

**THE UNAFFORDABLE CARE ACT  
WHY WE STILL NEED TO REPEAL OBAMACARE**

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# WHY CONGRESS STILL MUST REPEAL OBAMACARE: THE UNAFFORDABLE CARE ACT





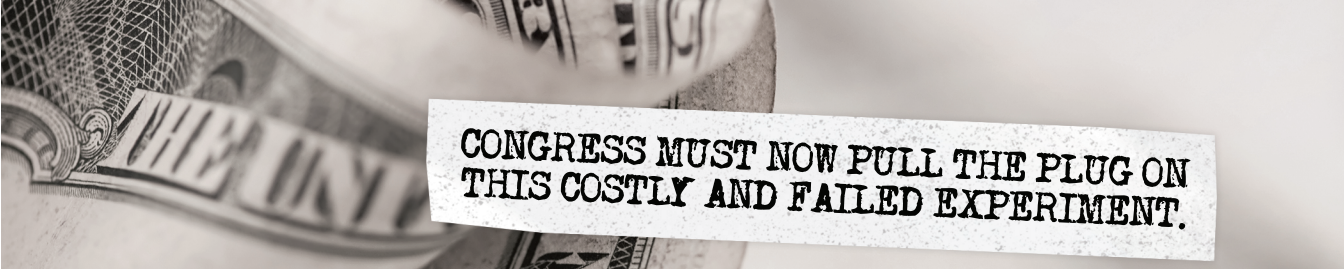
**Donald Trump and Republicans in Congress vowed to repeal ObamaCare (also known as the Affordable Care Act), but fell a few votes short in 2017. The GOP did repeal one of the worst features of ObamaCare: the individual mandate tax. That tax was a penalty imposed on mostly lower middle-income families – the average income of a family paying the tax was less than \$50,000 a year. Some Republicans are saying that the fight to repeal ObamaCare is now over. Liberals say that the plan is working.**

No. ObamaCare's problems are mounting. They are not going away. The death spiral of increasing health insurance premiums has placed a severe financial strain on American workers. In many states premiums

have doubled in just four years since ObamaCare took effect. For millions and millions of Americans, the Affordable Care Act is now the Unaffordable Care Act.

ObamaCare was signed into law by President Obama after it was rammed through Congress by the Democrats without a single Republican vote in the House and the Senate. This multi-trillion-dollar new federal health care entitlement program came with a parade of seductive promises to the American people that the health insurance system in America would be revised, expanded, and vastly improved.

Now Americans are discovering the hard truths about this massive expansion of government into the health care system.



**CONGRESS MUST NOW PULL THE PLUG ON  
THIS COSTLY AND FAILED EXPERIMENT.**

1. ObamaCare has made health care MORE expensive for families. For example, for a family with Obamacare's lowest costing silver plan, annual premiums total as much as \$33,000 per family<sup>1</sup>. The national premium increase from 2013-17 was nearly \$3,000 per year.<sup>2</sup>
2. It has hurt small businesses by adding substantially to their costs.
3. It has made the long-term deficit situation much worse. The projected budgetary cost of ObamaCare subsidies and Medicaid expansions from 2018-2027 now totals \$4.8 trillion.<sup>3</sup>
4. It has reduced health insurance options and millions of Americans have not been able to keep their current health insurance "if they like it."
5. It has not saved families \$2,500 a year.



6. It has not reduced the overall cost of the health care system. Instead of “bending the cost curve down,” national expenditures on health care continue to rise as a share of GDP and are expected to continue to do so for the next decade at least.
7. ObamaCare’s stampeding costs may very well bankrupt the federal government and the states if isn’t fully repealed and replaced with a plan with more choices and less cost.
8. Even with the massive cost of the program, ObamaCare will still leave 30 million Americans uninsured. We estimate that 90% of the reduction in the number of uninsured Americans was simply due to an expansion of Medicaid – which provides very poor quality of care.

