lines 1-3 Any NONRESIDENT Alien is exempt from individual taxes (~~Americans will pay~~). **TRUE** Text reads, “(2) NONRESIDENT ALIENS – Subsection (a) shall not apply to any individual who is a nonresident alien.” More common language from above show from where context of the language. This is an IRS law change, see page 167, Lines 5-19 “TITLE IV – AMENDMENTS TO INDIVIDUAL REVENUE CODE OF 1986. Subtitle A – Shared Responsibility. Part 1 – INDIVIDUAL RESPONSIBILITY.” “PART IV - HEALTH CARE RELATED TAXES.” “SEC. 59B. TAX ON INDIVIDUALS WITHOUT ACCEPTABLE HEALTH CARE COVERAGE.”

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Pg 195 Officers & employees of HC Admin (GOVT) will have access to ALL Americans' financial and personal records. **TRUE** Via the IRS, they access: taxpayer identity, filing status, adjusted gross income, # of dependents, and "such other information as is prescribed by the Secretary...."

Pg 203 Line 14-15 HC - "The tax imposed under this section shall not be treated as tax." **TRUE** **QUESTION: What does it mean??** See contradictory statement that fees are consider taxes on page 834 lines 11-13 "For purposes of subtitle F, the fees imposed by this subchapter shall be treated as if they were taxes."

Pg 239 Line 14-24 Government will reduce physician services for Medicaid. Seniors, low income, poor affected. **TRUE** This is retroactive to Jan. 1, 2009 (ex post facto laws, such as this, are completely UNCONSTITUTIONAL).

Pg 241 Line 6-8 Doctors, it does not matter what specialty you have, you'll all be paid the same. **TRUE** Text reads, "Service categories... apply without regard to the specialty of the physician furnishing the service."

Pg 253 Line 10-18 Government sets value of doctors' time, professional judgment, etc-- literally value of humans **TRUE** Text reads, "(i) IN GENERAL – The Secretary shall establish a process to validate relative value...." In context, the relative value of service "units" given to patients.

Pg 265 Sec 1131 Government mandates and controls productivity for private health care industries. **TRUE** Text heading reads, "SECTION 1131. INCORPORATING PRODUCTIVITY IMPROVEMENTS INTO MARKET BASKET UPDATES THAT DO NOT ALREADY INCORPORATE SUCH IMPROVEMENTS."

Pg 268 Sec 1141 Federal Government regulates rental and purchase of power-driven wheelchairs. **TRUE** Text reads, "(2) by striking "power-driven wheelchair" and inserting "complex rehabilitative power-driven wheelchair recognized by the Secretary...." The key here is that only those wheelchairs RECOGNIZED by the Secretary will be available to individuals under HR3200.

Pg 272 SEC. 1145. Treatment of certain cancer hospitals – cancer patient treatment rationed. **TRUE** Study of Out-Patient verses In-Patient care for cancer. Cost effectiveness will be very important.

Page 280 Sec 1151 The government will penalize hospitals for what government deems "preventable hospital readmissions". Gives incentives for hospital to not treat and release. **TRUE** If patient is readmitted, Secretary will reduce payments to hospitals. Already happening in my local hospital.

Pg 298 Lines 9-11 Doctors that treat a patient during initial admission that results in a readmission- government will penalize. **TRUE**

Pg 317 Lines 13-20 PROHIBITION on ownership/investment. Government tells Doctors what/how much they can own. **TRUE** Text heading reads, "(B) PROHIBITION ON PHYSICIAN OWNERSHIP OR INVESTMENT." This limits free-enterprise.

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Pg 317-318 lines 21-25, 1-3 PROHIBITION on expansion - government is mandating hospitals cannot expand. **TRUE and FALSE** Hospitals will all be non-profit and gov't controlled under this bill. Private clinic expansions will be limited and under the authority of the Secretary. Text reads, "(C) PROHIBITION ON EXPANSION OF FACILITY CAPACITY." Gov't will restrict private doctors' ability to compete with gov't hospitals. This section limits the space for patients ("operating rooms, procedure rooms, or beds") while the public option plan increases demand for services, it will thereby create shortages and ultimately the rationing of services whether intentional or not.

pg 321 lines 2-13 Hospitals have opportunity to apply for exception, BUT community input required. **TRUE** See also page 322-324. Text reads, "The Secretary shall establish and implement a process under which a hospital may apply for an exception from the requirement under paragraph (1)(C)." Page 322, begins paragraph (1)(C,) Lines 6-25 "(C) PERMITTED INCREASE" in which cases the gov't will allow hospitals to expand: but will not allow doubling of the number beds, op. rooms, procedures rooms from numbers at date of bill enactment (baseline), "increases limited to facilities on the main campus of the hospital", allows expansion if the population increases by 150-percent. Eighteen months given to design all regulations and expansions.

