The Overdose of the ACA: Obama’s Failed Prescription for America

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April  2015
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"It will be of little avail to the people that the laws are made by men of their own choice if the laws be so voluminous that they cannot be read, or so incoherent that they cannot be understood." James Madison

**Introduction**

Over the years, our government has expanded their power through more bureaucracy and legislated policy. At the brink of the Industrial Revolution, the United States was flourishing into a modern and innovative society. In attempts to keep up with the times, the United States government was also evolving. Since FDR's administration, the federal government has tried to focus on healthcare for its citizens, yet historical crises and events put a halt to any healthcare legislation. In November of 2009, Congress gave America a dose of new legislation by passing the Affordable Care Act; which would mandate every citizen to have coverage, as it created accessible health insurance for everyone. The ACA is not the best solution to solving the healthcare crisis in America. Rather than just focusing on insuring the "un-insured", the government took on the greater task of radically changing the entire healthcare system. In accordance with the ACA, the law would obliterate the individual market as well as put restrictions on businesses. The government rushed the ACA through legislation without further considering the consequences. It does not create more affordable coverage for Americans, it does not offer more options as far as access to care, and it most certainly does not ensure that every American has health insurance; the ACA is extremely flawed. Although the ACA is known as "the law of the land", does it accomplish what it set out to do, by insuring every American and creating affordable healthcare?
A Historical Background on Health Insurance in the United States

The West was won through progressive dreamers and visionaries who built America. At the beginning of the 20th century the world was changing, and the United States was at the brink of modernity. By the late 1800’s science, medicine, and technology were still taboo as a lot hadn’t been developed yet. Primarily up until this point, the United States was more agrarian and relied on country doctors; the need for health insurance was a foreign concept. Before health insurance was implemented, each patient was expected to pay out of pocket under the fee-for-service business model. This concept allowed physicians more incentive for treatment, as the care given was based on its value. Accident insurance was the first form of insurance that was required for all steamboat, mining, and railroad employees. Their line of work was risky, and their health and safety became a value to their industries. Working on the railroad was an exceptional gamble, and with each track laid there was an increase in casualties. In the late 1870's, it became common for the railroad tycoons, and mining companies to deduct their worker's compensation, in return for the provision of a company doctor.
This concept would eventually lead to employer based healthcare for employees. The Western Clinic in Tacoma, WA was one of the first industrial clinics that provided all the servicemen medical services for a small portion of their paycheck. ii

At the turn of the century, the medical field was advancing exponentially. With the help of science and technology, medical professionals were able to perform procedures and administer medicine that had never been done before. For the first time in history, doctors were able to offer preventative care as they became better equipped to combat medical crises when they arose. With a newfound medical knowledge, the cost for services increased, and it would have a major impact on the working middle class. The basic economical principals of "supply and demand" could be attributed to the advancement of medicine as the need for health insurance became evident.

At the brink of the Industrial revolution, factories acknowledged the need to offer their employees benefits. Montgomery Ward and Company was the first to entertain the idea of employer based healthcare, and signed the first group insurance contract in 1910. This employer based group plan was nothing in comparison to what we see today, but it was the foundation of employee benefits that would soon be adapted by other companies. In 1910, the first national conference to discuss "social insurance" was organized by the American Association for Labor Legislation. This was the government's first attempt to push for national health insurance, but it would be decades before they passed successful legislation.

In 1910, Anthem Blue Cross/Blue Shield emerged as a company and they offered some of the first health insurance plans. The basic plans offered minimum coverage for a premium amount, in return for a variety of medical services. It wasn't until 1929 that the company expanded their services and offered the first employer based hospital plan
with limited coverage. The patient could only be seen at certain hospitals that accepted
the plan. According to Marc Lichtenstein, in his article on the Innovation of Blue Cross,
he states, "At that time, health insurance was a completely innovative approach to one of
American society’s most dire concerns—how to provide and help manage care for people,
while ensuring that there are enough resources to advance medical technology, develop
more effective care solutions and sustain practitioner competency and safety" (Lichtenstein)iii. Although Blue Cross was among the first health insurance companies,
there was still along ways to go in offering more competitive plans.