This brief booklet documents why ObamaCare is now on a federal life support system and why congress must now **pull the plug on this costly and failed experiment.**



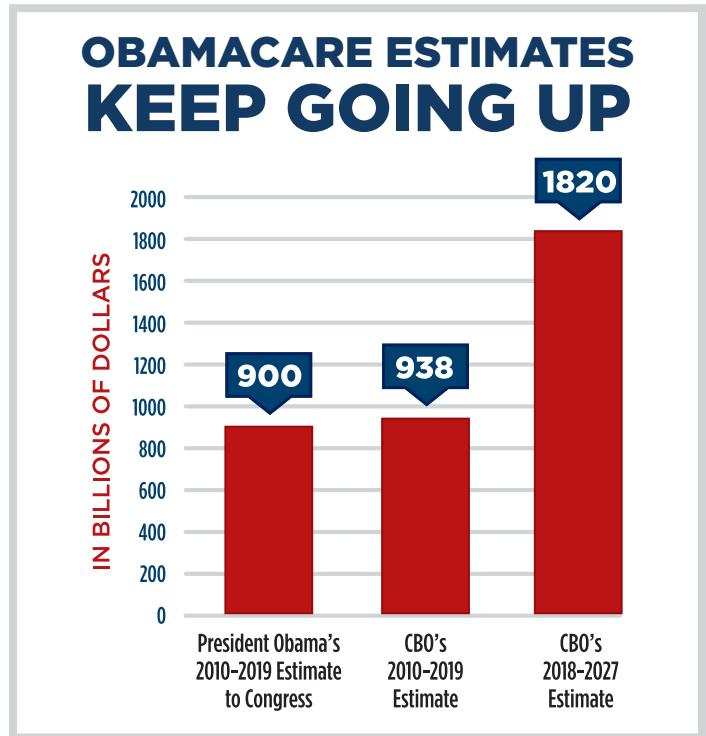


# OBAMACARE EXPLODES THE BUDGET BY \$1.8 TRILLION

- In September 2009, President Obama promised the American people: “I will not sign a plan that adds one dime to our deficits — either now or in the future.”
- In reality, just like Medicare and Medicaid, the costs of ObamaCare are spinning out of control. The “Affordable Care Act” will cost over \$1.8 trillion<sup>4</sup> over the next decade and still leave 8% of Americans without health insurance.<sup>5</sup> This, is on top of the near \$21.5 trillion<sup>6</sup> of debt the government already incurs.
- Meanwhile, as the ObamaCare insurance exchanges continue to collapse because costs are rising so much faster than the insurance premiums. Democrats continue to insist every year on a bailout of the insurance funds and the insurance companies. That will cost taxpayers billions more.<sup>7</sup>



- One factor that has exploded the ObamaCare price tag has been the massive and unexpected growth in the Medicaid rolls – with 2 to 4 million more people signing up for Medicaid than early Congressional Budget Office estimates.<sup>8</sup>
- Entitlement spending is by far the biggest driver of our national debt. ObamaCare and its Medicaid expansion are responsible for 44% of the projected future increases in entitlement spending.<sup>9</sup>



2009 Estimate: <https://www.cbsnews.com/news/transcript-obamas-health-care-speech/2/>  
 2010 Estimate: <http://www.cbo.gov/sites/default/files/cbofiles/ftpdocs/113xx/doc11379/amendreconprop.pdf>  
 2018-2027 Estimate: <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53091-fshic.pdf>



## OBAMACARE TAXES ARE HARMING THE ECONOMY

- ObamaCare unleashed a torrent of new taxes on the American economy – with many falling directly on the middle class. The Wall Street Journal reports ObamaCare is the single largest tax increase in the history of the middle class.<sup>10</sup> The list of taxes is shown on the next page.
- The continuing resolution that ended the three-day government shutdown in January 2018 delayed both the “Cadillac” tax and medical device tax implementation until 2022 and 2020 respectively.<sup>11</sup> The resolution also put a pause on the health insurance tax for only 2019 which means the tax is applicable in 2018 and 2020 onwards if not addressed.<sup>12</sup>
- Although the tax reform law passed in December 2017, repealed the individual mandate, which coerced individuals to buy expensive health insurance under the penalty of a tax, the ObamaCare law increased the capital gains and dividend taxes by 3.8%. This is a direct tax on investment in the U.S. economy. Thanks to ObamaCare, the capital gains and dividend taxes are now taxed at the highest rate in 20 years. This high investment tax is one reason that business investment was very weak in the Obama years.