Pg335 Lines 16-25, Pg 336-339 - Government mandates establishment of outcome based measures with health care rationed. **TRUE** See also pages 620-621. Page 335 The quality performance score (QPS) uses "(I) HEDIS effectiveness of care quality measures, (II) CAHPS quality measures and (III) such other measures of clinical quality as the Secretary may specify." Pages 336-339 The previous QPS is used to determine the 6 out-come measures (listed on page 336): 1) admission and readmission, 2) prevention, 3) morality and morbidity following surgery, 4) health functioning and survival for patients with chronic diseases, 5) patient safety, and 6) other measures of outcomes "the Secretary deems appropriate."

Pg 341 Lines 3-9 Government has authority to disqualify Medicare Advantage Plans (Part B), HMOs, etc. to force citizens into the government plan. **TRUE** Text heading reads, "(iv) AUTHORITY TO DISQUALIFY CERTAIN PLANS." May cancel "plan if the Secretary has identified deficiencies in the plan's compliance with rules...."

Pg 354 Sec 1177 - Government will RESTRICT enrollment of special needs people. **TRUE** Text heading reads, "SEC. 1177. EXTENSION OF AUTHORITY OF SPECIAL NEEDS PLANT TO RESTRICT ENROLLMENT."

Pg 379 Sec 1191 Government creates more bureaucracy – Telehealth Advisory Committee for health care over the phone and internet. **TRUE** Text heading reads, "SEC. 1191. TELEHEALTH EXPANSION AND ENHANCEMENTS." Telehealth / Telemedicine is TV libraries and web conferencing for medical professionals, targeting rural areas.

Pg 425 Lines 4-12 Government mandates Advance [Death] Care Planning Consult for Senior Citizens at the end of life. **TRUE** At age 65 everyone must see a "preferred" physician or "another health care professional" every 5 years during good health for consultation including: advanced care planning, important steps and considerations, advanced directives (durable powers of attorney, living wills and their uses), lists of national and state resources to assist families, end-of-life services, palliative care, hospice, and

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the benefits for such services. The “preferred” physician may not be your own physician and “another health care professional” may be a bureaucrat. If there are deteriorating health issues, then these consultations will become more frequent as deemed necessary by gov’t, see page 429.

Pg 425 Lines 17-19 Government will instruct and consult regarding living wills, durable powers of attorney. Mandatory. **TRUE** See above page 425 details. Typically this has been left up to patient and their trusted attorney, and more of a legal discussion than a medical one. Under this bill you will consult with a “preferred physician” or “another health care professional” that may not be your own health provider.

Pg 425 Lines 22-25, 426 Lines 1-3 Government provides approved list of end of life resources, guiding you in death. **TRUE** See above page 425 details. This is a responsibility typically left to attorneys.

Pg 427 Lines 15-24 Government mandates program for orders for end of life. The government has a say in how one's life ends. **TRUE** Orders must be standardized, distributed and accessible, provides training, and “guided by a coalition of stakeholders.”

Pg 428 Lines 17-25 An “advance care planning consult” will be used frequently as patient's health deteriorates. **TRUE** See above page 425 details.

Pg 429 Lines 10-12 “advance care planning consultation” may include an ORDER for end of life plans. **FALSE** This plan WILL, not may, include an order for end-of-life.

Pg 429 Lines 8-16 The government will specify which doctors can write an end of life order. **TRUE** Only government approved “preferred” physicians or “another health care professional (as specified by the Secretary and who is acting within the scope of the professional’s authority under State law in signing such order, including a nurse practitioner or physician’s assistant)”.

PG 430 Lines 4-17 The government / bureaucrat will decide what level of treatment you will have at end of life (or life of family member). **TRUE** Includes a “range from an indication for full treatments to limiting some or all or specified interventions” (i.e., intervention during cardiac or pulmonary problems, transfer to hospital, use of antibiotics, and hydration, to name a few).

