



Thursday, November 1, 2012

Governor Robert Bentley
State Capitol N-104
600 Dexter Avenue
Montgomery, AL 36130-2751

Dear Governor Robert Bentley,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Sean Parnell
State Capitol
P.O. Box 110001
Juneau, AK 99811-0001

Dear Governor Sean Parnell,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Janice K. Brewer
Executive Tower
1700 W. Washington St.
Phoenix, AZ 85007

Dear Governor Janice K. Brewer,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Mike Bebe
State Capitol
Room 250
Little Rock, AR 72201

Dear Governor Mike Bebe,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Edmund G. Brown Jr.
State Capitol
Suite 1173
Sacramento, CA 95814

Dear Governor Edmund G. Brown Jr.,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor John W. Hickenlooper
State Capitol
Room 136
Denver, CO 80203-1792

Dear Governor John W. Hickenlooper,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Dannel P. Malloy
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Dannel P. Malloy,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Jack A. Markell
State Capitol
150 William Penn St.
Dover, DE 19901

Dear Governor Jack A. Markell,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Mayor Vincent C. Gray, Mayor
1350 Pennsylvania Ave NW
Suite 316
Washington, DC, 20004

Dear Mayor Vincent C. Gray,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed "essential health benefits" rule, and the "extra-legal" IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a "fallback" Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping "marketplace." It is the central key to the federal takeover of health care in each State:
 - *"The ACA cannot be implemented without an insurance exchange in each state. It's a go or it's a no-go. It's that simple."* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *"The exchange is the foundation of health care... Without these exchanges we're really not going to reform anything..."* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state's Medicaid costs will rise because the ACA's exchanges will force more citizens into Medicaid using the individual's expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Rick Scott
The Capitol
400 S. Monroe St.
Tallahassee, FL 32399-0001

Dear Governor Rick Scott,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Nathan Deal
The Capitol
Room 203
Atlanta, GA 30334

Dear Governor Nathan Deal,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed "essential health benefits" rule, and the "extra-legal" IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a "fallback" Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping "marketplace." It is the central key to the federal takeover of health care in each State:
 - *"The ACA cannot be implemented without an insurance exchange in each state. It's a go or it's a no-go. It's that simple."* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *"The exchange is the foundation of health care... Without these exchanges we're really not going to reform anything..."* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state's Medicaid costs will rise because the ACA's exchanges will force more citizens into Medicaid using the individual's expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Neil Abercrombie
Executive Chambers
State Capitol
Honolulu, HI 96813

Dear Governor Neil Abercrombie,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor C. L. Butch Otter
State Capitol
P.O. Box 83720
Boise, ID 83720

Dear Governor C. L. Butch Otter,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Pat Quinn
207 State House
Springfield, IL 62706

Dear Governor Pat Quinn,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Mitch Daniels
206 State House
Indianapolis, IN 46204

Dear Governor Mitch Daniels,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Terry Branstad
State Capitol
1007 East Grand Ave.
Des Moines, IA 50319

Dear Governor Terry Branstad,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Sam Brownback
State Capitol
300 SW Tenth Ave., Ste. 241S
Topeka, KS 66612-1590

Dear Governor Sam Brownback,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Steven L. Beshear
700 Capitol Ave., Ste. 100
Frankfort, KY 40601

Dear Governor Steven L. Beshear,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Bobby Jindal
P.O. Box 94004
Baton Rouge, LA 70804-9004

Dear Governor Bobby Jindal,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Paul LePage
Office of the Governor
#1 State House Station
Augusta, ME 04333-0001

Dear Governor Paul LePage,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Martin J. O'Malley
100 State Circle
Annapolis, MD 21401-1925

Dear Governor Martin J. O'Malley,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed "essential health benefits" rule, and the "extra-legal" IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a "fallback" Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping "marketplace." It is the central key to the federal takeover of health care in each State:
 - *"The ACA cannot be implemented without an insurance exchange in each state. It's a go or it's a no-go. It's that simple."* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *"The exchange is the foundation of health care... Without these exchanges we're really not going to reform anything..."* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state's Medicaid costs will rise because the ACA's exchanges will force more citizens into Medicaid using the individual's expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Deval L. Patrick
Massachusetts State House
Room 280
Boston, MA 02133