# LIST OF OBAMACARE TAXES

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- INDIVIDUAL MANDATE NON-COMPLIANCE TAX (REPEALED)
- MEDICINE CABINET TAX ON HSAS AND FSAS (TOOK EFFECT 2011)
- FLEXIBLE SPENDING ACCOUNT TAX (TOOK EFFECT 2013)
- HSA WITHDRAWAL TAX HIKE
- TEN PERCENT EXCISE TAX ON INDOOR TANNING (TOOK EFFECT 2010)
- "CADILLAC TAX" - EXCISE TAX ON COMPREHENSIVE HEALTH INSURANCE PLANS (TAKES EFFECT IN 2020)
- HEALTH INSURANCE TAX (TOOK EFFECT 2014)
- EMPLOYER MANDATE TAX
- SURTAX ON INVESTMENT INCOME
- PAYROLL TAX HIKE (TOOK EFFECT 2013)
- TAX ON MEDICAL DEVICE
- TAX ON PRESCRIPTION MEDICINE
- CODIFICATION OF THE "ECONOMIC SUBSTANCE DOCTRINE" (TOOK EFFECT IN 2010)
- ELIMINATION OF DEDUCTION FOR RETIREE PRESCRIPTION DRUG COVERAGE
- \$500,000 ANNUAL EXECUTIVE COMPENSATION LIMIT FOR HEALTH INSURANCE EXECUTIVES

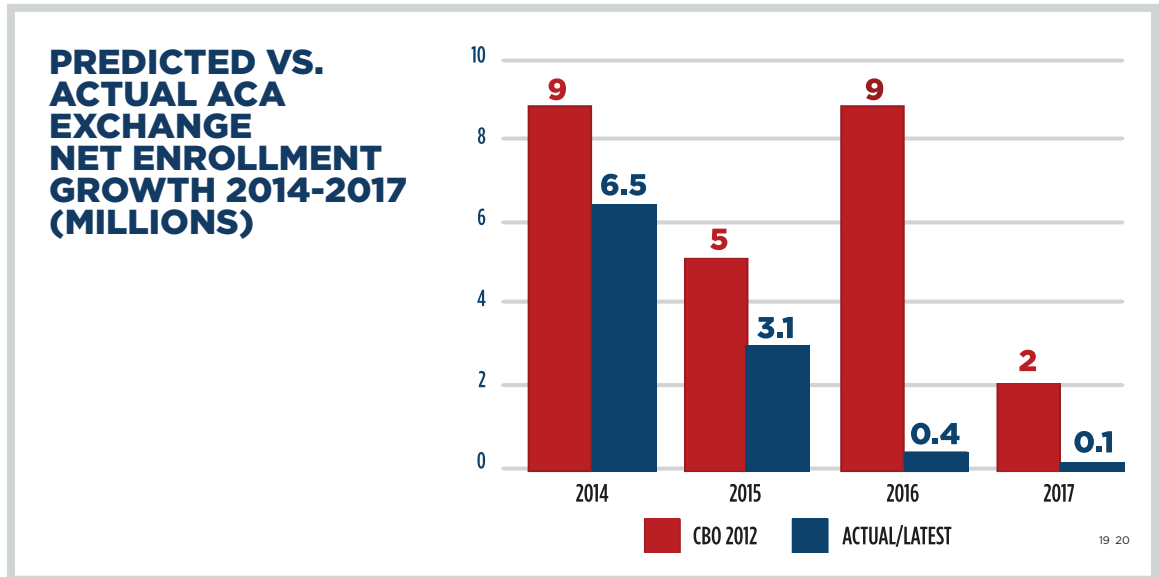


## MILLIONS OF AMERICANS ARE STILL UNINSURED

- On April 1, 2014, standing in the rose garden at the White House, President Obama claimed that the Affordable Care Act meant “everybody” would have health insurance.<sup>14</sup> It’s no wonder Obama chose April Fool’s Day to make this remark — because 30 million Americans remain uninsured to this day.<sup>15</sup>
- Why are there so many millions of Americans still uninsured? According to the Financial Times, one of the biggest factors is still the cost of health insurance. This comes as no surprise. Despite being titled the “Affordable Care Act”, President Obama’s signature legislation completely disregarded critical reforms that would have increased competition, and lowered costs, in health insurance markets.<sup>16</sup>
- In 2012, the Congressional Budget Office estimated that ObamaCare exchange enrollment would increase by 9 million<sup>17</sup> in 2016. An underwhelming 400 thousand increase occurred which is a staggering 96% decline in the anticipated growth of net-ACA exchange enrollment.<sup>18</sup>



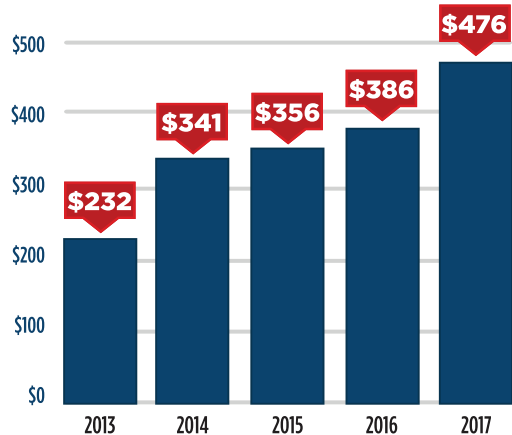
- So we have spent hundreds of billions of dollars already, we have subsidized insurance plans to get Americans to sign up for ObamaCare, we have penalized them if they don't buy ObamaCare (until that law was repealed) but we still have 28 million Americans without insurance. Has there ever been a bigger public policy flop?



