CCHF Outlines Three Ways States Can Refuse Health Insurance Exchanges

*States Must Declare Exchange Intent by November 16; Refusal to Implement is Legal and Protects States and Citizens*

Key Facts:

- States must declare their intentions about implementation of a state health insurance exchange to the U.S. Department of Health and Human Services by Friday, November 16, 2012.
- The federal government intends to use exchanges to track citizen compliance with the ACA law and to control the health care coverage of every American.
- The *Citizens’ Council for Health Freedom*, or CCHF, urges states to strongly resist implementation of Obamacare’s state health insurance exchanges.
- CCHF has sent certified letters to all 50 state governors, requesting that they refuse to cooperate in the establishment of any state-run or federally-run exchange.

ST. PAUL, Minn. – By Friday, November 16, 2012, each state has been asked to submit, in writing, their intention with regard to a state health insurance exchange as outlined in the Obamacare plan. To date, three states have told the U.S. Department of Health and Human services, or HHS, that they will not implement an exchange, and with good reason. Public exchanges are cost prohibitive, with an estimated price tag of anywhere between $10 and $100 million per year to operate. Exchanges are also expected to lower the overall quality of healthcare, and they share private health data of citizens with an array of federal departments.

States must recognize that they do not have to comply with implementation of a health insurance exchange before making their decision.
“As the U.S. Supreme Court ruled on Medicaid, the federal government cannot commandeer states,” said Twila Brase, President of the Citizens’ Council for Health Freedom. “Constitutionally, states do not have to comply with the HHS request to deploy an exchange, and the ACA law acknowledges the loophole by stating that they will deploy an exchange themselves in states that do not comply. States are not in any way compelled to implement exchanges or cooperate in the federal implement of exchanges that reduce services and compromise the privacy of citizens while driving up operating costs to untenable levels.”

According to the CCFH, states have three options on November 16 if they want to protect their state and its citizens. States can:

1. Refuse to respond to the HHS request for an update regarding their health insurance exchange intentions,
2. Respond that they will not implement an exchange, as there is nothing statutory compelling them to do so, or
3. Allow the HHS to implement an exchange, and be as passive as possible, offering no assistance as the HHS pursues implementation in their state.

“States should not tie themselves to an annualized operational expense estimated to be between $10 and $100 million per year, when the expense does nothing to help and everything to hurt citizens,” Brase concluded. “States must assert their own sovereignty and stand up for the health, privacy and pocketbooks of their citizens.”

CCHF urges states not to cooperate in establishing exchanges, and has mailed letters to every governor in the United States requesting that they refuse exchange implementation and cooperation. On November 16, states must communicate – either directly or through their silence – that they will not implement a state health insurance exchange.

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Twila Brase is president and co-founder of the Citizens’ Council for Health Freedom. She has been called one of the “100 Most Powerful People in Health Care” and one of “Minnesota’s 100 Most Influential Health Care Leaders.” The Council’s efforts have stopped government-issued treatment directives, added informed consent requirements for access to patient data and defeated a proposed Health Insurance Exchange. Brase’s daily radio commentary, Health Freedom Minute, is a 60-second radio address on pressing health care issues. She 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.