

# PPACA = DOOM

(“Destruction of Our Medicine”)

FACTS AT YOUR FINGERTIPS FOR GRASSROOTS ACTIVISTS | BEAT BACK THE WHITE HOUSE SPIN MACHINE!

This is a summary of facts and figures about PPACA. It is intended to be a handy guide at your fingertips to talk to your friends, elected officials and the media. YOU are the voice of the American people. Thank you for your activism.

## Patient Protection and Affordable Care Act (PPACA) (aka OBAMACARE) BY THE NUMBERS

<b>\$938 B</b>	Original cost estimate
<b>\$1.45 T</b>	Current cost estimate
<b>\$2.134 T</b>	Cost for 10 years
<b>\$800 B</b>	New taxes in PPACA
<b>\$575 B</b>	Cut from Medicare to “pay” for PPACA
<b>\$1 B</b>	Government loans to set up insurance cooperatives ( <i>the Solyndra of health care</i> )
<b>20 M</b>	Likely to lose their employer-sponsored health benefits by 2019.
<b>49 M</b>	Likely dependent on government-sponsored health care by 2019.
<b>\$221 B</b>	Individual & employer mandate penalties collected by 2022
<b>\$29 B</b>	Fines by individual taxpayers for non-compliance by 2022
<b>\$22.6 M</b>	Donations to Obama '08 campaign from big health care, like Pharma, hospitals & HMOs
<b>\$2.3 M</b>	Donations to Obama '08 from Pharma alone
<b>66%</b>	Share of health care industry donations that went to Democrats in '08
<b>1,471</b>	Waivers granted to big business & others for compliance with PPACA
<b>26</b>	States have sued federal government to stop implementation
<b>45</b>	States have legislation, Constitutional amendments or petitions to stop
<b>\$713 M</b>	Annual Medicaid cost for Kansas in 2010
<b>\$2.8 B</b>	Annual Medicaid cost for Kansas under PPACA

## Opposition Has Been Overwhelming, Consistent & Bi-Partisan

### FROM VOTERS

- Americans oppose 52% to 41%. And 67% believe the high court should either ditch the entire law or at least the individual insurance mandate — the portion that requires nearly all Americans to have coverage. (*ABC/Washington Post 3/19/12*)
- That number has held steady since first passed even though Nancy Pelosi promised we would like it once we read it “to find out what’s in it” and President Obama said he just hadn’t done a good enough job of explaining it.
- Even left-leaning groups like Kaiser Family Foundation admit that only 42% with a “generally” favorable overall view of the law.
- Even hard-left groups like Democrats.com and Healthcare — NOW! signed letters to Congress calling for repeal of the individual mandate.

### FROM DOCTORS

- 80% say it will “Reduce the quality of care for their patients” (Doctor Patient Medical Assn., 11/11)
- 75% say it is the single factor that has made them more pessimistic about future of medicine. (DPMA 11/11)
- 80% would NOT recommend medicine for their children or grandchildren (DPMA 11/11)
- 43% are contemplating retiring within the next five years as a result of transformative changes occurring within America’s health care system. (The Doctor’s Group, 2/12)

### FROM THE STATES

26 states filed suit to overturn the bill, and 45 have introduced legislation, Constitutional amendments or ballot initiatives to stop it. Most expect their Medicaid costs to double or triple.

### FROM CONGRESS

The Republican-controlled House of Representatives has held 47 hearings and taken 25 votes, including a full repeal of PPACA, as well as the CLASS ACT and the Independent Payment Advisory Board (IPAB). The Democrat-controlled Senate has not permitted any votes on PPACA or any of its most disastrous components.

## THE COURT CASE

The Supreme Court is hearing six hours of arguments over three days, March 26-27-28. It is extremely unusual to allot this much time. While the Court is unlikely to announce its ruling until the end of the session in June, they are expected to make the decision by Friday, March 29.

The case being heard was filed by 26 states and the National Federation of Independent Businesses. Dozens of other groups have filed “Friend of the Court” — or amicus- briefs in support of overturning PPACA.

Two federal Courts have made conflicting rulings. The 6th Circuit Court of Appeals ruled that the individual mandate is constitutional. But the 11th Circuit Court of Appeals has ruled it is unconstitutional.

So the Supreme Court will decide whether Congress exceeded its power by requiring most Americans to buy health insurance starting in 2014. But the justices also decided to look at Medicaid expansion in the law, and what provisions must be struck from the law if the mandate is ruled unconstitutional or if the entire law will be overturned.

It raises fundamental questions about the scope of Congress’s powers, the powers reserved to the states, and the rights of individuals. It is, without question, the most important case the Court has taken in decades.

## TOP 3 REASONS TO REPEAL PPACA:

### 1 IT'S A "BAIT-AND-SWITCH" BECAUSE DOESN'T ACTUALLY EXPAND ACCESS TO MEDICAL CARE

- Having insurance "coverage" or being enrolled in Medicaid is no guarantee you'll actually be able to get medical care.
- It's like a store that advertises a great deal on televisions, but when you get to the store, they don't have any left.