## OBAMACARE INSURANCE COSTS ARE DRAINING FAMILY FINANCES

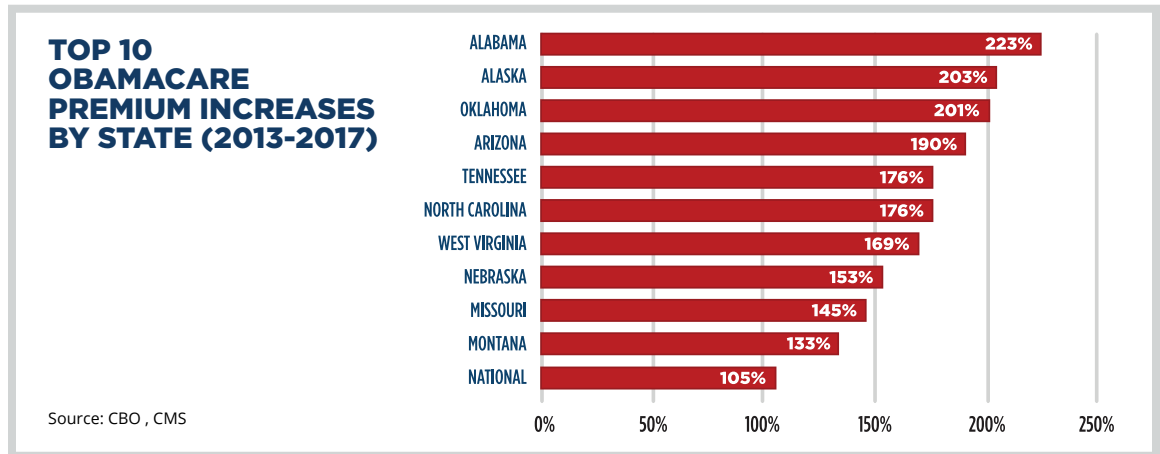
- In May 2017 the Department of Health and Human Services reported that average health insurance premiums doubled since 2013.<sup>21</sup> How many families' incomes doubled over that same period. Very few, in fact, average family real wages and salaries didn't rise at all under Obama's presidency. Higher health care costs have crowded out pay raises.
- Clearly Americans aren't saving \$2,500 under Obamacare. In 2017, the average annual premiums for employer-sponsored health insurance are \$6,435 for single coverage and \$18,142 for family coverage.<sup>22</sup>

### AVERAGE MONTHLY PREMIUMS IN THE INDIVIDUAL MARKET FOR HEALTHCARE.GOV STATES



Source: U.S. Dept. of Health and Human Services, ASPE DATA POINT, Individual Market Premium Changes: 2013-2017 p. 4

- Blue Cross Blue Shield of Illinois, the most popular insurer on the state's Obamacare exchange, is proposing increases of 38.2 percent for its BlueCare Direct HMO plans, 14.5 percent in its Blue Precision HMO plans, 9.3 percent in its Blue FocusCare HMO plans and 5.4 percent for its Blue Choice Preferred PPO plans.<sup>23</sup>
- Americans are paying more money for less health coverage. According to Kaiser – the average deductible for people with employer-provided health coverage last year is \$1,221 compared to \$303 in 2006.<sup>24</sup>