Pg 468-470 - Community Based Home Medical Services (CBHM) = Non-profit orgs. **TRUE** Also includes certified State-based organization, no for-profit organizations will be permitted. CBHM for services in “medical homes.”

Pg 472 Lines 14-17, page 473 lines 3-5 PAYMENT TO COMMUNITY-BASED ORG. 1 monthly payment to a community-based org. **TRUE** Gov’t will pay monthly for each beneficiary according to “clinical work and practice expenses” and “use appropriate risk-adjustment”.

Pg 489 Sec 1308 The government will cover Marriage and Family therapy. **TRUE** As specified in Social Security Act (42 USC 1395x(s)(2) and as amended by section 1235.

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Pg 494-497 Government will cover Mental Health Services including defining, creating, and rationing those services. **TRUE** page 494 Lines 18-22 Covered to the extent “as would otherwise be covered if furnished by a physician..., but only if no facility or other provider charges or is paid any amounts...” Page 494-495 Lines 23-24, 1-10 Defines “mental health counselor”. Page 496-497 Lines 14-24, 1-2, Criteria for consultation, “mental health counselor” “must agree to consult with a patient’s attending or primary care physician in accordance with such criteria.” Page 497 lines 3-4, Text heading reads, “(5) EXCLUSIONS OF MENTAL HEALTH COUNSELOR SERVICES FROM SKILLED NURSING FACILITIES...” Notice that an attending physician can discuss your mental health with your mental health counselor. An attending physician may be a doctor in an emergency room or hospital who is unfamiliar with you or your mental health history.

PG 501 Sec 1181 The Center for Comparative Effectiveness Research established. **TRUE** This new agency referred to as The Center will “conduct, support and synthesize research” “with respect to outcomes, effectiveness, and appropriateness of health care services and procedures....” See pages 724, 735.

Pg 503 Lines 3-6 Government will build registries and data networks from each citizen's electronic medical records. **TRUE** See also page 501-502. The Center will “encourage, as appropriate, the development and use of clinical registries and the development of clinical effectiveness research data networks from electronic health records,”

Pg 503 lines 11-18 Government may secure data directly from any department or agency of the U.S., including citizen data. **TRUE** “(A) OBTAIN OFFICIAL DATA. – The Center may secure directly from any department or agency of the United States information necessary to enable it to carry out this section.”

Pg 503 lines 21-25 The Center will collect data both published and unpublished ~~/public and private info.~~ **TRUE** “(j) utilize existing information, both published and unpublished,...” While it seems as if public and private information could be collected and used by the Center, I did not find “public and private” in the language of the bill.

Pg 504 Line 5-9 Allows for third parties to submit information to the Center. **TRUE** “allowing any interested party to submit information...” **QUESTIONS: What kind of third parties: neighbors, past, present or future employers, grocery stores, etc...?**

PG 506 Lines 8-13 The Center will recommend policies that would allow for public access of data. **TRUE** “(G) ... allow for public access of data...” **QUESTIONS: What kind of public? Will I have access to my own records? Will employers have access to my records?**

PG 518 Lines 13-18 The Commission will have input from Health Care consumer reps. **TRUE** New term of “stakeholder” is added, where the Commission will consult with numerous “appropriate stakeholders” during research (patients, health care providers, health care consumer reps., and others) and advise the Center of their findings.

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PG 524 Lines 1-4 Comparative Effectiveness Research Trust Fund (CERTF) set up with tax money. **TRUE** IRS Tax code Section 1802 will fund the Center.

PG 621 Lines 19-25, Pg 622-623 Government will define what quality means in health care. **TRUE** "SEC. 1442 DEVELOPMENT OF NEW QUALITY MEASURES;..." and "SEC. 1192 DEVELOPMENT OF NEW MEASURES."

Pg 620 Lines 12-18 To pay for the Quality Standards, government will transfer money from other government Trust Funds with more taxes. **TRUE** "any funds in the Treasury not otherwise appropriated,..."

PG 623-624 "Quality" measures shall be designed to assess outcomes and functional status of patients. **TRUE** Subparagraphs, "(B) assess continuity and coordination of care... including end-of-life care." "(F)... efficiency and use of resource..." Page 624 "(G) ... to be collected as part of the health information technologies [electronic data records from the Center (page 503-506)]...". See also pages 335-339.

