



HEALTH CARE

Easy Guide To What You Should Know

“While I am opposed to socialized medicine, I have always felt that medical care should be available to those who cannot otherwise afford it.”

—Ronald Reagan

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THREE STEPS TO BETTER HEALTH CARE



In contrast to the way ObamaCare was passed, we believe in using a transparent, orderly process to reform health care.

STEP 1

RECONCILIATION

Repeal ObamaCare through Budget Reconciliation (the House budget process), the American Health Care Act, which is only about 100 pages long. (The ACA was more than 2,000 pages.)

Explain Why:

- The budget process requires only a simple majority (51 votes in the Senate)
- Can only be used to pass legislation relevant to the budget

STEP 2

ADMINISTRATIVE ACTION

- The regulations from the ACA, when stacked up on paper, are taller than Kobe Bryant. These regulations reduce choice and competition by imposing once-size-fits-none standards in health insurance and care.
- Secretary of Health and Human Services Tom Price can take action to decrease burdensome regulations.
- The “Secretary shall” or the “Secretary may” is written more than 1,400 times in the ACA, giving him a great deal of authority to relax regulations that were most harmful to people and businesses.

STEP 3

ADDITIONAL LEGISLATION

- For initiatives that can't get through via Budget Reconciliation, we can pass other laws using regular order, the process for regular legislation that requires 60 votes in the Senate.
- There are many reforms that can continue to lower costs and put patients in control.

PRE-ACA: THE GOOD AND THE BAD

WHAT WAS GOOD?

- 87% were satisfied with their health insurance
- States regulated individual market (6%-7% of population)
- States with fewer mandates had many carriers and low-rate options, encouraging people to apply and discouraging a delay to purchase
- No mandate, fines or open enrollment needed
- Carriers could not raise rates or drop a policy due the policy holder's personal claims since 1996. (HIPAA)
- 7 states had ACA-type regulations. They had up to 250% higher rates and few carriers.
- Required coverage on adult dependents ranged by state up to age 31.
- 61% of nonelderly got coverage at work even though the government didn't require employers to do this.
- A robust safety net: seniors qualified for Medicare at age 65, many children in Children's Health Insurance Program, veterans' health programs, Medicaid for sick and vulnerable poor, and charitable clinics and hospitals

WHAT WAS BAD?

- The tax exclusion for employee health insurance encouraged over-consumption of health insurance, fueling inflation, and favored employer-sponsored plans over individually purchased plans.
- Employer tax exclusion encouraged over-involvement from health insurance companies leading to higher costs (a "third party payer" effect)
- Health insurance costs increased year over year 9% in the individual insurance market
- 14.6% of Americans lacked insurance coverage

POST-ACA: THE GOOD AND THE BAD

WHAT WAS GOOD

- Uninsured rate decreased to 11.6 percent from 14.6 percent
- People with pre-existing conditions could buy plans during open enrollment at the same prices as everyone else
- Keeping kids on insurance to age 26

WHAT WAS BAD?

- Millions who were happy with their plans before the ACA had **policies cancelled**
- This means **broken doctor-patient relationships** and even **restricted access to care** for very sick patients, including those with cancer
- The very rules that so many liked, about pre-existing conditions and young adult coverage, resulted in imbalanced insurance pools, meaning ACA enrollees were sicker than expected.
- This led to insurer losses and exits, meaning **options are disappearing:**
 - 1 out of 3 counties in America have only one insurer offering plans
 - 16 counties in TN have zero insurers for 2018
- Most who got insurance under the ACA got Medicaid, overburdening the program for the poor
- 1 in 10 Americans still uninsured
- Costs increased faster than ever, with a **25 percent average premium increase** in ACA plans this year
- One-size-fits-none regulations imposed on all
- Cut \$700 billion from Medicare, harming seniors, and the disabled, and established an unaccountable new board, the Independent Payment Advisory Board, to make more cut

MISPERCEPTIONS V. FACTS ABOUT THE ACA



MISPERCEPTION: *Thanks to the Affordable Care Act, 20 million people have insurance now who otherwise would be uninsured.*

FACT: 14 million people, not 20 million, are actually newly insured.