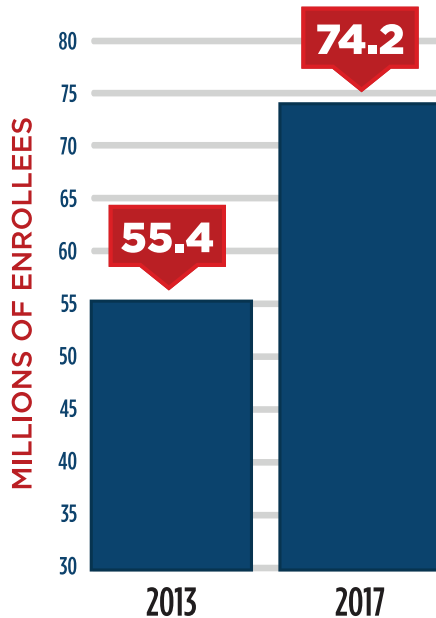


## MEDICAID ROLLS BURSTING

The chart on the next page shows in 2013 55.4 million people were enrolled in Medicaid. Today, more than 74.2 million people are enrolled in the program, which was originally supposed to help very low income Americans<sup>25</sup>. So Obamacare has increased Medicaid enrollment by more than 50% and the budget of Medicaid has similarly expanded to \$377 billion a year – or over one billion dollars of spending every day<sup>26</sup>.



## MEDICAID GROWTH



Source: Medicaid.gov

- Almost 90% of Americans who got health insurance under ObamaCare got it from Medicaid, which has very poor quality care.
- Meanwhile, taxpayer subsidies for health insurance purchased through the exchanges that were established under the ACA, as well as related spending, increased to a total of \$51 billion in 2017 compared with \$15 billion in 2014<sup>27</sup>. (Subsidies are structured as refundable tax credits)
- The projected budgetary cost of ObamaCare subsidies and Medicaid expansions from 2018-2027 now totals \$4.8 trillion.<sup>28</sup>



## BENDING THE HEALTH CARE COST CURVE

Obama and his health care experts promised to reduce the overall cost of the health care system imposed on the American economy. But the year before ObamaCare was fully implemented, health care amounted to 17.2% of U.S. GDP. Last year that tab grew to 18.3% - an increase of almost \$200 billion in health spending. And the latest forecast for 2025, is that health care spending will reach almost 20% of GDP.<sup>29</sup>

- ObamaCare has failed to bend the cost curve down because we added about 20 million people to the government and private insurance rolls without any meaningful spending restraints. There is no interstate competition. People cannot choose health plans like HSAs that incentivize patients to shop around for low cost alternatives.
- ObamaCare raises insurance costs for two reasons. First, community rating means that healthy people with healthy lifestyles have to pay the same insurance premiums as people who have unhealthy lifestyles – obesity, bad diets, drug and alcohol abuse, insufficient exercise, inadequate sleep, and so on. This rewards people for unhealthy life decisions, while discouraging young and healthy people from buying insurance at all.

- The worst feature of ObamaCare is its requirement that all health plans include coverage for essential services- even if the insured person doesn't want that coverage. This drives up the cost of health insurance by forcing to buy very expensive health plans, even when they don't need it. Below are the full list of essential benefits . Congress should immediately repeal the Essential Benefit requirement as a way to reduce health insurance costs.

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## ESSENTIAL BENEFIT REQUIREMENTS

Ambulatory patient services (outpatient care you get without being admitted to a hospital)

Emergency services

Hospitalization  
(like surgery and overnight stays)

Pregnancy, maternity, and newborn care  
(both before and after birth)

Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)

Prescription drugs

Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

Laboratory services

Preventive and wellness services and chronic disease management

Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)

Birth control coverage

Breastfeeding coverage

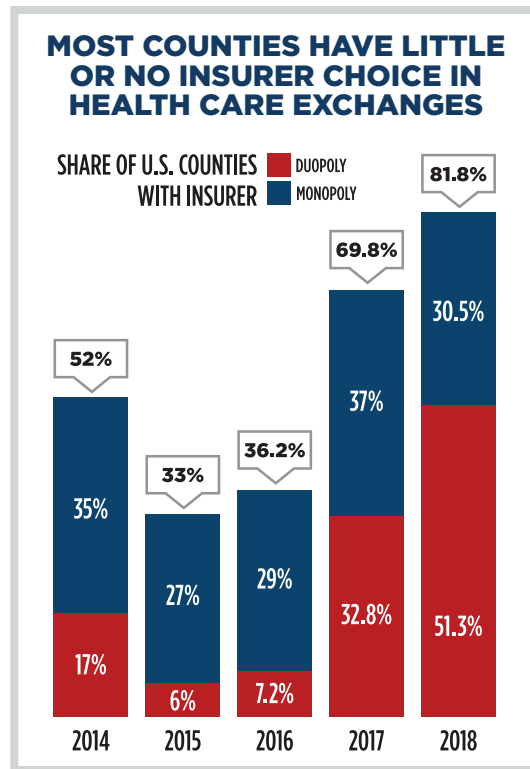
A black and white photograph of Barack Obama, the 44th President of the United States, speaking. He is wearing a dark suit, a white shirt, and a patterned tie. The background is slightly blurred, showing what appears to be the White House. Overlaid on the left side of the image is a white, torn-edge banner with red, bold, sans-serif text.