PG 623 "Quality" measures shall be designed to profile you including race, age, gender, place of residence, etc. **TRUE** "(E) ...health disparities including those associated with individual race, ethnicity, age, gender, place of residence or language;" Unsure what this means, "(I) to assess delivery of health care services to individuals regardless of age."

Pg 627-628 Sec 1443 Government will give "Multi-Stakeholders Pre-Rule Making input into Selection of Quality Measures." **TRUE** That is the text heading. **QUESTIONS: Who decides who the Multi-stakeholders are? What power do multi-stakeholders have? Who are they? Doesn't this stakeholder / shareholder defeat the purpose of "public" run?** See Social Security Act Section 1890 and page 633, 336.

Pg 629 9-24, 630 1-9 Those multi-stakeholder groups include union ~~and groups like ACORN~~ deciding health care quality. **TRUE** There are 12 different types of groups/entities listed that can join; one is Labor Organizations.

Pg 631 Lines 17-19 The Government may implement any "Quality measure" of health care services as they see fit. **TRUE** Text reads, "the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures..."

PG 632-634 The Secretary may issue non-endorsed "Quality Measures" for Physician Services and Dialysis Services. **TRUE** Pg 632 Lines 17-22 "The Secretary shall submit such a non-endorsed measure to the entity for consideration for endorsement. ..., the Secretary shall include rationale for the continued use of such a measure for rulemaking." Pg 633 Lines 3-6 Identical to above quote.

*** Inserted Compilation of the Social Security Laws – Section 1890 [42 USC 1395aaa]

*** Inserted Compilation of the Social Security Laws – Section 1841 [42 USC 1395t]

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Pg 634 Physicians Payments Sunshine Provision – government wants to shine sunlight on doctor but not government. **TRUE** Text heading reads, “Subtitle D – Physician Payments Sunshine Provision. Sec. 1451. REPORTS ON FINANCIAL RELATIONSHIPS BETWEEN MANUFACTURERS AND DISTRIBUTORS OF COVERED DRUGS, DEVICES, BIOLOGICALS, OR MEDICAL SUPPLIES UNDER MEDICARE, MEDICAID, OR CHIP AND PHYSICIANS AND OTHER HEALTH CARE ENTITIES AND BETWEEN PHYSICIANS AND OTHER HEALTH CARE ENTITIES.”

Pg 653-659 Public Reporting on Health Care-Associated Infections. **TRUE**. Pg 654 Lines 4-7 “reporting protocols established by the Secretary through the Director of the Center for Disease Control and Prevention” with no specifications. Pg 654 Lines 17-18 “coordinated with systems established under the HITECH Act, where appropriate.” Both vague and with no specific delivery for the public good offered.

PG 660-671 Doctors in Residency – government will tell you where the doctor's residency will be, thus where you'll live. **TRUE** This section is long and redundant, but basically hospitals only get residents according “cost reporting periods.” Increases in the number of residents must be warranted and filed in a “timely manner”; the Secretary can deny requests. Hospitals can form affiliations and file paperwork with the Secretary to use residents from affiliated hospitals, essentially trading unused residents. Page 663 Line 10-12 Increases cannot exceed the Secretary's reduction estimate (yes, that is essentially what it says).

Pg 675-686 Government will regulate hospitals in EVERY aspect of residency programs, including teaching hospitals. **TRUE** In addition to the above pg 660-671, Pg 675 Text heading reads, “SEC. 1503. RULES FOR COUNTING RESIDENT TME FOR DIDACTIC AND SCHOLARLY ACTIVITIES AND OTHER ACTIVITIES.” Pg 675 Briefly quoted, “Such rules shall provide that all time spent by an intern or resident in an approved medical residency training program....” Pg 676 “shall be counted toward the determination of full-time equivalency.” Pg 676 “...vacation, sick leave, or other approved leave as such time is defined by the Secretary...” Pg 678 “... all the time spent by an intern or resident in an approved medical residency training program in research activities... shall not be counted towards determination of full-time equivalency.” Pg 679 “(vi) REDISTRIBUTION OF RESIDENCY SLOTS AFTER A HOSPITAL CLOSES.” See Pg 976-892, hospitals fall under government oversight and regulation.

Pg 686-700 Increased Funding to Fight Waste, Fraud, and Abuse. **FALSE** I only found increased penalties for waste, fraud, and abuse.