But about 11.7 million of these, were simply added to the Medicaid program. And about 8 million of these were already eligible for Medicaid before the ACA.

So really about 2.3 million people got insurance that didn't have it before. It is a good thing they are insured, but there are far better ways to do this.

MISPERCEPTION: *Even if most of those who gained insurance under the ACA were added to Medicaid, that's still better than no insurance.*

FACT: That's not so clear. Data comparing Medicaid health outcomes to those without insurance shows mixed results. Even before the expansion, about one third of doctors wouldn't see new Medicaid patients, who then often faced difficulty finding timely care. **Adding people to an overloaded system makes this worse, and hurt the most vulnerable who depended on Medicaid before the**

expansion. For many low-income people, a better solution would be to make low-priced, private insurance plans available so that those who are able-bodied and above the poverty line can again afford to buy their own, leaving Medicaid for the truly needy. We should also strengthen the Medicaid program for the most vulnerable people in society.

MISPERCEPTION: *Before the ACA, many people with pre-existing conditions could not get insurance coverage.*

FACT: This is not true. Everyone who applied for a plan was guaranteed one, but each state varied as to how the guaranteed plans were administered. Sometimes people with pre-existing conditions faced temporary exclusions for coverage related to their condition.

Before the ACA, the Health Insurance Portability and Accountability Act of 1996 required states to guarantee coverage. States took a few different approaches to this: In seven states, insurers were required to offer coverage to everyone at the same rate as everyone else. In eight states, everyone was ultimately guaranteed a plan, but at a higher rate. In 35 states,

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everyone could ultimately find coverage in a high-risk pool, where they paid 150 percent of standard rates, rates **similar to what everyone is paying under the ACA.**

MISPERCEPTION: *The ACA made health insurance more affordable for women by prohibiting insurance companies from charging women more than men.*

FACT: Average health insurance premiums increased dramatically for BOTH WOMEN and MEN under the ACA.

Men ended up paying more (i.e. the same as women) but it did NOT reduce costs for women because the law put too many regulations on insurance, which increased premiums for all.

MISPERCEPTION: *The ACA finally granted all women in the U.S. access to benefits like no co-pay contraception.*

FACT: Women still pay for birth control under ObamaCare, they simply do it through higher insurance premiums. And there are government programs, under Title X, that help women who can't afford birth control.

MISPERCEPTION: *The ACA has been good for our economy.*

FACT: Due to the employer mandate, some employers cut the hours (and pay) of workers to below 30 hours per week in order to avoid having to buy their health insurance or pay a penalty. Younger workers and women are disproportionately harmed.

MISPERCEPTION: *The ACA is a long-term, feasible policy.*

FACT: No, we knew from the beginning the ACA was not sustainable: higher premiums, sicker pools, a death spiral, fewer options, smaller networks, less access to care. Unfortunately, everything we are seeing bears out those predictions that it would collapse.

MISPERCEPTIONS V. FACTS ABOUT REPEAL AND REPLACE



MISPERCEPTION: *What will happen to low-income people who have been added to Medicaid under Obamacare if the law is repealed?*

FACT: Many of those newly enrolled in Medicaid, about two-thirds, were actually eligible for the program before the expansion, **so repeal won't affect them.**

(Specific to American Health Care Act replacement plan:) The remaining third of Medicaid enrollees, those who became eligible under the ACA, can stay in the Medicaid program as well, as long as they continue to qualify and don't change their insurance. In 2020, states that expanded Medicaid will stop receiving federal funds to enroll new Medicaid patients at the ACA's higher income threshold. With repeal, **many of these folks will find they no longer need assistance paying for insurance because lower-priced options will be available.**

It is better for people with moderately low incomes to be able to find affordable, private insurance plans that offer better, wider provider networks and access to care, while we work to modernize and **preserve the Medicaid program for those who need it most.**

MISPERCEPTION: *I'm afraid I couldn't afford the coverage I'm getting today in my Obamacare exchange without the financial help.*

FACT: You're right, you couldn't afford your ACA plan without the subsidy; most people cannot afford it. The reason ACA plans are so costly is because the federal government has put one-size-fits-none regulations in place that have led to higher premiums and fewer insurers participating. In fact, **if we do nothing, ObamaCare will continue to collapse, and even the coverage you are getting now may not be available soon.**

With repeal, those counterproductive federal regulations will be removed, and you will have more low-cost options. State regulations will remain intact, competition will return to your state, carriers will reenter the private market, and **you'll have a choice of affordable plans** with benefits you want and not those you don't want.