Before there was a competitive market for health insurance within the private
industry, the government wanted to create bureaucracy for healthcare, as they deemed it
their responsibility. Franklin D. Roosevelt's administration was the first to flirt with the
idea of passing strict national healthcare legislation. Even prior to his presidency,
Roosevelt, had ambitions of passing a long-term healthcare system that would offer
public coverage to every citizen. He believed it was the duty of the Federal government
to provide these services. In a statement to the medical professionals, FDR wrote: "Such
a program, necessarily must take account of the fact that millions of citizens lack the
individual means to pay for adequate medical care." (Schiller)iv

FDR's battle with Polio gave him a personal reason to fight for national
healthcare, as he became a champion for healthcare rights of every citizen. He would
urge Americans during his "fireside chats", to support him with his healthcare
endeavors. His first step in pursuing healthcare legislation, was the appointment of the
Committee on Economic Security; whose purpose was to research financial options for
citizens in financial crisis. Their findings would result in the legislation of the Social
Security Act of 1935, which sought to provide assurance to individuals who lost income due to sickness, disability, and old age.

The Social Security Act would prove to be one of FDR's greatest accomplishments, yet he still wanted a more comprehensive form of healthcare. The American Medical Association was a powerful institution since 1847, and they strongly opposed any further healthcare proposals. They believed the quality of care would be better if left to the private industry. His efforts were no match for the AMA; they feared government control over the healthcare system, as they deemed it "socialized medicine". The Great Depression put a halt to any national healthcare legislation. In response to the depression, FDR's priorities changed. He needed to focus on the immediate crisis, but hoped to revisit healthcare later on.

When Harry S. Truman assumed the Executive office in 1945, he had ambitions to carry on FDR's healthcare legacy. Truman urged Congress, “Millions of our citizens do not now have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. The time has arrived for action to help them attain that opportunity and that protection.”

Truman recommended a comprehensive health insurance program, highlighting five goals he believed to be critical. Truman's first prerogative for passing healthcare legislation was to reach out to the rural and low income communities by dissolving the disparity- or lack of medical care. Secondly, he wanted to create better public health services, with an emphasis on care for children. This goal would fall under preventative care, as he wanted medical professionals to practice sanitary conditions and prevent infectious diseases. His third goal was simple, as he sought to improve medical research and education. The fourth goal, was to make it more affordable to the
middle class- to allow them the opportunity to be self-supporting. Lastly, he wanted to address the devastation that occurs to families in the time of a medical crisis. He didn't want the individual or family to lose their source of income to paying for devastating medical bills.

Truman lost support for his healthcare initiative, when he proposed that hard-working citizens pay a monthly tax to help offset the cost of medical care, and in return they would have public access to benefits. Also, in the event that an individual was severely injured or exposed to illness, their government healthcare plan would pay them a cash balance to replace their lost income. Most argue that Truman's health insurance plan was the very definition of "socialized healthcare", which was a taboo concept. America was just trying to get back on her feet, after the Great Depression, WWI, and the approach of their involvement into WWII. Americans were extremely cautious and skeptical with the proposed healthcare legislation, because they were extremely paranoid over communism. Truman was outraged he did not have the support he vied for as he reprimanded the AMA, and deemed them, "un-American" for being against his policy. Truman was unsuccessful, and reflecting on his presidency, it was a bitter memory that he had failed the American people by not being able to pass national healthcare.

During the 1950's, the private health industry expanded to over 700 companies that offered more comprehensive benefits to individuals and groups. Most Americans were able to pay for the cost of the private industry's policies, and those with lower income had access to government benefits through welfare. Lyndon B. Johnson had aspirations to create a "Great Society", and that included national healthcare. In attempts to create legislation, LBJ resorted to passing the Medicare Act of 1965; which
became one of his proudest achievements. It created an affordable market place for the elderly to purchase health insurance. They would pay into the system and then collect the benefits later on at the age of 65. The Disability Act was attached to the Medicare bill, which allowed for those with disabilities to have access to care and compensation to help off-set the cost. It was a step in the right direction towards national healthcare.

A Call to Action

Through the first half of the 20th century, all the progressive presidents from FDR to LBJ had high hopes of passing national healthcare legislation. The Social Security and Medicare Acts were the closest pieces of legislation, to achieving this goal. The private industry was able to provide more quality healthcare, than the government ever could. While the private healthcare industry evolved, the concept of national healthcare loomed over each presidency. In attempts to create access to care in emergency situations, the Emergency Medical Treatment and Active Labor Act passed in 1986. This imposed a mandate on all hospitals that they could not deny treatment to any individual (regardless of their citizenship, or the fact that they did not have health insurance). The hospitals were expected to treat any individual who needed the services of the ER, but they would not be compensated for their services. Although the
law did not offer benefits, it provided access to immediate care for citizens and (non-
citizens). The Act was a temporary fix that would have consequences in the future, as it
created a system of "free-riders".

