For Immediate Release
June 17, 2014

CONTACT:
Deborah Hamilton, Hamilton Strategies, 215.815.7716, 610.584.1096, DHamilton@HamiltonStrategies.com

More States Relying on Federal Exchange: Truth is “State” Exchanges Always a Ruse


ST. PAUL, Minn.—Drafters of the Affordable Care Act had lofty goals and big plans for a now-flailing government health care system. Less than a year after the open enrollment date of October 1, those plans are crashing down and the deep cracks in the foundation are starting to show.

One purported goal was to have all 50 states run their own state health care exchanges, where residents could sign up for coverage via a health care “marketplace.” But currently, 36 states rely on the federal health care exchange, HealthCare.gov, to enroll residents in Obamacare coverage.

According to a recent report on Politico, at least two more states are opting in to the federal exchange next year, and it’s likely a few others will follow.

Citizens’ Council for Health Freedom (CCHF, www.cchfreedom.org), a Minnesota-based national organization dedicated to preserving patient-centered health care and protecting patient and privacy right, says the lack of successful state exchanges is not surprising, for several reasons. First, the cost is high for the states to run the exchanges, and second, people are seeing through the guise of the poorly named “state exchanges,” when they are actually just a conduit to the federal exchange.

“The reality is that all along, the state exchanges have been nothing more than dummy terminals for the national exchange,” said Twila Brase, president and co-founder of CCHF. “In reality, the state exchanges have always relied on the federal hub, meaning at root, there has always been just one exchange. And the so-called national exchange doesn’t work— the financial accountability backbone isn’t even built. There never was a true separation between the national exchange and the state exchanges, so over time, many parts have failed and a lot of money has been wasted. Now, as more and more states send their residents to the federally-funded dummy terminal of the national exchange—HealthCare.gov—we’ll start seeing the federal government trying to impose fees on states for their participation— and, as we all know, fees on states mean fees on taxpayers.” (Cont.)
Brase adds that the state exchanges have been failing because in order for them to succeed, younger, healthier people must sign up to subsidize the coverage for those who are older and sicker. And this has not happened. Additionally, the high costs to states of enrolling individuals are driving more states to want to turn over the enrollment process to the federal government.

Another reason state exchanges are failing is the high cost of the information technology infrastructure for the immense amount of data-sharing between the state ‘dummy terminals’ and the federal government, through the federal data services hub of the national exchange. Maintaining that infrastructure plus the subsequent data mining and analysis is costing millions of dollars, and sooner or later, the federal government will ask the states to help out financially with that as well.

Supposedly, HealthCare.gov was meant to be a limited and temporary “safety” plan for those states that could not or would not build their own enrollment systems. But, instead, the trend in states across the nation is a more permanent move to a federal enrollment system, as more states are relying on
Healthcare.gov. In fact, the Act didn’t even allocate funds to build, operate or maintain Healthcare.gov.

“This was another dose of deception,” Brase said. “The original intent of so-called state exchanges was to remove the ‘national’ aspect of the operation so people didn’t know it was a national system and to require state taxpayers to fund the set-up and implementation costs for the technology and cyber connections between the state enrollment websites and the federal hub. But the entire system has always been under federal control. Now, more states are choosing not to pay the money necessary to build and maintain their own enrollment websites, so they’re telling their residents to use the federally-funded enrollment system.

“Obamacare is a national health care system, which put states and their state-named dummy terminals under federal control,” she added. “As more states shut down their dummy terminals and refuse to be part of the administration’s deception, for costs or other reasons, the public will see ever more clearly just how national this system really is.”

Celebrating its 20th year, Citizens’ Council for Health Freedom is a patient-centered national health freedom organization based in St. Paul, Minn. CCHF exists to protect health care choices and patient privacy. CCHF sponsors the daily, 60-second radio feature, Health Freedom Minute, which airs on more than 150 stations nationwide on the American Family Radio Network and 90-plus stations on the Bott Radio Network. Listeners can learn more about the agenda behind proposed health care initiatives and steps they can take to protect their health care choices, rights and privacy.

CCHF president and co-founder Twila Brase, R.N., has been called one of the “100 Most Powerful People in Health Care” and one of “Minnesota’s 100 Most Influential Health Care Leaders.” Brase, a public health nurse, has been interviewed by CNN, Fox News, Minnesota Public Radio, NBC Nightly News, NBC’s Today Show, NPR, New York Public Radio, the Associated Press, Modern Healthcare, TIME, The Wall Street Journal, The Washington Post and The Washington Times, among others. She is at the forefront of informing the public of crucial health issues, such as intrusive wellness and prevention initiatives in Obamacare, patient privacy, informed consent, the dangers of “evidence-based medicine” and the implications of state and federal health care reform.

For more information or to interview Twila Brase, president and co-founder of Citizens’ Council for Health Freedom, contact Deborah Hamilton, Hamilton Strategies, 215.815.7716, 610.584.1096, DHamilton@HamiltonStrategies.com.