Dear Governor Deval L. Patrick,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Richard D. Snyder
P.O. Box 30013
Lansing, MI 48909

Dear Governor Richard D. Snyder,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Mark B. Dayton
130 State Capitol
75 Rev Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Governor Mark B. Dayton,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Haley R. Barbour
P.O. Box 139
Jackson, MS 39205

Dear Governor Haley R. Barbour,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Jeremiah Wilson Nixon
P.O. Box 720
Jefferson City, MO 65102

Dear Governor Jeremiah Wilson Nixon,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Brian D. Schweitzer
Montana State Capitol Bldg.
P.O. Box 200801
Helena, MT 59620-0801

Dear Governor Brian D. Schweitzer,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor David E. Heineman
P.O. Box 94848
Lincoln, NE 68509-4848

Dear Governor David E. Heineman,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Brian E. Sandoval
State Capitol Bldg.
101 N. Carson Street
Carson City, NV 89701

Dear Governor Brian E. Sandoval,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor John H. Lynch
State House
107 North Main Street
Concord, NH 03301

Dear Governor John H. Lynch,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Christopher J. Christie
P.O. Box 001
Trenton, NJ 08625

Dear Governor Christopher J. Christie,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Susana Martinez
490 Old Santa Fe Trail
Room 400
Santa Fe, NM 87501

Dear Governor Susana Martinez,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Andrew M. Cuomo
NYS State Capitol Building
Albany, NY 12224

Dear Governor Andrew M. Cuomo,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed "essential health benefits" rule, and the "extra-legal" IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a "fallback" Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping "marketplace." It is the central key to the federal takeover of health care in each State:
 - *"The ACA cannot be implemented without an insurance exchange in each state. It's a go or it's a no-go. It's that simple."* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *"The exchange is the foundation of health care... Without these exchanges we're really not going to reform anything..."* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state's Medicaid costs will rise because the ACA's exchanges will force more citizens into Medicaid using the individual's expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Beverly Perdue
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Beverly Perdue,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor John Dalrymple
State of North Dakota
600 East Boulevard Avenue
Bismarck, ND 58505-0100

Dear Governor John Dalrymple,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Jonn R. Kasich
Riffe Center, 30th Floor
77 South High Street
Columbus, OH 43215-6117

Dear Governor Jonn R. Kasich,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Mary Fallin
Oklahoma State Capitol
2300 N. Lincoln Blvd., Room 212
Oklahoma City, OK 73105

Dear Governor Mary Fallin,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor John A. Kitzhaber
State Capitol Building
900 Court Street N.E.
Salem, OR 97301

Dear Governor John A. Kitzhaber,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Thomas W. Corbett
225 Main Capitol Bldg.
Harrisburg, PA 17120

Dear Governor Thomas W. Corbett,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Lincoln D. Chafee
82 Smith Street
Providence, RI 02903

Dear Governor Lincoln D. Chafee,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Nikki R. Haley
1205 Pendleton Street
Columbia, SC 29201

Dear Governor Nikki R. Haley,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Dennis M. Daugaard
500 E. Capitol Ave.
Pierre, SD 57501

Dear Governor Dennis M. Daugaard,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor William E. Haslam
First Floor
State Capitol
Nashville, TN 37243-0001

Dear Governor William E. Haslam,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor James R. Perry
State Insurance Building
1100 San Jacinto
Austin, TX 78701

Dear Governor James R. Perry,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Gary R. Herbert
350 North State Street
Suite 200
Salt Lake City, UT 84114-2220

Dear Governor Gary R. Herbert,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Peter Shumlin
109 State Street
Pavilion
Montpelier, VT 05609

Dear Governor Peter Shumlin,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Robert McDonnell
Patrick Henry Bldg. Third Floor
1111 East Broad Street
Richmond, VA 23219

Dear Governor Robert "Bob" McDonnell,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Christine Gregoire
416 Sid Snyder Ave. N.W.
Ste. 200
Olympia, WA 98504-2000

Dear Governor Christine Gregoire,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Earl Ray Tomblin
State Capitol
1900 Kanawha Blvd. East
Charleston, W. VA 25305

Dear Governor Earl Ray Tomblin,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Scott K. Walker
115 East Capitol
Madison, WI 53702

Dear Governor Scott K. Walker,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care... Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President



Thursday, November 1, 2012

Governor Matthew Hansen Mead
State Capitol
200 W. 24th Street
Cheyenne, WY 82002-0010

Dear Governor Matthew Hansen Mead,

The U.S. Department of Health and Human Services has given you a deadline to respond on the Affordable Care Act (ACA)'s government health insurance exchanges: Friday, November 16, 2012. Only 15 states have responded.