For those who could not afford insurance from the private industry, the
government offered a healthcare program known as Medicaid. The programs were
delegated to state-run agencies to administer benefits ranging from patient services,
hospitalization, maternity care, dental and vision. The implementation of the EMT Act
and the Medicaid programs, created access to healthcare for several Americans.
Medicaid was a program adopted by the federal and local governments to offer coverage
to the uninsured; it was amended to the Social Security Act in 1965. The states
administer the Medicaid benefits, as the plan offers healthcare for low-income families,
pregnant women, children, people with disabilities, and the elderly.

Each state has control over how they implement the plan and administer the
benefits. The states have the authority to determine who is eligible for the benefits,
although every applicant must be a U.S. citizen. In California, the program is known as
Medi-Cal, and due to a significant amount of the population collecting these benefits,
the quality of care goes down, as the doctor to patient ratio is diminished. A majority of
the state's budget is delegated to the healthcare services, as it costs the state nearly 23%
of the budget. vi Approximately 8 million people in California are Medi-Cal recipients.
Several healthcare options were available to the public; however, not everyone opted into purchasing health insurance. During Mitt Romney's governorship of Massachusetts, he was able to pass the first piece of successful healthcare legislation, to create affordable "access" to health insurance. This is where his policy differed from that of the proposed legislation from the federal government. The federal government envisioned a system where they could regulate the healthcare system and create "access to healthcare"; in comparison to Romney, who tackled it from the insurance angle. Romney especially wanted to focus on the problem of "free riders", that left a devastating impact on the taxpayers. In his policy proposal, he would try and abstain from raising taxes.

Perhaps the biggest success with his healthcare reform, was insuring nearly 98.1% of all adults in the state of Massachusetts. His policy also encouraged businesses to offer their employees benefits, and after his policy, 76% of businesses began to offer benefits. Most would assume that Romney's comprehensive plan came with the big price tag, but that is not the case. Romney was able to create his plan that only added an additional 1.2% to the state budget. The individuals who were not offered employer benefits, often had
to pay hefty amounts for insurance, yet under Romneycare the premium rates dropped dramatically between 18%-20%.vii

Hillary's Healthcare

Every Democrat presidency since FDR's administration, had high hopes of passing some form of national healthcare. During Bill Clinton's presidency, his main focus was the economy; but first-lady Hillary, wanted to continue on with the progressive legacy of trying to pass healthcare legislation. In 1993, Bill Clinton handed over the reigns to Hillary to be the champion for a comprehensive healthcare plan. From the beginning, Hillary's plan did not receive a lot of public support. According to a poll taken by ABC News, 44% believed there were other candidates that were more qualified to pursue healthcare legislationviii. Experts had been compiling data for years, but they were overlooked, and Hillary was put in charge. Hillary was not a healthcare professional, nor did she have any prior knowledge about the medical profession; people had their doubts about her capabilities.

Hilary sought out White House adviser, Ira Magaziner, to assist her with the proposal of her, Health Security Act. They launched the pre-cursor to their policy proposal at a Families USA forum, where Magaziner stated, "that the ... plan probably
will mandate a minimum benefits package and care guidelines for all Americans, but will leave it to the states to decide how to meet those national standards." Their speech revealed the incompetency of their abilities; they were campaigning for "national healthcare", but then planned on delegating it to the states; which contradicted their original proposal. People were quickly losing faith in the proposed, sketchy policy.

In hopes to gain congressional support, Hillary Clinton, hosted a meeting with several Senators. She especially wanted to gain the support of the GOP, by extending an invite to them, to work together on her healthcare proposal. However, she lacked transparency, and revealed little details about her proposal. With minimal congressional support, Hillary knew she needed to branch out to gain further support of her initiative. In attempts to bridge the gap between the medical field and politicians, she attended a celebration in 1993 at John Hopkins University school of medicine. The event allowed her to present her proposal to doctors and medical professionals, which gave her more exposure. The main attribute of her plan was revealed: universal coverage, where the government mandate would force everyone to have coverage. This concept was not widely received and her policy was doomed.

