



Obama Says Healthcare Law Working; Americans Continue to See Fallout

By Raven Clabough

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President Obama's perspective on healthcare is far removed from reality, it seems. He recently declared regarding his healthcare law, "this thing is working," while Americans across the country are bearing the burdens that the law has created. Just ask the widows in an Alabama county who have been dropped from their health insurance because of the healthcare law.

According to a report by Huntsville, Alabama-based WHNT, more than a dozen widows in Madison County lost their coverage this year because they had been covered under the county's self-insured plan, which has gotten so expensive that the county could no longer afford to keep it and comply with the many mandates found in the Affordable Care Act.

Fox News reports, "The county instead joined a statewide network that dozens of county governments already are in. That plan, though, does not offer coverage to husbands and wives when their government employee spouses die."

Officials state they were informed that new coverage requirements for ObamaCare would cost the county an additional \$25 million per year, money that the county does not have.

Madison County Commissioner Roger Jones is working to try and restore the coverage, but whether he can be successful remains to be seen.

"What I'm trying to do is get this coverage back to them," Jones said. "A lot of these people are on fixed incomes. Some of them are living on Social Security and very little else, and health insurance is very important to them."

But Madison County Chairman Dale Strong asserts that multiple factors need to be considered when approaching this issue.

"The thing I'm wanting to know is, is this a common practice with the corporate world, is this a common practice within the state of Alabama. While I want to do what's right for the employees, I also want to do what's right for the taxpayers of Madison County," said Strong.

And the widows in Madison County are not the only group of people whose options have been significantly limited under ObamaCare. Newsmax reports:

Many middle-class Americans are falling through the cracks after being dumped into the Obamacare marketplace. They can't get a subsidy because they earn too much, and they can't find an insurance plan they can reasonably afford, forcing some to make a tough decision: to go without health insurance.

President Obama assured Americans that they would witness their deductibles drop by \$2,500 for a family of four, but in reality, the cheapest deductible for the minimal coverage Bronze plans listed on the healthcare website are averaging over \$5,000. Newsmax notes, "That's 42 percent higher than the \$3,589 average deductible for individual plans in 2013."

And according to the *Wall Street Journal*, some deductibles can be as high as \$12,700 for some households.

Mark V. Pauly, professor of healthcare management at the Wharton School of the University of Pennsylvania, predicted that at least some Americans who find themselves deciding between high premiums or no insurance would simply forgo insurance.

The widows in Madison County will be permitted 18 months of Cobra coverage once their old insurance expires. Of course, Cobra coverage is often quite expensive.

And yet President Obama continues to tout the "success" of the new healthcare law. He appeared at a press conference on Thursday to boast that eight million people have signed up under federal and state exchanges and announced, "This thing is working."

Yet despite the alleged purpose of the law, which was to insure the uninsured, the healthcare law seems to have created more uninsured than insured.

The Daily Caller reports, "More than 4.7 million Americans had their health insurance canceled as a result of any of the thousand-plus-page law's new rules."

Millions of Americans lost their plans because those plans failed to meet the requirements of the new healthcare law. The Daily Caller reports, "All plans must include maternity coverage, for example — including plans for men and post-menopausal women. Even customers without children must purchase plans that cover pediatric services. Other newly established essential benefits include hospitalization, mental-health services and preventive and wellness services."

Many customers were permitted to keep their current healthcare plans, for now, under a grandfather clause that allows plans purchased before ObamaCare passed in 2010 to continue. But HHS estimated that 40-67 percent of plans would eventually lose their status and cost millions of Americans their insurance plans.

And while the White House claims to have no data on the number of Americans who have signed up under the exchanges that were previously uninsured, the *Boston Globe* asserts, "The

vast majority of those signing up to date were previously covered, a travesty given the bill's 10-year cost of over \$2 trillion.”

The *Globe* continues,

From there, the math only gets worse. Each year, millions of uninsured Americans find coverage through a new employer, Medicaid, or other means. In fact, the number of uninsured has fallen every year since peaking after the 2008 recession. Many of the ... newly insured through the exchanges likely would have found coverage regardless.

Critics of the law contend that the president is simply ignoring these numbers in order to bolster the law the reputation of this administration.

"While the President repeatedly pats himself on the back over the number of people that were forced to sign up for his insurance scheme, millions of Americans are experiencing real and significant repercussions," Sen. John Barrasso (R-Wy.) said in a statement. "The President has now taken to mocking those that point out the negative consequences. The impacts are very real."

"It's clear that the President remains totally focused on coverage instead of care. He is either ignoring reports from across the country — or he isn't hearing them. Either way, he is out of touch with Americans who have lost their doctor, had their insurance cancelled and watched their premiums spike all because of this failing law," Barrasso continued.

And the White House has not stated how many of the eight million who enrolled through the exchanges have paid their first month's premium. Those who have not are technically not enrolled. Health policy expert Michael Cannon of the Cato Institute explains that customers are not considered fully enrolled until after they've made their first payment. Cannon warns that not all those who signed up will complete the purchase, thereby reducing the figures even more.

Still, when the president claims “this thing is working,” he is correct in a sense. It is “working,” that is, to increase healthcare costs.

According to the survey by the American Health Policy Institute, the cost of the new healthcare law for large companies ranges from \$4,800 to \$5,900 per employee, in addition to the millions of dollars in overhead costs. The healthcare law adds mandates and fees and other regulatory burdens that will cost employers anywhere from \$163 million and \$200 million in 2016, four percent more than what they are currently paying. By 2023, that increase will jump to eight percent.

It is also working to create a “disincentive for people to work” notes the Congressional Budget Office. Fox News reported, “The CBO ... effectively found that more people would opt to keep their income low to stay eligible for federal health care subsidies or Medicaid. The workforce changes would mean nationwide losses equal to 2.3 million full-time jobs by 2021, the report said.”

It is evident that the law is “working,” but for whom, and for what purpose? Certainly it is not to benefit hard-working American taxpayers.