**NO, YOU CAN'T KEEP  
YOUR DOCTOR OR INSURER**

- With Aetna and UnitedHealth's recent decision to withdraw from the majority of states where it currently offers health insurance plans through the ACA because of mounting costs<sup>31</sup>, we are seeing the left's original hope of destroying private insurance and moving to single payer come to life.<sup>32</sup> (Vermont Senator Bernie Sanders has a bill to create a single payer system and he has corralled more than a dozen Senate co-sponsors. This would outlaw private and employer plans that more than 100 million American now benefit from!)
- At least half of the established healthcare cooperatives, created under ObamaCare to provide alternative coverage from those plans offered by large insurance companies and introduce competition, have been forced to close.<sup>33</sup>



- Fewer Choices – According to federal and state data of insurer exchange options per county, over 50% of our nation’s counties have only one insurer<sup>34</sup> in 2018. Over 30% of counties are limited to two insurers.<sup>35</sup> This means nearly 82% of counties will have either just one or two Obamacare exchange insurers to choose from.<sup>36</sup>
- Most of the Americans who have received insurance under the ObamaCare law have enrolled in Medicaid. But many physicians, health clinics and hospitals don’t accept Medicaid. This means for tens of millions of Americans, they often can’t choose the doctor or hospital or treatment of their choice.
- Medicaid users in major cities are have an average denial rate of 47%. Mid-sized city Medicaid users have an average denial rate of 40%.<sup>37</sup>



Source: Author’s calculations based on federal and state info on county-level insurer exchange offerings.

# TO ELIMINATE OBAMACARE – STRESS THE THREE C'S

1. COMPETITION

2. CHOICE

3. COST CONTROL

To win the battle over America's health care future – and insure that we don't end up with government-run health care, which is the left's idea of Utopia, free market-reformers must focus on the "Three Cs of Health Care Reform": Choice, Competition and Cost reduction. These will lower premiums to make health insurance more affordable for tens of millions of Americans. They are also popular principles with voters. As this booklet has demonstrated, ObamaCare promised all of these things and delivered the opposite: less choice, no competition and much higher costs to families.

For now, the centerpiece of the GOP plan should be to give every American

an "off ramp" from ObamaCare so they can choose their own affordable plans. This means ending the insurance requirements, such as the Essential Benefit program which drives up insurance costs.

This approach to health care reform (similar to what Senator Ted Cruz of Texas has recommended) means tens of millions of families would be liberated from ObamaCare overnight and could opt for high deductible HSAs or simple catastrophic coverage to protect against major medical expenses for themselves or their family. They could pick and choose what type of illnesses and injuries they want to be insured for.



To further lower costs, Republicans must allow families to buy insurance across state lines, eliminate the employer mandates that has destroyed jobs, and expand transparency in pricing with requirements that hospitals and doctors post prices for services like an MRI or a colonoscopy so patients can shop around for low prices.

Democrats would have to defend their anti-freedom position, which is that Americans should not be permitted to choose their own insurance plan and pay less. They can't. So much for liberals in believing in the right to choose.

Liberals and their health insurance industry allies will argue that the

insurance market can't work if healthy or younger people can choose cheaper plans and they warn of an insurance death spiral. But as this report has shown, the death spiral they warn of - with healthy people dropping out of ObamaCare and sick people signing up - is already happening day after day under the current law - and everyone knows that.

Under a choice-based system perhaps as many as 80 percent of Americans will see premiums fall by as much as \$3,000 to \$5,000 a year. As costs come down, more will sign up for coverage and if the CBO doesn't get this simple rule of economics, they should be fired.



Liberals understand that giving Americans the right to freely choose their own insurance plan will quickly render ObamaCare and its expensive mandates and regulations irrelevant. It will be the death of ObamaCare.

This is exactly what America needs. As such we believe that the following bills in Congress would enhance competition and choice and reduce health care costs:

## **Obamacare Replacement Act (H.R. 1072/S.222)**

Introduced by Rep. Mark Sanford (R-SC) and Sen. Rand Paul (R-KY), the Obamacare Replacement Act repeals all Obamacare taxes, eliminates all contribution limits to health savings accounts, and provides up to \$5,000 in tax credits per tax paying individuals and families that contribute to health savings accounts. The act also eliminated all costly regulations and creates a 50 state market place for purchasing health insurance across state lines enabling Americans to choose from a range of less expensive plans that best fit patients' needs. The bill promotes group associations for individuals that allows for greater patient bargaining power which leads to lower health insurance costs.