MISPERCEPTION: *I've heard Republicans want people to pay for more health care out of pocket using health savings accounts?*

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FACT: No. Our plan doesn't make people pay for health care in any particular way. We want you to have more control over your decisions. Before the ACA, generally people could choose to pay a higher premium and have lower out-of-pocket costs OR they could find a lower premium paired with higher out-of-pocket costs. Sadly, under the ACA, **both premiums and out-of-pocket costs have gone higher and higher**, meaning people have a hard time saving at all.

But health savings accounts or HSAs were designed to pair with low premium policies so of course that first step is to help people save in their HSA again, and that first step is to repeal the ACA so that everyone can have lower priced options. And we want more people to have the option of using a health savings account for more types of medical expenses. But this will be your choice.

MISPERCEPTION: *If Obamacare is repealed, will plans have lifetime caps?*

FACT: Before the ACA some carriers raised their premiums a little and offered unlimited lifetime benefits. You know how competition works, if one carrier does something that seems to be popular, their competitors will follow suit.

Other carriers chose to keep their rates lower and maybe offer a \$5 million lifetime. That's because whenever an employer changes plans, the lifetime limit resets. However, **we feel that you should be able to make that decision.** With repeal, you can expect carriers to likely keep that popular unlimited lifetime benefit, and some may offer a lower lifetime cap, but that would be your choice.

MISPERCEPTION: *Will insurance companies deny coverage to pregnant women if Obamacare is repealed?*

FACT: The situation facing uninsured pregnant women will actually improve with repeal. Under the ACA, if you found out in February that you are pregnant, you could not get coverage until January 1st at any price. At that point, you've already borne all of the costs of your pregnancy.

(Specific to American Health Care Act replacement plan:) With repeal and replace, states can use innovation and stability funds to create high-risk pools, where **pregnant women can buy coverage at any time of the year and at any point in pregnancy.**

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Furthermore, because repeal will result in more lower-priced options for all women, more women will choose to buy an affordable policy before they become pregnant or incur other healthcare expenses.

MISPERCEPTION: *I've heard repeal would allow health insurance companies to charge older Americans up to five times more.*

FACT: Repeal will not affect Medicare rates.

In the private insurance market, the ACA forced young people to pay rates that equal one-third of rates for older customers. This caused premiums for young people to skyrocket, discouraging some from buying ACA plans and contributing to the death spiral that is currently increasing premiums and reducing choices for everyone.

With repeal, insurance companies can charge younger customers one-fifth of the rates for older customers, which more closely represents how much they use the healthcare system, i.e. their "risk." This change will stabilize insurance markets by enticing more young customers to buy in.

This change shouldn't result in the older folks paying considerably more than they do now. This is just an attempt to scare older Americans.

MISPERCEPTION: *Will repealing the employer mandate cause families covered by their employers to lose coverage?*

FACT: Most large employers, those subject to the ACA employer mandate, already offered health insurance benefits pre-ACA, and **they will do so after repeal**, because they want to compete for and retain workers.

Sadly the ACA added many layers of regulations and mandates, hurting people with on-the-job coverage, because it limited choices and raised employers' costs. Those additional dollars employers spent complying with ACA rules could have been used for new jobs, higher wages, or other benefits. **Repeal will help workers by removing the red tape.**

MISPERCEPTION: *I've heard this plan cuts taxes for the rich and burdens low- and middle-income people. Is that true?*

FACT: No. We want to repeal all of the tax increases in the Affordable Care Act. There were more than 20, and these taxes affect industry, high earners, and the middle class. In fact, **there are seven tax increases in the Affordable Care Act that directly hit the middle class.** We want tax relief and affordable choices in health care for everyone.