PGs 701-703 Sec 1619 If part of your health care plan isn't in Government Health Care Exchange, but you qualify for Federal aid, no payment. **TRUE** There are excluded individuals, entities, and physicians. And excluded individual will deal only with excluded physicians and both are fined by the IRS.

PG 703-708 SEC. 1128 If Secretary gets complaints on health care provider or supplier, government can do background check. **TRUE** Pg 705-706 The Secretary has authority to require: 1) screening doctors (background checks), limitless oversight (unannounced site visits), and moratorium on patient enrollment for up one year – all of these punishments for a complaint. Pg 705 Lines 6-7 “Shall not be subject to review.” Pg 707 Lines 1-4 “Nothing in this subsection shall be interpreted to preclude or limit the ability of a State to

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engage in provider screening or enhanced provider oversight activities..."

PG 711 Lines 8-14 The Secretary has broad powers to deny health care providers/ suppliers admittance into Health Care Exchange. **TRUE** Also listed on pages 705, 707 The Secretary's actions are not subject to review.

Pg 719-720 Sec 1637, Pg 723 Lines 5-15 ANY Doctor who orders durable medical equipment or home medical services **MUST** be enrolled in Medicare. **TRUE** Pg 719 Text also reads, "The Secretary may extend the requirement..." Pg 720 "(10) The Secretary may disenroll, for a period of not more than one year for each act, a physician or supplier under section 1866(j) if a physician or supplier fails to maintain and, upon the request of the Secretary, provide access to documentation relating to written orders or requests for payment for durable medical equipment, certifications for home health services, or referrals for other items or services written or ordered,..." Pg 723 "...and shall require that such an order be written pursuant to the physician documenting that the physician has had a face-to-face encounter..." **What kind of documentation paperwork will this require: just a note on the patient's chart, or completion of a 10 or 20-page form?**

PG 722 Sec 1639 Government **MANDATES** doctors must have face-to-face with patient to certify patient for Home Health Services. **TRUE** Pg 722 "...physician must document that the physician has had a face-to-face encounter..." **Question: Since a certification and a written order are separate, what will the paperwork be like for the certificate? What kind of documentation paperwork will this require: just a note on the patient's chart, or completion of a 10-page form?** See also page 723 above.

PG 724 23-25 PG 725 1-5 The same government certifications will apply to Medicaid and CHIP (children). **TRUE** See pages 719-723.

PG ~~724~~ 722-723 Government reserves right to apply face-to-face certification for patient to ANY other health care service. **TRUE** See notes above pages 719-723.

Pg 735 lines 16-25 For law enforcement purposes, the Secretary-HHS will give Attorney General access to ALL data. **TRUE** Text reads, "... shall have access, ..., to claims and payment data... in consultation with the Center for Medicare and Medicaid or the owner of such data." See also page 724 and the Center info from pages 501-524.

PG 740-757 Government sets guidelines for subsidizing the uninsured through tax dollars. **TRUE** I thought this was the point of the bill?

Pg 757-762 Federal Government will shift burden of payments to Disproportionate Share Hospitals (DSH) to States with more taxes. **TRUE** Bill shifts tax dollars to target areas in targeted states. Pg 757, "The Secretary shall consult with community-based health care networks serving low-income beneficiaries."

Pg 763 1-8 No DS/EA hospitals will be paid unless they provide services without regard to national origin. **CANNOT DETERMINE**

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Pg 764 Line 21 Sec 1711 Government will require Preventative Services including vaccines (no option out) **CURRENTLY FALSE, BUT COULD CHANGE AT THE DIRECTIVE OF THE CDC AT ANYTIME.** The language of the bill currently reads “recommend”, not require. But under the provisions of this bill, the CDC is given new authority over public vaccine “recommendations.” And with that authority, the CDC can make any vaccine mandatory at anytime for any reason. So any preventative vaccine could become required at any time in the future under this bill. See also page 498-501 and Social Security Act 42 USC 1395w, x, ww.

**inserted Pages 498-501 regarding vaccines.

*** Page 499 is the best example of how no one could really know what this bill will do since it refers to so many other laws, striking and amending language in those bills and rendering it almost impossible to “read the bill.”

Pg 767-768 Sec 1713 Government run – Nurse Home Visitation Services. **TRUE** Page 767 Lines 20-23, Pg 768 Lines 1-2 “...home visits by trained nurses to families with a first-time pregnant woman, or a child (under 2 years of age), who is eligible for medical assistance under this title, but only, to the extent determined by the Secretary based upon evidence, that such services are effective in one or more of the following...”