## **The American Health Care Act of 2017 (H.R. 1628)**

Introduced by Rep. Diane Black (R-TN), the American Health Care Act repeals Obamacare's individual and employer mandate tax, freezes Medicaid expansion in 2019, provides refundable tax credits to individuals and families who do not receive health insurance from their employer or government, and expands health savings accounts. The plan also increases the amount of money an individual or family may contribute to their health savings accounts.

## **Graham-Cassidy (S.Amdt 1030)**

Introduced by Sen. Lindsey Graham (R-SC) and Sen. Bill Cassidy (R-LA), the Graham-Cassidy amendment sought to amend the American Health Care Act of 2017, repeal the individual and employer mandate, and send power back to the states to craft Medicaid policies that are best for states' Medicaid population. The plan block granted federal money to the states to subsidize their residents' healthcare costs or to pay for current entitlement health programs. The amendment also doubles the contribution limit to health savings accounts and allows health savings accounts to cover direct primary care and health insurance premiums.

- 1 Keith Speights, "6 States Where Health Insurance Premium Tops \$400 a Month," USA Today, May 15, 2017, <https://www.usatoday.com/story/money/personalfinance/2017/05/15/6-states-where-the-average-health-insurance-premium-tops-400-a-month/101502346/> (accessed January 25, 2018)
- 2 U.S. Department of Health and Human Services, ASPE DATA POINT, Individual Market Premium Changes: 2013-2017 p. 4, <https://aspe.hhs.gov/system/files/pdf/256751/IndividualMarketPremiumChanges.pdf> (accessed January 23, 2018)
- 3 <https://www.cbo.gov/system/files/115th-congress-2017-2018/presentation/53447-presentation.pdf> (accessed February 6, 2018)
- 4 Congressional Budget Office, Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2017 to 2027, <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53091-fshic.pdf> (accessed January 23, 2018)
- 5 Ibid.
- 6 <https://www.treasurydirect.gov/NP/debt/search?startMonth=&startDay=&startYear=&endMonth=01&endDay=26&endYear=2018>
- 7 Jake Novak, "The Latest Sneaky Attempt at an Obamacare Bailout," CNBC, <http://www.cnbc.com/2016/09/30/the-latest-sneaky-attempt-at-an-obamacare-bailout-commentary.html> (accessed January 25, 2018)
- 8 Josh Archambault, Nic Horton, and John Archambault "Obamacare's Medicaid Enrollment Explosion: A Looming Fiscal Nightmare For States," Forbes, July 30, 2015, <https://www.forbes.com/sites/theapothecary/2015/07/30/obamacares-medicaid-enrollment-explosion-a-looming-fiscal-nightmare-for-states/#2a5b928e3a82> (accessed January 30, 2018)
- 9 Romina Boccia and Michael Sargent, "\$4 Trillion and Counting: President Obama's 2016 Budget Presents a Vision of Government Largess," Heritage Foundation Report, March 26, 2015, <http://www.heritage.org/research/reports/2015/03/4-trillion-and-counting-president-obamas-2016-budget-presents-a-vision-of-government-largess>
- 10 Editorial, "It's Up to the Voters Now," The Wall Street Journal, July 2, 2012, <http://www.wsj.com/articles/SB10001424052702304782404577490842520348690> (accessed January 29, 2018)
- 11 Sally Schreiber, "Government Funding Bill Postpones Some Health Care Taxes," Journal of Accountancy, January 23, 2018, <https://www.journalofaccountancy.com/news/2018/jan/government-funding-bill-postpones-health-care-taxes-201818245.html> (accessed January 26, 2018)
- 12 Ibid
- 13 <https://www.majoritywhip.gov/wp-content/uploads/2017/03/1-ATR-Obamacare-Tax-Hikes.pdf> (accessed January 30, 2018)
- 14 Barack Obama "Remarks by the President on the Affordable Care Act on April 1, 2014," <https://www.whitehouse.gov/the-press-office/2014/04/01/remarks-president-affordable-care-act> (accessed January 22, 2018)
- 15 Congressional Budget Office, Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2017 to 2027, September 2017, <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53091-fshic.pdf> (accessed January 25, 2018)
- 16 Lara Cooper, "Even with Obamacare, 29 Million People Are Uninsured: Here's Why," The Fiscal Times, May 10, 2016, <http://www.thefiscaltimes.com/2016/05/10/Even-ObamaCare-29-Million-People-Are-Uninsured-Here-s-Why> (accessed January 29, 2018)
- 17 Congressional Budget Office, Estimates for the Insurance Coverage Provisions of the Affordable Care Act Updated for the Recent Supreme Court Decision, July 2012, <https://www.cbo.gov/sites/default/files/112th-congress-2011-2012/reports/43472-07-24-2012-coverageestimates.pdf> (accessed January 30, 2018)
- 18 Centers for Medicare & Medicaid Services, 2017 Effectuated Enrollment Snapshot, June 12, 2017 <https://downloads.cms.gov/files/effectuated-enrollment-snapshot-06-12-17.pdf> (accessed January 31, 2018)