### 2 SHIFTS COSTS TO HARD-WORKING MIDDLE CLASS

- PPACA includes \$800 billion in new taxes even though Obama promised no increased taxes. And because everyone must get insurance for the same premiums, and no one can be denied no matter how sick, it also forces current insurance-holders, particularly the young and healthy, to pay higher prices to cover everyone else.
- It's like going out to dinner and splitting the tab evenly — even though some people had appetizers, cocktails and an expensive bottle of wine, when you only ordered soup. It's not that we don't want them to order what they want, we just want them to pay their fair share.

### 3 BACK-DOOR RATIONING

- PPACA turns health care decisions to government bureaucrats and political appointees, establishing the Independent Payment Advisory Board (IPAB), a 15-member board of unelected bureaucrats with unilateral authority and whose decisions are freed from judicial and administrative review will most certainly cut payments to physicians under Medicare, will limit patient access to, and quality of, medical care.
- It's as if a committee from your auto insurance told your body shop they could only charge \$25 to replace your bumper when it actually costs them \$50 just for the parts. Just try to find someone to do the job — or do a GOOD job.

## OTHER REASONS TO OPPOSE PPACA:

### ● RESPONSIBLE FOR INCREASING COST OF HEALTH PLANS

Insurance premiums for families have actually INCREASED by \$2,200 since PPACA passed. Because of a tax on medical devices, families can expect \$175 tax on your child's braces

### ● THEY LIED TO US ABOUT THE REAL COSTS

The real costs were covered up. Only two years and so far the estimated cost is double the original. If it follows the pattern of Medicare, it will end up costing at least ten times the original estimate.

### ● UNJUST SYSTEM RATIONS CARE TO SENIORS & THE DISABLED

Despite claims that it helps seniors, PPACA cuts \$575 billion out of Medicare for seniors and disabled, and turns the sick and chronically ill into statistics for "cost-benefit-analysis" to decide how much their lives are worth.

### ● PUSHES THE POOR AND MOST VULNERABLE INTO SECOND TIER CARE

Advances a lower standard of care for the poor and young by forcing them onto Medicaid, instead of private care.

### ● NOT MUCH HELP FOR THE UNINSURED

Prior to PPACA, most uninsured (20 million of the estimated 40+ million) were already eligible for health care assistance through Medicaid or other program, but choose not to enroll. Approximately 10 million qualify and could afford private insurance, but don't buy it. And about 10 million are illegal immigrants.

### ● FORCES STATES TO CUT SERVICES

As Medicaid budgets double, states must cut other basic services like education, public safety & transportation.

### ● EXPANDS GOVERNMENT POWER

More than 12,000 pages of new laws and regulations give sweeping new powers to political appointees like the HHS Secretary and the IRS.

### ● FIRST-RESPONDERS, UNION WORKERS SLAPPED WITH NEW TAXES

Many police officers and firefighters will have to pay the new tax on their high-value plans that is supposed to tax the "wealthy" for having "Cadillac" care.

## OBAMA'S BROKEN PROMISES:

**PROMISE:** Provide more health care to poor & uninsured

**TRUTH:** PPACA now forces these individuals into already-cash-strapped Medicaid program

**PROMISE:** Reduce cost for middle class

**TRUTH:** Premiums are going up & families will be taxed on plans they have

**PROMISE:** You can keep your doctor and your health plan

**TRUTH:** At higher rates than ever, Doctors are no longer accepting Medicaid and some private insurers. Many are considering retiring early. Employers are reevaluating health plans, either limiting benefits or dropping coverage altogether.

**PROMISE:** Reduce the deficit

**TRUTH:** The cost has already doubled and continues to sky rocket, and it isn't even fully implemented yet

**PROMISE:** No death panels

**TRUTH:** PPACA does not create any actual "death panels" but does establish de facto rationing with the power of the doctor reimbursement rates, determined by politically-appointed boards.

**PROMISE:** Does not create a government health care plan

**TRUTH:** By design, PPACA has handcuffed the private sector — so much that we expect will be demand for a government plan (the public option) — to fill in the vacuum.

## IPAB: The Road to Rationing

Section 3403 of the Patient Protection and Affordable Care Act (PPACA) established the Independent Payment Advisory Board (IPAB) to reduce Medicare spending. Ultimately this panel of 15 independent, unelected bureaucrats with unilateral authority and whose decisions are freed from judicial and administrative review will most certainly cut payments to physicians under Medicare.

And the law actually prevents practicing medical professionals — like doctors — from being appointed. The rules almost guarantee that the members will be academics. The highly-paid bureaucrats will likely be paid more than many of the doctors they are second-guessing. These six-year terms come with an anticipated paycheck of \$165,300 — more than the average family practice physician earns in many cities in Ohio, Pennsylvania and Florida.

The board is specifically forbidden from "any recommendations to ration health care", but PPACA fails to define the word "ration." Instead, it allows IPAB to pay doctors reimbursement rates below costs, which in essence would constrict a physician's ability to treat patients. Studies already show that about one-fourth of doctors already refuse new Medicare patients, and as many as 50% restrict their services they are willing to perform for their current patients. And this is expected to worsen, as even more doctors will be unable to afford to take Medicare patients.