CITIZENS' COUNCIL FOR Health Freedom
SECURING HEALTH FREEDOM FOR ALL

***** NEWS RELEASE *****

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CCHF to States: Just Say No to State Health Insurance Exchanges

State Governors Have Deadline of November 16, 2012 to Declare Their Intentions Regarding Implementation of a Health Insurance Exchange

Key Facts:

- State governors must declare their intentions with regard to health insurance exchanges and provide a blueprint of the system as well as declaration letter to the Department of Health and Human Services by Friday, November 16, 2012.
- The state exchange system is the cornerstone of Obamacare. By refusing to implement these exchanges in their states, governors have the power to stop nationalized healthcare.
- The ***Citizens' Council for Health Freedom (CCHF)*** states that refusal to implement these 'cornerstone' state exchanges is one of the only ways to prevent the radical, negative changes to health care delivery in the United States.
- ***CCHF*** is mailing letters to all governors urging them to refuse to implement a state health insurance exchange.

ST. PAUL, Minn. – With a looming deadline of Friday, November 16, many states are still determining whether to move forward with a state health insurance exchange. To date, only 15 states have declared a definite intent to proceed with such an exchange, and six others have declared opposition to a state exchange, and with good reason, according to the ***Citizens' Council for Health Freedom.***

"These exchanges are clearly the hallmark of Obamacare, taking power from the citizens and the states and handing it over to the federal government," said Twila Brase, President of the Citizens' Council for Health Freedom. "In actuality, government healthcare exchanges are not the one-stop-shop marketplaces that they are touted to be; they invade privacy, track compliance with the controversial mandate, may impinge on care, and will decimate state budgets."

The ***CCHF*** has outlined major issues that impact citizens as well as states themselves which governors must consider when making decisions about a state exchange.

First, under the Affordable Care Act, employers with at least one employee who choose to purchase health insurance through healthcare exchanges will be penalized up to $3,000 per employee. For many employers, the penalty will be burdensome. But without exchanges, there will be no penalties. Governors must consider the business environment and potential for lost state tax revenue and jobs if businesses choose to close because of the penalties.

Second, exchanges create an enormous debt burden on the states that implement them, despite seemingly attractive tax subsidies. In Minnesota, for example, Governor Mark Dayton has earmarked $73 million in federal grants for initial implementation of the healthcare exchange, but based on hearings of the Minnesota Legislative Advisory Commission, the legislature has not agreed to fund the exchange. Therefore, if legislators refuse to enact a Minnesota exchange, the taxpayer money granted to Minnesota by the federal government will be wasted. States that do not establish a state-funded exchange, can partner with the federal government, but they will be charged a fee. The law allows HHS to deploy a federally-facilitated exchange but the process has not been revealed and may be difficult to do without state cooperation.

"The ACA health insurance exchanges come at an unaffordable cost in state's rights and privacy and at a price that neither the states nor the federal government can afford, and the added dollars are not expected to improve services," Brase states. "Meanwhile, as our new report on private market health exchanges points out, there are many viable models for private exchanges where the sole purpose is to sell insurance. They achieve the same end of helping citizens to get coverage without impinging on privacy or state budgets."

Finally, states must consider the overreach of the federal government and the encroachment on their rights as individual states if they choose to implement a state exchange. Every state-run exchange must follow federal law and be designed to federal specifications. All state exchanges are at the mercy of the federal government in terms of how they run and what they offer. States have little room to make changes to better suit the needs of their own citizens.

CCHF urges states not to cooperate in establishing exchanges, and is mailing letters to every governor in the United States urging them to refuse to meet the November 16 deadline and apprising them of their rights and the reasons why exchanges are harmful to states and private citizens.

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Twila Brase is president and co-founder of the ***Citizens' Council for Health Freedom***. She has been called one of the "100 Most Powerful People in Health Care" and one of "Minnesota's 100 Most Influential Health Care Leaders." The Council's efforts have stopped government-issued treatment directives, added informed consent requirements for access to patient data and defeated a proposed Health Insurance Exchange. Brase's daily radio commentary, ***Health Freedom Minute***, is a 60-second radio address on pressing health care issues. She has been interviewed by CNN, Fox News, Minnesota Public Radio, NBC Nightly News, NBC's Today Show, NPR, New York Public Radio, Modern Healthcare, TIME, The Wall Street Journal, and The Washington Times, among others.