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MISPERCEPTION: *I've heard repeal gives health insurance companies a tax break for CEO pay over \$500,000.*

FACT: The ACA included more than 20 tax increases, and one of these was a cap on how much insurance companies could deduct for CEO pay. **We want to repeal all of the tax increases in the ACA, including 7 tax hikes that directly affect the middle class.** When it comes to the cap on CEO pay, we believe government should not be decreeing who gets paid what or what industries are favored.

MISPERCEPTION: *Does your plan include payouts to big health insurance companies?*

FACT: No. Of course, health insurance companies are an important part of our healthcare system, but it's important to understand how they will be treated differently under our plan compared to the Affordable Care Act.

Under the ACA, health insurance companies got some benefits and also faced some burdens. They had to follow a long list of new federal rules, but they also benefited from the individual mandate, the rule that everyone had to buy what they were selling. There was also a program

that would have resulted in a bailout of insurance companies, but it was actually Republicans who changed that, because **we don't believe taxpayers should be on the hook for bailing out insurers.**

(Specific to American Health Care Act): Under our plan, insurance companies will have to compete, and they'll get to offer a wider array of plans because we are loosening federal regulations. There won't be a government mandate to buy a plan, but we are confident that both consumers and insurance companies are being treated fairly.

If the repeal legislation defunds Planned Parenthood will millions of women be left without access to breast exams, birth control, and pap smears?

FACT: Our plan ensures that all women will have access to the health services they need.

Many clinics and community centers across the country offer services like family planning, breast exams, pap tests and more, **including to low-income women.**

There is much debate about abortion, but most people agree that taxpayer funds should not be used to fund abortions or those who provide them, even if they offer other services as well.

SIGNS THAT THE ACA IS NOT SUSTAINABLE



You Will Not Be Able to Keep What You Have

- In fall 2013, 4.7 million plans were cancelled because they were not compliant. Many more will lose their plans. The Obama Administration estimated that 93 million would ultimately lose their plans.
- Insurance companies are dropping out now. Over 1000 U.S. counties (40 percent) on Healthcare.gov have only one insurer.
- Now 16 counties in TN have zero insurers for 2018. What will those people do?
- Aetna CEO agrees: Exchanges are in a “death spiral.”
- Humana has announced they will not participate in the exchanges in 2018, leaving some U.S. counties with ZERO insurers.
- Medicaid: The most needy are getting crowded out. Waiting lists are getting longer and longer.
- 25% increase in premiums this year, along with higher out-of-pocket costs. Public costs exploding too! \$1 trillion in new taxes. \$53 billion in regulatory costs.
- Workers facing reduced hours, businesses not expanding due to employer mandate.
- Only 4 percent of people say ACA is working well.

FREQUENTLY ASKED QUESTIONS



WITHOUT THE ACA, WILL I LOSE COVERAGE?

Glad you have coverage now. Sadly, many people lost coverage because of the ACA. And many more people will lose coverage if we do nothing. The ACA is collapsing. With repeal you will have more carriers and low-priced options available. I'm confident you will find one that includes your doctor and covers your meds.

WHAT ABOUT PRE-EXISTING CONDITIONS?

The ACA forced all carriers to cover everyone at application at same rates. And the result? High premiums for everyone, mandates and fines. Moreover, under ACA, if you delay coverage until you are sick, you'll pay a fine and must wait up to 11 months for next open enrollment period. There are better ways to protect coverage for people with pre-existing conditions. For those who are diagnosed with an expensive health condition while they are uninsured, we expect to apply an expanded version of what worked before, where there was guaranteed coverage in a state-based high-risk pools for about 150% of standard rates (comparable to today's ACA rates) within a few weeks. No mandate, fines or waiting for enrollment

periods needed. With repeal everyone will have access to coverage and care.

WILL REPEAL AFFECT MY MEDICARE?

Though the ACA took funds from Medicare and intended to reduce funding to the popular Medicare Advantage plans, repeal will protect Medicare and we support Medicare Advantage plans.

WHAT ABOUT THE PREVENTATIVE BENEFITS LIKE BIRTH CONTROL?

Each benefit costs you more in higher premiums, whether you use the benefit or not. Repeal leaves those decisions to you, your carrier, and your state.

WHAT ARE REFUNDABLE, ADVANCEABLE TAX CREDITS, AND HOW WILL THEY HELP US SAVE HEALTH CARE?