Pg 768 Line 3-14 Nurse Home Visit Services include economic self-sufficiency, employment advancement, school-readiness. **TRUE** And also includes “increasing birth intervals between pregnancies” and “reducing the incidence of child abuse, neglect, and injury, improving family stability” – to name just a few “services” the visitations will provide.

Pg 769 3-5 Nurse Home Visit Services - “increasing birth intervals between pregnancies” (~~abortions~~) **TRUE** This is intrusive government action within the home and limits the right to privacy given in the Constitution, simply for being pregnant. Targeted intervention based on level of income of the mother whether pregnant or not. **QUESTION: Wouldn't this “intervention” be more appropriate for someone convicted of a crime? Isn't this profiling (woman, low-income, pregnant, or potentially pregnant)?**

Pg 770 SEC 1714 Federal Government mandates eligibility for State Family Planning Services. Abortion and State Sovereign instructing on number of children permitted in each family. **PARTIALLY TRUE** I did not find “abortion” specified, although one could read between the lines and make an assumption that service could be provided. There will be government instruction on family planning. Targeted intervention is based on level of income of the mother whether pregnant or not.

Pg 789-797 Government will set, mandate drug prices, controlling which drugs are brought to market. **TRUE** Pg 788 line 21-22 “SEC. 1741. PAYMENTS TO PHARMACISTS. (a) PHARMACY REIMBURSEMENTS LIMITS” Pg 789-790 Gov't will control “customary prompt pay discounts extended to wholesalers”, “bona fide service fees paid by manufacturers”, reimbursement for ALL types of returned goods as well as handling and reserve logistics, all sales of retail goods (including price concessions, HMO'S, mail order, rebates). Pg 790 Lines 13-24 All sales discounts to hospitals, physicians, clinics and in order to determine the (AMP) and the “determination shall not be subject to judicial review”.

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Pgs 797-800 SEC. 1744 PAYMENTS for graduate medical education. The government will now control doctors' educations. **TRUE** Pg 797 Line 17-24, Pg Lines 7 State must submit to the Secretary "how such payments are being used from graduate medical education, including" institutions and programs, how payments are calculated, which fields of study, workforce goals money is being used for and State progress meeting the goals, Pg 798 Line 8-25, Pg 799 Line 2-3 "(iv) such other information as the Secretary determines will assist in carry out" review and specifications of "goals for approved medical residency training programs."

PG 801 Sec 1751 The government will decide which health care conditions will be paid with rationing. **TRUE** "Nothing in this section shall prevent a State from including additional health care-acquired conditions for non-payment in its Medicaid program..." I interpret that to mean, if your health deteriorates due to a medically caused problem, then the gov't can withhold payment.

Pg 810 Lines 3-15 SEC. 1759. Billing Agents, clearinghouses, etc. req. to register. Government takes over private payment system. **TRUE to the extent I can read the bill.** This bill strikes paragraph 25 from Social Security Act Section 1903(i) [42 USC 1396b(i)] and replaces it with paragraph 26 (lines 12-15) in this bill. But paragraph 25 does not currently exist in the Social Security Act as specified, may possibly be added somewhere else in this bill and then also stricken before paragraph 26 is added.

Pg 820-824 Sec 1801 Government will identify individuals ineligible for subsidies and will access all personal financial information. **TRUE** Pg 820 lines 1-25 Information about "any taxpayer identified by the Commissioner of Social Security": wages, unearned income, trusts, partnerships, estates, sub-chapter S corps., whether or not an individual filed a return that year, marital status and the spouses SS#, filing status, (Pg 821 Lines 1-13) and all the previously listed spousal information, and "(vi) such other return information relating to the individual (or the individual's spouse)...." Pg 822 Information "may be used only by officers and employees of the Social Security Administration...."

Pg 823-824 SEC. 1802 Government sets up Comparative Effectiveness Research Trust Fund with tax dollars. **TRUE** Fund called CERFT and setup under IRS laws.

Pg 824-825 CERFT computes the Fair Share Per Capita fee/tax enforced by the IRS. **TRUE** Pg 824 Lines 6-9 "fees imposed under subchapter B of chapter 34 (relating to fees on health insurance and self-insured plans)" are considered taxes and due and payable to the IRS / US Dept of Treasury with IRS enforcement. See also page 834.