We recommend and are requesting that you do not respond to the HHS exchange decision deadline, and that you do not in any way comply with their request for a decision.

Our reasons are simple:

- All exchanges under the ACA are federal exchanges under federal law and federal regulatory control, including federal regulations yet to be written and those already written (ie. final exchange rule, the costly final risk adjustment rule and proposed “essential health benefits” rule, and the “extra-legal” IRS premium subsidies/tax credits rule as U.S. Congressman Darrell Issa has called it). There is no state control.
- The ACA does not and cannot require you to set up a state-funded federal exchange, or any kind of an exchange. Like the Medicaid expansion mandate, that would be unconstitutional commandeering of the State. This is why the ACA contains a “fallback” Federally-Facilitated Exchange (FFE).
- The ACA exchange is not a simple one-stop-shopping “marketplace.” It is the central key to the federal takeover of health care in each State:
 - *“The ACA cannot be implemented without an insurance exchange in each state. It’s a go or it’s a no-go. It’s that simple.”* – Robert Laszewski, president of Health Policy and Strategy Associates, September 19, HealthDay News.
 - *“The exchange is the foundation of health care...Without these exchanges we’re really not going to reform anything...”* – Terry Gardinar, national policy director, Small Business Majority, Inside Business, June 25, 2010.
- State-funded exchanges will cost states \$10 - \$100 million each year to operate. This is based on Medicaid and relatively limited use estimates -- which may be incorrect. It could cost more if more people use it, and employers shift employees to the exchange.
- Your state’s Medicaid costs will rise because the ACA’s exchanges will force more citizens into Medicaid using the individual’s expected income – after deductions.

- The exchanges, through the “federal data services hub” will allow the IRS to track the insurance status of all your constituents, and impose the penalty-tax for failure to comply with the ACA’s controversial mandate to purchase health insurance.
- The ACA requires “individualized risk scores” on you and all your constituents, forcing States to collect and send very detailed medical and other data to the federal government.
- Employers face significant penalties if even one of their employees receives government-issued, premium-subsidized insurance on the state-funded exchange.
- No federal dollars have been appropriated to build a Federally-Facilitated Exchange. The U.S. House has refused the HHS request for a \$750 million appropriation.
- Thus, HHS has further requested that all states agree to and prepare for a state-federal partnership model with the States as “storefronts” and the federal government in control of most operations. This will obscure from your constituents the fact that the exchange is a federal takeover operation under federal control.
- If you cooperate to build or impose any one of these federal exchanges, expect the federal government to charge your state fees for the partnership model or the FFE.

The November 16 deadline is intended to pressure you into committing to facilitate the implementation of ACA – government-run health care -- by imposing this intrusive precursor single-payer system and IRS mandate enforcement system on your state.

HHS wants you to commit to either to build it and pay for it yourself (state-funded), to go into partnership with the federal government to impose it on your constituents (state-federal partnership), or to cooperate with the Federal government to let them impose it on your constituents (Federally-facilitated). Please note that the FFE will be very difficult, in fact all but impossible, to impose without your state’s cooperation, particularly if your state refuses to share medical/tax/other data on individuals.

As Governor, you have incredible power to stop the federal takeover of health care and to reassert your State’s rights protected under the U.S Constitution – the very same rights reaffirmed by the U.S. Supreme Court regarding the Medicaid expansion mandate.

Simply refuse to cooperate in every way with the imposition of an ACA exchange in your state. Again, we urge you not to respond to the demand that you decide by November 16.

CCHF has published a new report on the exploding growth and emerging marketplace of private health insurance exchanges. Find it at: <http://bit.ly/RD8vvp>

We have certified this letter to be sure that it arrives. Feel free to contact me with questions or for more information. I can be reached directly at: 651-646-8935 or twila@cchfreedom.org

Sincerely,

Twila Brase
President