Refundable tax credits for health care are like vouchers for education. Advanceable tax credits come before or in advance of tax day, meaning consumers can use them throughout the year to pay their monthly premiums. They allow people to afford what they otherwise might not be able to afford, and move us towards equal treatment for folks who have on-the-job health insurance benefits and those who don't, like people who are self-employed or otherwise lack benefits.

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WHAT CAN I DO TO SUPPORT THE REPEAL AND REPLACEMENT OF OBAMACARE?

- Visit **readthebill.gop** to see the bill and learn more
- Talk to your friends and loved ones
- Share information on Social Media
- Contact your representatives
- Tell others to contact their representatives

HOW AMERICANS CONTINUE TO FACE DIFFICULTY ACCESSING QUALITY HEALTH CARE

RISING COSTS

IL

Michael's (Illinois) wife lost her job shortly after the ACA was implemented. Despite not working, she continued to pay for her insurance policy until it was cancelled. She was then informed that she **had to pay back \$2,200 in subsidies** and was **enrolled in Medicaid**. Michael's health insurance now costs more than his mortgage, with premiums surging to 150% and a 1000% deductible increase, and can **no longer afford to go to the doctor**. He is now considering dropping his insurance and paying the penalty.

CA

Not only is **Susie's (California)** monthly premium under Obamacare more expensive than her mortgage, her insurance (Covered California) has repeatedly fought her for every procedure, ER visit and doctor bill she has incurred. Worst of all, Susie has an **arrhythmia problem** but cannot get the **cardiac rehab she needs** despite a recent incident of incapacitating palpitations which lasted for a day and a half. Susie says she truly doesn't think her insurance cares if she lives or dies. In her words, **"It's sick to be treated like an unworthy person when you are so sick."**

Barbara's husband purchased an ACA plan and they are struggling to pay the monthly payment. She had to put the **last payment** on a **credit card**.

VA

Sandra's (Virginia) Bronze-level plan costs her \$680 per month and has a \$6,200 deductible and a \$6,550 out-of-pocket maximum. As she puts it, "It is **not health insurance as I used to know it**. It is currently a mortgage payment and I **get nothing for it**." Sandra **does not go to the doctor** unless she has no choice.

Going to the doctor is no longer an option for **Chaeli** and her family. They currently pay \$5,200 annually through payroll deduction for a high deductible plan for herself, her husband, and her stepson. Her husband **has not seen a doctor in over 2 years**, even though he has **skin cancer spots**.

TX

Amanda from **Texas** saw her insurance premium jump to \$1,100 per month, a **52% increase**—and she still **must pay 100% of medical costs** until reaching **out of pocket**.

CA

Bill from **California** now pays \$1,365 per month for insurance in 2017, a **37% increase** from 2016.

TN

Greg from **Tennessee** now pays a whopping **\$40,230.24 annually** for health insurance. That equates to \$3,352.52 per month, \$773.65 per week, and \$19.34 per hour in a 40-hour week.

FL

Cindy is a retired Chiropractor from **Florida**. Before the ACA, she paid a \$325 monthly premium and had a \$1,000 deductible. Her plan was cancelled in 2013, and then was uninsured in 2014 because she could not find a plan that was affordable. In 2015, she purchased a Humana plan with a \$440 monthly premium—a **34% increase** from what she was paying prior to ObamaCare—and a **\$6300 deductible**—six times higher than what her deductible was before her plan was cancelled. In 2016, her monthly **premium increased again**, this time to \$548 per month.

FL

Before Obamacare, **Patty's (Florida)** health insurance was affordable with a \$1,440 annual premium, but her **costs have skyrocketed**. Her premium now costs **\$6,600 per year** with a **\$5,000 deductible**.

OK

Russ received a letter from his insurance company in 2016 notifying him that his monthly premium would jump from \$916 per month to \$1,137 in 2017, a **25% increase**.

Before Obamacare, **Villi** from **Hawaii** paid \$650 per month for health insurance with zero deductible. His **new monthly premium is \$2,109** with a **\$6,500 deductible**.