- 19 Congressional Budget Office, Estimates for the Insurance Coverage Provision of the Affordable Care Act Updated for the Recent Supreme Court Decision, July 2017, <https://www.cbo.gov/sites/default/files/112th-congress-2011-2012/reports/43472-07-24-2012-coverageestimates.pdf> (accessed January 28, 2018)
- 20 <https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf> (accessed January 28, 2018)
- 21 U.S. Department of Health and Human Services, ASPE DATA POINT, Individual Market Premium Changes: 2013-2017 p. 4, <https://aspe.hhs.gov/system/files/pdf/256751/IndividualMarketPremiumChanges.pdf> (accessed January 23, 2018)
- 22 The Henry J. Kaiser Family Foundation, 2017 Employer Health Benefits Survey, September 19, 2017, <https://www.kff.org/report-section/ehbs-2017-summary-of-findings/> (accessed January 25, 2018)
- 23 Lisa Schencker, "Obamacare Rates in Illinois Could Climb Next Year," Chicago Tribune, August 1, 2017, <http://www.chicagotribune.com/business/ct-obamacare-rates-released-0802-biz-20170801-story.html> (accessed January 24, 2018)
- 24 U.S. Department of Health and Human Services, ASPE DATA POINT, Individual Market Premium Changes: 2013-2017 p. 4, <https://aspe.hhs.gov/system/files/pdf/256751/IndividualMarketPremiumChanges.pdf> (accessed January 23, 2018)
- 25 Medicaid.gov, November 2017 Medicaid and CHIP Enrollment Data Highlights <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html> (accessed January 23, 2018)
- 26 U.S. Department of Health and Human Services, FY 2017 Budget in Brief – CMS – Medicaid <https://www.hhs.gov/about/budget/fy2017/budget-in-brief/cms/medicaid/index.html> (accessed January 26, 2018)
- 27 Congressional Budget Office, The Budget and Economic Outlook: 2017 to 2027, January, 2017 <https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/reports/52370-outlookonecolumn.pdf> (accessed January 25, 2018)
- 28 <https://www.cbo.gov/system/files/115th-congress-2017-2018/presentation/53447-presentation.pdf> (accessed February 6, 2018)
- 29 Centers for Medicare & Medicaid Services, 2016-2025 Projections of National Health Expenditures, February 2, 2017, <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-02-15-2.html> (accessed January 24, 2018)
- 30 <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/> (accessed January 30, 2018)
- 31 Tom Howell Jr, "One -Third of U.S. Could See Only One Obamacare Option as Insurers Pull Out," The Washington Times, August 29, 2016, <http://www.washingtontimes.com/news/2016/aug/29/aetna-unitedhealth-pulling-out-of-ObamaCare-leavin/> (accessed January 24, 2018)
- 32 Obama Speaking to AFL/CIO in 2007, <https://www.youtube.com/watch?v=fpAyan1fXCE>
- 33 Sean Williams, "Obamacare Premiums are Expected to go Up by This Much in 2017," The Motley Fool, June 26, 2016, <https://www.fool.com/investing/2016/06/26/obamacare-premiums-are-expected-to-go-up-by-this-m.aspx> (accessed January 25, 2018)
- 34 Kimberly Leonard, "Aetna Exits Obamacare Exchanges," The Washington Examiner, August 3, 2017, <http://www.washingtonexaminer.com/aetna-exits-obamacare-exchanges/article/2630507> (accessed January 29, 2018)
- 35-36 Ibid.
- 37 <https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/Pdf/mha2017waittimesurveyPDF.pdf> (accessed February 6, 2018)





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