

Seven Reasons to Vote NO on Health Care Exchange

1. **There is Only ONE Exchange. The Obamacare Exchange.** There is no “state” exchange. There is only the federal Exchange. Obamacare requires States to establish a government-run federally-controlled *American Health Benefit Exchange*, which must comply with Obamacare and coming federal rules. As Grace-Marie Turner at Galen Institute said about Exchanges in Reason, “*States will not be able to do it their way. They’ll have to do it Washington’s way.*”
2. **“State Flexibility” is a Ruse.** Obama is hoping a veneer of “flexibility” will convince state legislatures to establish the federal government-run Exchange in each state. As Michael Cannon at the CATO Institute writes in National Review:

“..federal control is not just the exchanges’ default setting — it’s the only setting. In a February 24 letter to the nation’s governors, Sebelius extolled the four types of flexibility that Obamacare allows states in shaping their exchanges: 1) States can restrict insurers from participating; 2) states can add even more benefit mandates than Obamacare requires; 3) come 2017, states can opt out of Obamacare by creating a single-payer health-care system; and 4) states can adopt their own “governance structure” and “operational philosophy.” In sum, states can impose harsher regulations than Obamacare requires and can choose who sits on their exchange’s board. That’s it. The only additional latitude the Obama administration has offered came when President Obama told the National Governors Association that he is open to letting them launch single-payer systems in 2014 rather than 2017. [emphasis ours]
3. **Exchange is NOT a “Marketplace” and “Sunset” is Trojan Horse.** RomneyCare’s Connector (Exchange) first offered 24 choices of health plans, now only seven. The Wall Street Journal reported 5/13/11: “*Mr. Romney’s political appointees converted the architecture of the “connector” [Exchange] that was supposed to support individual and small-business insurance choice into a regulatory body dedicated to stamping it out.*” People without employer-sponsored coverage will be forced to buy insurance through the government-run Exchange. Government does not establish markets; its impedes them. And “Sunsets” allow objectionable language to become law -- usually permanently.
4. **Costly to Taxpayers & Implements Obama’s “Single Payer” Agenda.** A representative from Deloitte testified to the “adverse selection” problems from costs of the sicker population. He testified that some states with Exchanges today are considering the elimination of all health plans outside their Exchange. (all are grandfathered into Obamacare) The Feds only cover cost of adverse selection from 2014 – 2016. Also, annual operating cost of Exchange is likely \$30-\$50M.
5. **Exchange Nationalizes Health Care.** Tom Christina, former Deputy Asst. Attorney General during Reagan Administration told attendees at American Enterprise Institute forum in Washington, D.C. (12/6/10): the Exchange is “anti-market,” “enforcement without federal fingerprints” and “nationalization-in-fact.”
6. **GOP will Share Blame with Obama.** As with RomneyCare, GOP lawmakers will be blamed for joining Obama to nationalize health care and to undercut the lawsuits against Obamacare by complying with it before the U.S. Supreme Court has ruled (Judge Vinson discussed undercutting in the multi-state Florida lawsuit).
7. **12 States Say “NO”:** AK, AZ, AR, FL, GA, IA, IN, LA, MS, MO, MT, NM