HI

Robbie, a minister at Lee's Summit First Church in **Missouri**, and his family of three paid \$469 per month for insurance in 2016. With a new baby on the way, their 2017 premium for the same plan is \$754, a **60% increase**. In his words: "Last year was a really nice car payment, right? This **next year's premium is a house payment.**"

MO

Lynn decided to forgo health insurance in 2017 after learning her monthly premium would **skyrocket** from **\$599 to \$1,999**.

Olga's insurance **increased by 40%** as of January 2017.

KS

Jeff (Kansas) and his family of four now pay **\$1,450 per month** for health insurance. Before the ACA, they paid about **\$400 per month**.

MO

Darvin, a farmer in southwest **Missouri**, received a letter from his insurer notifying him that his monthly premium would increase by \$200 beginning in 2017. Additionally, he pays about \$300 each month on **medications for diabetes**.

As he put it: "I'm going to be paying **close to \$10,000** on my medicine and my insurance on a **\$20,000 income**."

KS

Before the ACA, *Mike* (**Kansas**) paid \$100 per month for insurance with an out-of-pocket maximum of \$2,500. When shopping for insurance for 2017, the least expensive HSA-compatible plan available to Mike had a monthly premium of **\$340** and a **\$6,500 out-of-pocket maximum**.

MI

Ken (**Michigan**) has **cerebral palsy**, and his wife and twin children have **brittle bone disease**. Their costs increased 300% under the ACA, **forcing** the family to **take out loans** and return to work while on disability.

TX

Katt from Texas went from paying \$1,054 for her child's insurance in 2016 to almost \$1,700 in 2017, a **61% increase**.

KS

At one time, *Kim* from **Kansas** had several insurance carriers from which to choose. Now she is limited to two major carriers and a smaller carrier which has limited its number of enrollees. The **choices for 2017 are horrible**. In 2013, Kim carried a policy with a Health Savings Account and a \$5000 deductible which cost \$188 per month despite two age-related pre-existing conditions. To keep her doctor and an HSA, the plan now would cost **\$800 per month**, with **annual out-of-pocket totals** jumping to **\$6550** per year.

NY

For *Debby* (**New York**), insurance rates have jumped from \$358/month to \$667/month, an **86% increase**. Plus her co-pay for drugs went up. Her **blood pressure meds** now cost another \$45/month.

KS

Victor (**Kansas**) is single man whose rate went from **\$50** in 2009 to **\$384** in 2017.

FL

Access to insurance hasn't guaranteed access to care for people like *Gary* (**Florida**) and his wife. They earn about \$65,000 but pay \$550 per month for insurance and have a \$6,500 deductible. **Despite spending thousands** per year on insurance, they **can't afford to go to the doctor**.

NARROWING NETWORKS

CA

Noam's (California) plan did **not cover a \$16,000 surgery** she needed to treat a seriously **herniated disc**. She had no choice but to put the cost of the surgery on **two credit cards**.

GA

Ivy (Georgia) and her family **lost access to their doctors**. They **now pay \$1,187** each month for insurance with a **\$12,900 deductible**. Before Obamacare, they paid \$649/month.

NH

Nancy (New Hampshire) must **drive over an hour** for her routine **thyroid cancer** and **high blood pressure** tests even though there is a hospital just minutes from her home. Nancy's options are limited because New Hampshire's lone insurance company **reduced the hospitals covered in its network** to keep costs down.

MI

Melody (Michigan) had insurance through her employer, but still struggled to **afford the treatment** she needs for a **birth defect** requiring surgery, medication, and physical therapy. According to Melody, "**It takes hours to find a provider** that's not an hour away, that accepts my insurance and can also see me for my particular condition." Melody needed a routine cortisone shot for her arthritic foot a few months ago, which usually cost her about \$40. Imagine her shock when she learned the shot would now cost her **\$832.96**.

PLAN CANCELLATIONS

Sue is currently in remission from **stage 3 cancer** and her health coverage was just **cancelled for the third time**.