PG 824, 828-833 Government will impose a fee on ALL private health insurance plans including self-insured to pay for Trust Fund. **TRUE** Pg 824 Lines 6-9 "fees imposed under subchapter B of chapter 34 (relating to fees on health insurance and self-insured plans)" are considered taxes and due and payable to the IRS / US Dept of Treasury with IRS enforcement. Lines 10-16 It is estimated to generate \$375M beginning 2013. Pg 828-829 Doctors who provide services to uninsured individuals or entities becoming insurers, thus regulations and fees / taxes will be imposed accordingly on each party. See also page 523.

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Pg 835 Lines 13-18 – Prescription Drugs for Medicare (Medicare Part D) is repealed when this bill passes. **TRUE** “repeal... as if such subtitle had never been enacted.”

PG 834 11-13 fees imposed by government for Trust Fund shall be treated as if they were taxes. **TRUE** “For purposes of subtitle F, the fees imposed by this subchapter shall be treated as if they were taxes.”

Pg 838-840 Government will design and implement Home Visitation Program for families with young kids and families expecting kids. **TRUE** Targeting low income areas, Indian Tribes, and areas with high incidence of child “maltreatment”.

PG 842-845 This Home Visitation Program includes government coming into private homes and instructing how to parent children. **TRUE** Pg 843 Program will use “clear evidence-based models”, “employ well-trained and competent staff”, provide “referrals for other community resources”, and ensure services are delivered according to the specified model”. Pg 843-844 Provides parents with “age-appropriate” education relative to everything in the child’s life, “modeling, consulting, and coaching on parenting practices”, and skills to recognize problems with their child.

Pg 858-859 Government will establish a Public Health Fund at a cost of \$88.8 billion. **TRUE** Medicare estimated 2009 spending is \$506.8 billion. Medicaid/CHIP 2007 spending is \$319.7 billion. Totaling \$826.5 BILLION. **QUESTION: How can the entire Public Health Fund be funded at such a low level, when common sense tells us it has to cost more than \$826.5 billion?**

** inserted Medicare & Medicaid spending sheets.

Pg 864-865 The government will MANDATE the establishment of a National Health Service Corps. **TRUE** “Corps members agree in writing” to “clinical practice.” If you attend medical school the government will pay, but you must serve. **QUESTION: If you pay for medical school yourself, then are you still obligated to serve?**

PG 865-876 The NHS Corps is a program where doctors perform mandatory health care for two years for part loan repayment. **TRUE** Pg 865 Lines 21-22 “Minimum service obligation of 2 years...”

PG 876-892 The government takes over the education of our medical students and doctors. **TRUE** Pg 877 Lines 14-21 “SEC. 2213. TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, GERIATRICS, AND PHYSICIAN ASSISTANTSHIP.” Pg 878 Line 1-4 “(a) PROGRAM. – The Secretary shall establish a primary care training and capacity building program consisting of awarding grants and contracts under subsections (b) and (c). Lines 10-16 “(A) to plan, develop, operate, or participate in an accredited professional training program, including accredited residency or internship program, in the field of[listed above].” Lines 17-23 “(B) to provide financial assistance in the form of traineeships and fellowships to medical students,...” Lines 24-25 “(C) to plan, develop, operate, or participate in an accredited program....” Seems to take into account every part of medical education.

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PG 898 The government will establish a Public Health Workforce Corps to ensure supply of public health professionals. **TRUE** Pg 898 Lines 7-9 "...develop a methodology for placing and assigning Corps participants as public health professionals..."

PG 899 Lines 7-25 The Public Health Workforce Corps shall consist of civilian employees of the U.S. as Secretary deems. **TRUE** lines 9-10 Those "accepted for enrollment, or be enrolled, as a full-time or part-time student in a course or program (approved by the Secretary) at an accredited graduate school or program of public health". Lines 14-15 Those who "have demonstrated expertise in public health..." Lines 20-23 including "nursing; health administration, management, or policy; preventative medicine; laboratory science; veterinary medicine; or dental medicine". Lines 24-25 and also "another accredited graduate school or program, as deemed appropriate by Secretary;"

PG 900 The Public Health Workforce Corps shall consist of officers of Regular and Reserve Corps of Service. **TRUE** Lines 1-4 "(2) be eligible for, or hold, an appointment as a commissioned officer in the Regular or Reserve Corps of the Service or be eligible for election for civilian service in the Corps,..."

