

Why Affordable Care Act Should be Repealed

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Many Americans, knowing only a few details about the entire Affordable Care Act, fail to realize need for repeal.

Insurance Takeover

- 700 pages of 2,700 bill empower IRS
- Federal control of all exchanges
- Medicaid enrollment imposed on certain Exchange enrollees
- Catastrophic insurance banned
- Only managed care plans allowed
- 10 mandated “essential health benefits”
- Actuarial Value (Plans allowed to use 15-20% of premiums for administration)
- Accountable Care Organizations (“HMOs on steroids”; hospital/doctor mergers)
- Encourages “narrow network” plans
- Annual limits on coverage
- End of less costly child-only policies
- End of less costly “mini-med” policies
- Intrusive employer wellness programs
- Medicare “wellness” exams
- Ongoing screening of patients ages 55 – 64 to “establish the baseline data for monitoring the targeted population”
- 159 new federal bureaucracies
- Prohibitions on judicial/admin. appeals
- More....

Part I – Obamacare Coverage

1. Exchange enrollment in Obamacare coverage for individuals, families and small businesses

Part II – What Most Americans Know

1. Higher premiums, higher deductibles, higher health care costs, and less access to care
2. TWO Insurance Mandates and NINE Obamacare Exemptions (with 14 hardship waivers)
3. National exchange (federal Healthcare.gov website plus interconnected state-based gov’t exchanges)
4. Premium subsidies (av. \$291/mo in 2016) and cost-sharing subsidies for Obamacare
5. Mandatory reporting to IRS on insurance status by insurers, employers, states, individuals
6. IRS penalty-tax for not being covered/insured (up to 2.5% in 2017)
7. Guaranteed issue for people with uninsurable conditions (end of true health insurance)
8. Expanded Medicaid, adding millions of taxpayer-funded Medicaid recipients in 31 “expansion states”

Part III – What Many Americans Don’t Know

Medical Takeover

- Hospitals bear risk; become insurers (ACOs)
- E-health record (EHR) reporting mandates
- Eliminating fee-for-service payment
- Prioritizes preventive care and “population health” not care of sick/injured patients
- Payments to doctors and hospitals based on “value,” “performance” and “quality” as defined by government and as reported electronically using EHR (e.g. compliance with one-size-fits-all treatment protocols)
- Medicare “Innovation Center” conducts experiments on patients without consent.
- IPAB empowered to cut payments for care without Congressional approval
- “Team-based care” in “medical homes” limits physician-based, individualized care
- Mandatory “quality” reporting by clinics and hospitals through EHRs
- Medical and dental surveillance systems
- Regulations/Penalties lead to Dr. employees
- Penalties for hospitals that readmit patients
- \$500 billion cut to Medicare program
- More....

Funding the Takeover

- 3.8% tax on investment income
- Increased Medicare payroll tax
- 40% “Cadillac Tax” on employers
- Taxes on drug/medical device co.
- Taxes on tanning/insurance co.
- Fewer allowable med. deductions
- One FSA tax and two HSA taxes
- Subsidies/redistribution schemes
- More....

Enforcing the Takeover

- Obamacare Exchange Database
- Insurer reporting on enrollees
- Insurance mandate reporting
- Patient discharge data to Gov’t
- Tracking of Free Drug Samples
- Birth certificate data collection
- “Elder Justice” surveillance
- Employer wellness programs
- Individual patient “risk scores”
- Over 20,000 pages of regulations
- More....