AZ

Before Obamacare, Sharon from **Arizona** paid \$300 a month for health insurance and had low copays for prescriptions. Then, like millions of other Americans, her **plan was cancelled**. Then when applying for a 2016 plan, the lowest priced plan she could find was \$750 per month with a \$6750 deductible and her pharmaceuticals were \$650 per year. But thankfully she had a small business when she applied so her company deductions helped her qualify for a subsidy to drop her premium below \$200. She sold her business in 2016 at the first of the year, so when she filed for her taxes she had to pay the subsidy up to the maximum for 2016. In 2017 when she moved to a **county with only one carrier** that had so many complaints that her doctor nor hospital would take them, she chose not to pay their \$1150/month premium and selected a limited benefit hospital only plan taking her chances as a **breast cancer survivor**. Strangely, Blue

Cross Blue Shield still has NOT cancelled her policy from 2016 though she has called numerous times to healthcare.gov who must authorize the cancellation. They told her they cannot process it until she enrolls in the marketplace for 2017. She tried to explain that she no longer even lives in their coverage area. The cancellation alone **has been a nightmare.**

AZ

Kim from **Arizona** has had her health insurance **cancelled three times** since the ACA was passed. The second time this happened, she purchased a United silver PPO plan and lost her trusted primary care doctor and dermatologist. Then she was notified that this insurance plan would be cancelled in 2017. Even worse, she will only have **one insurer to choose from** in 2017. Kim is a small business owner who does not receive subsidies. She says she can afford to pay for a good plan, but none are available to her. The plans available have **limited networks** and **high deductibles**.

TX

DJ from **Texas** has had his insurance **cancelled three times now**: two times by UnitedHealthCare and once by Blue Cross.

KS

Rochelle from **Kansas** just had her **insurance cancelled in 2016**. While her new plan costs just \$50 more per month—a minor increase compared to others across the country—her deductible is much higher and she now has less coverage than before. In her words, **“I’m paying more for less.”**

NE

Pamela, a former dental hygienist from **Nebraska**, has had her insurance **cancelled four different times** now.

HOW THE ACA HARMS EMPLOYEES & IS A DISINCENTIVE TO WORK HARDER

CA

Chandra is a small business owner who lives in **California**. She and her husband receive a subsidy under the law, but this has forced them to **keep their income low** each month or risk losing the subsidy and having to pay \$1,500 per month for health care. In her words, **“Obamacare has killed our business** and made us government-dependents. Now when I talk to the health insurance people, there is **no talk about health...it’s all about our income & tax return.”**

MO

Jim, a **business owner** in **Missouri**, knows firsthand how the ACA really doesn’t help the employees and **only hurts** the employer’s ability to **hire and pay better salaries**.

CO

To stay under the **ACA's 30-hour-per-week** insurance coverage requirement, the University of **Colorado** Boulder **capped student employment** at 25 hours/week.

MO

In 2014, the year Obamacare took effect, **Warren** (**Missouri**) paid \$318 in monthly premiums. For 2017, he will pay an estimated \$716 each month. Warren is a veterinarian with 2 businesses and 65 part-time employees. Because of ObamaCare, Warren is **currently not hiring** and **cannot offer a group plan**.

HOW MEDICAID PRIORITIZES ABLE-BODIED ADULTS OVER THE DISABLED

AR

10-year-old Skylar (**Arkansas**)—who was born with **schizencephaly**, a rare neurological condition—had to have surgery to relieve pressure on her brain. A Medicaid waiver would help with Skylar's tremendous transportation and at-home expenses, but sadly, she **fell one hundred slots to number 754** on Arkansas's **Medicaid waiver waiting list**. The Medicaid expansion **strains resources** meant for people like Skylar.

KS

Beverly (**Kansas**) is a health care expert and an independent health insurance agent who has written private and group plans in 24 states for 14 years and helped pioneer HSAs. Beverly has worked with many clients who have suffered under the ACA, including **one mother of three** who had a plan she and her husband liked before the ACA, but the high premiums sent them to the Exchange where they were **forced to put their children on Medicaid**. In her words, "I cried. These are things that I never wanted. We really had no choice. It is hard for me to walk into the office of our pediatrician and hold my head up high. I do not look down on others for needing assistance, but it is something that we have never needed. I wish I could pay for my children's medications when they are sick, (something that my husband and I have ALWAYS been able to do on our own) but that **choice was taken from me.**"