PG 899 The Public Health Workforce Corps includes veterinarians. **TRUE** Lines 20-23 including "nursing; health administration, management, or policy; preventative medicine; laboratory science; veterinary medicine; or dental medicine".

PG 910 The government will develop, build, and run Public Health Training Centers. **TRUE** Already in place through Social Security Act [42 USC 6A], but system is run in tandem with the private sector.

PG 913-914 Government starts a health care affirmative action program thru guise of diversity scholarships. **TRUE** Already in place through Social Security Act [42 USC 6A (293e)].

PG 915 SEC. 2251. Government MANDATES Cultural and linguistic competency training for health care professionals. **PARTIALLY TRUE** The statement is true with the exception of the word "mandate." I could not find "mandate" or "required" within this Health Care bill, but it referred to so many other existing laws, that I can't be sure I didn't miss it. There is the establishment of training centers, programs, and funding for the such training, I just couldn't find where it was mandated. Pg 914 Lines 15-16 "The Secretary shall establish a cultural and linguistic competency training program..." Lines 23-24 "to test, develop, and evaluate models of cultural and linguistic competency training..." Pg 915 Line 1-2 "to implement cultural and linguistic competency training programs..." Since the gov't controls residency programs, the Workforce, drug prices, health care productivity, etc... it is not inconceivable this training would be mandated, but I did not find it in the language of this bill. See also page 91.

Pg 932 The Government will establish Preventative and Wellness Trust fund- initial cost of \$30.80 billion. **TRUE** That is the estimate for 10 years 2010-2019 Part C & D. **QUESTION: Cash-for-Clunkers cost \$3B to run for 12 days as of 8-7-09, how can the gov't run a program such as Preventative and Wellness for the same about for 10 years?** See next item for the program objectives and goals.

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PG 934-936 Government will identify specific goals & objectives for prevention & wellness activities. **TRUE** Text subtitle reads, "Subtitle B – National Prevention and Wellness Strategy" "SEC. 3121." Pg 934 Lines 21-24 "(1) Identification of specific national goals and objectives in prevention and wellness activities that take into account appropriate public health measures and standards,..." Pg 935 Also includes "national priorities", "identification of health disparities", and "a plan for addressing and implementing the above."

PG 935 Lines 1-2 Government will develop "Healthy People and National Public Health Performance Standards". **TRUE** Pg 935 Lines 4-21 Identify; review evidence; develop, publish, disseminate recommendations for services; "take into account disparities in developing services"; "identify gaps"; and "consult with the community prevention stakeholders board..." **QUESTION: Who are the Stakeholders?**

PG 942 Lines 22-25 More government? Offices of Surgeon General -Public Health Svc, Minority Health, Women's Health. **FALSE** They already exist.

PG 954-980 BIG GOVERNMENT core public health infrastructure including workforce capacity, lab systems, health information system, etc... **TRUE** Pg 954 Heading reads, "Subtitle F – Core Public Health Infrastructure". Pg 957 Lines 22-23 "develop, and periodically review and update standards..." Pg 958 Lines 3-5 "implement a program to accredit such health departments and laboratories in accordance with such standards."

PG 993 Government will establish school based health clinics. **TRUE** Lines 17-25 "(iii) the SBHC will provide on-site during the academic day when school is in session...." SBHC = School Based Health Care.

PG 993-994 School Based Health Clinic will be integrated into the school environment. **TRUE** Pg 993-994 Lines 23-25, 1-2 "(iv) the SBHC will be integrated into the school environment and will coordinate health services with appropriate school personnel and other community providers co-located at the school;" **QUESTION: Why aren't parents included in this?**

PG 1000-1002 The government will establish a National Medical Device Registry for tracking each citizen. **TRUE** Pg 1000 Lines 21-24 "The Secretary shall establish a national medical device registry (in this subsection referred to as the 'registry') to facilitate analysis of postmarket safety and outcomes data one each device-" Page 1001 Develops a registry with other gov't agencies; includes the make, model, serial number for each device; used for public and private sources. Pg 1002 Registry will use integrating activities and analyze risk, advanced analysis of safety, and "device surveillance activities". Pg 1002 Provides public access to data. Also "access to disparate source of patient safety and outcomes data."

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