**Obamacare – ACA**

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**Cost est. now at 2.6 trillion dollars( 2012-2022)PL 111-148.**

**Supposed to help cover uninsured but est. that many will lose insurance due to increasing cost and cheaper for many to pay penalty $695 pr up to 2.5% of income. If over 50 employees can get very expensive fast $ 2,000-$ 3,000 penalty per employee that participates in an exchange or $2,000 fine plus additional daily fines from government if do not provide insurance.**

**New mandates for coverage of services will increase costs of premiums a minimum $1500 to $2100/individual ie preventative care, obesity, mental health, etc. Children can stay on insurance of parents longer to age 26 if on insurance company plan but had to do this as eliminated multi-tier of premiums based on risk factors so premium for younger raised so high as to be unaffordable.**

**New tax on insurance premiums if policy over $10,200 for an individual or $27,500 for a family - taxed at 40% (approx. 50 % of Alaskans will be subject to this tax in 2016) according to Senator Murkowski est to raise $15 billion nationwide. Increase in payroll taxes. Restrictions on flexible health savings and HSA accounts.**

**A 3.8 percent investment tax, which experts believe will apply to interest, capital gains and dividends, rents, royalties, the taxable portion of annuity payments, and income from the sale of a home,**

**A .09 percent increase in Medicare payroll taxes, and**

**A 2.3 percent tax on medical devices such as dental implants and pacemakers – which Senator Murkowski has joined 29 Senators to repeal (S.17)**

**Aug 1, 2012 we all pay for women’s reproductive services including abortifactants via our insurance. (? If must pay for these through state Medicaid).**

**IPAB will control provider reimbursement and thus impact services available.**

**!6,500 IRS agents yet funding for less than 500 health care providers.**

**Recent surveys showed 9/10 MDs discouraging their children from entering the medical field.**

**Survey in May showed 83% of physicians nationwide were considering retiring or quitting the practice of medicine by 2016 when full bill goes into effect. Federal regulations that interfere with patient care, increasing costs-HER, Coding, documentation guidelines, pre-authorizations, audits, and decreasing reimbursement all contribute to this decision.**

**Comparative effectiveness board and US Preventive health task force determine who gets what services i.e., rec against mammograms under 50 yet 50% of my breast cancer patients were diagnosed before the age of 50, PSA tests have meant 97% of men now survive prostate cancer- the best survival rate in the world-53% survival rate before PSAs but now they are essentially eliminating them. Pap smears, etc.**

**NEW real estate taxes start Jan.1 2013, investment and dividend taxes, increase in Medicare tax, durable medical goods (i.e., wheel chairs, breast pumps, etc.) are taxed etc.**

**Bill funds Indian Health service and tribal groups are allowed to opt in to Federal health plans rest of us are not allowed to opt in to this program.**

**Bill exempts certain groups with waivers of following rules and of certain religions to be exempt from requirements of having insurance. Allows for payment of college tuition, fees, living expenses of single moms with children not for academic merit.**

**Takes $716 billion from Medicare to fund Obamacare in face of rapidly aging population, and essentially eliminates popular Medicare advantage program.**

**Ryan-Wyden bill to reform Medicare would not affect anyone under the age of 55. It would allow people to keep Medicare or opt for private insurance instead of being forced onto Medicare. Traditional fee for service plans would still be available for all. Heritage has a good article comparing several reform proposals.**

**Senator Murkowski has proposed a bill where if Medicare patients see a provider who has opted out now the patient pays the full bill, under her proposal the patient could at least be partially reimbursed by Medicare for the portion Medicare would have originally paid without the patient or provider being accused of fraud.**

**Audits are increased under the bill (up to 18 agencies can audit me now)including Federal Medicaid/Medicare RAC audits where the auditor gets paid on commission for what they find wrong. These penalties are steep $10,000 per event and then extrapolated over the whole practice.**

**No tort reform in bill.**

**How impact most Alaskans is a significant increase in taxes. Over $340 million in direct taxes on dividend and investment income, Medicare taxes, plus additional taxes on health insurance premiums and real estate.  Increases in premiums, employers limiting company to under 50 employees  and limiting work to under 120 days per year to avoid paying insurance costs/penalties and fine/fees.**

**Decrease in private sector providers as they retire or opt out and go to cash only practices. Providers have 130,000 pages of Medicare regulations and rules to follow before ACA, and 13,000 more pages of regulations/rules under ACA.**

**Only 13 states have agrees to set up exchanges. Costs for the state of Alaska are estimated to be $60-70 million to set up exchange and then approx. 6.7 million for yearly administration before anyone benefits from subsidies.**

**Federal officials hoped to force state taxpayers to shoulder the *$10 million to $100 million per year*in Exchange operating costs. If HHS takes over, the expense will increase the total federal cost of Obamacare -- and the national debt. HHS has asked for $750 million to run the Exchange for all the States that refuse. The U.S. House has said no...and it must continue to say no. Contact your Representatives.**

**Through the Affordable Care Act, exchanges are federally mandated to handle and manage not only private health data, but they can forward coverage data to the IRS for purposes of determining tax penalties based on coverage level. Other government agencies, like the Department of Justice, Department of Homeland Security, and the Social Security Administration also have access to citizen's private data, as the Affordable Care Act mandates that the Department of Health and Human Services has the authority to require "any measure or procedure" be undertaken by the exchange. “According to the Citizens' Council for Health Freedom.**

**We need health care freedom bill here in Alaska and to change rules so Boutique practices are allowed. We need HAS accounts to increase patients awareness of costs, reduce fraud, decrease costs, and put patients back in charge of health care.13.5 million - people with Health Savings Accounts (18% increase over 2011)Significant savings for Indiana with no change in quality of care.**

**62% - voters that believe some companies will drop employee insurance coverage.**

**30 hours - a "full time worker" under Obamacare for whom employers with 50 or more employees must buy insurance or pay a fine of at least $2,000 per employee.  
  
The Tax Foundation found poorer families pay a greater portion of their income than higher income families. In 2016, 76 percent of the 3.9 million people paying the tax will earn less than $120,000.)** **People could choose a Health Sharing Organization , get protection from medical costs at a lower price, and be exempt from the tax.**

**(What is happening in Massachusetts serves as a warning for the future if Obamacare is not repealed. RomneyCare, just like Obamacare, focused on expanding access, not reducing costs. To cut health care costs which now consume 54% of the budget, Massachusetts has seized control the practice of medicine. A new law, signed Monday, requires all doctors, hospitals and other providers as a condition of licensure to register with a new state bureaucracy to which they'll report financial performance, prices, costs, state-sanctioned quality measures, market share, etc.**

**As The Wall Street Journal notes, "Massachusetts takes 360-degree surveillance and converts it into a panopticon prison. An 11-member board known as the Health Policy Commission will use the data to set and enforce rules to ensure that total Massachusetts health spending, public and private, grows no more than projected gross state product through 2017." Providers who violate this limit must file a "performance improvement plan." If the plan is not followed, the fine is $500,000. That's enough to shutter a clinic in a state where many doctors have already left. This is how rationing happens. Meanwhile44,000 people pay the fine for not being insured. But as a result, some may have more money to head out of state when care is denied.)According to the Citizens' Council for Health Freedom**

**We need boutique practices, malpractice reform, block grants for Medicaid, a decrease in taxes and regulations to decrease costs.**

**Senator Murkowski opposed the Affordable Care Act when it was enacted, she has voted to repeal the law, and she has cosponsored a number of bills to repeal the law or components of it, including:**

* **S. 20 - The American Jobs Protection Act**
* **S. 192 - Repealing the Job-Killing Health Care Law Act**
* **S. 281 - The Save Our States Act**
* **S. 1880 - The Jobs and Premium Protection Act**
* **S. 17 – The Medical Device Access and Innovation Protection Act**

**The Prevention Fund Integrity Act, prohibiting federal funds from being used to advertise the Affordable.**

**We support the complete repeal of ACA and all recent federal rules, regulations, committees, taxes, penalties, audits, and other associated boards and funding related to this bill. We support the repeal of boards and committees including Federal Coordinating Council for Comparative Effectiveness Research authorized by the American Recovery and Reinvestment Act, and the Independent Payment Advisory Board for Medicare both of which interfere with the provider/patient relationship, and allow total federal control of the free market system of healthcare in the United States with the potential to cause federal rationing of healthcare services.**

**We support caps on medical malpractice awards, and need based Medicare with gradual increases in the age of eligibility as outlined in Representative Ryan’s plan. We support the use of health savings accounts that help reduce costs, control fraud, and put patients back in control of their healthcare. Audits need to be educational and not punitive, and rules and regulations need to be simplified as there are too many to understand or comply with at this time.**

**We support Medicaid block grants to states allow for more flexibility, improved health care services, and less cost; and the right of individual states to determine what healthcare system is best for them without draconian federal regulations that have the potential to bankrupt individual states.**

**We support the privacy of the health provider/patient relationship, and the freedom of the individual to purchase health care services without government or insurance interference. Individual providers should be allowed to make decisions about electronic health records, documentation of encounters, and fees without government coercion or accusations of fraud.**

**We support the rights of patients, providers, businesses, and institutions to not participate or be forced to buy or provide services that result in the premature deaths of individuals from conception to natural death.**