Hillary was not transparent enough from the beginning, and had a hard time getting people to accept her proposal. There were so many discrepancies with her policy, such as the concept of universal healthcare; it was difficult to pinpoint the qualities that may have been good. Hillary had slim support and nothing to show for her policy proposal; except for a collection of sappy video advertisements. The policy simply failed, because, her policy was not concise and created mass confusion. Later on, Hillary Clinton admitted that, "the efforts on health care were badly misunderstood."
healthcare reform was a bust, and America wouldn't be inundated with a new healthcare proposal until Barack Obama's presidency.

**Defining the Terms: Health Insurance Versus Access to Care**

The Clinton's healthcare proposal failed because it was not transparent enough. Obama would embrace their failed opportunity, as he promised to be transparent during his presidency. From the get-go, the Obama administration made the current healthcare crisis an "access to care" issue. Pre-Obamacare law, everyone had some form of access to healthcare. Per federal law, the Emergency Room could not deny access to anyone. For those who were low income, there were several government welfare programs, such as Medicaid that offered health benefits. The Obama administration's argument that people needed access to healthcare was highly politicized to rush their agenda to pass healthcare reform. Obama had a lot of opposition from his constituents, the health insurance companies, and the AMA; yet, he was very devious as he approached lobbyist groups, and the pharmaceutical industry. The two strong, and powerful entities, would provide him with the resources he needed to and back his bill.

Prior to Obamacare, the current healthcare system still had inherent flaws. The ER's were overcrowded due to the mandate to offer services to the uninsured. This drove
the insurance rates up for everyone who did have a policy. Another flaw, was that people with pre-existing medical conditions were often denied coverage from health insurance. This was a problem with major implications for those who could not get access to health insurance, and this issue needed to be addressed. However, people with existing conditions could be directed to Medicaid services, and some states also had high risk insurance plans. California used to offer a plan known as Major Risk Medical Insurance Program (MRMIP). Those with pre-existing conditions would be a risk to the private health insurance industry; however, there were government institutions who did offer alternative options.

The cost of health insurance was on the rise, but the average American was pleased with their policy, as most plans offered a manageable deductible. Those who chose to opt out of health insurance still had access to care, but the daunting crisis was how more Americans were going un-insured. In 2013, approximately 41 million individuals in the United States were uninsured. The Kaiser Foundation confirmed, "Trends in the uninsured have historically tracked economic conditions, with the number of uninsured people increasing during recessionary periods when people lost their jobs."x This who went uninsured had lower access to healthcare and their options for great healthcare services were limited. We witness the lowest drop in coverage from 2011-2013, during the great economic recession.

In response to the recession, some employers dropped benefits, and some individuals canceled their policies. If an individual opted out of health insurance for another reason (other than the high cost), they still had access to the ER and could possibly be eligible for Medicaid services. Rather than just trying to solve a portion of the problem, Obama and his administration added to the problem by changing the
entire healthcare system. They advocated for those who did not have insurance, and rather than coming up with a plan that would create an outlet for those uninsured to have affordable options, they changed it for large and small groups, and individual and family plans. As a result, this would have a detrimental impact on everyone's current plans. The purpose of the ACA was to insure those who did not have insurance, yet they managed to radically overthrow the current healthcare system.

Passing the Affordable Care Act

On the campaign trail for president, Barack Obama promised, "hope" and "change". With a vicious campaign, it didn't take him much to win America over with his charming rhetoric. Within the first few weeks of being in office, Obama revealed his agenda to push for national healthcare; his radical ideas would "overhaul" the current healthcare system. With Obama's aggression and perseverance he had and undying commitment to the American people (and for his own legacy) to pass new healthcare legislation. With the majority of his Democratic cohorts in Congress, Obama had the upper hand. Unlike the Clintons who offered a confusing and sketchy healthcare
proposal, Obama promised to be more transparent and coherent with his policy recommendations.

Obama may have had the support from his Democrat cohorts in Congress, but the GOP and most Americans did not want healthcare legislation to go through. According to a CNN poll, a whopping 59 percent of Americans did not want healthcare legislation, as most were satisfied with their current policies\textsuperscript{xii}. Blaming the GOP for always being too "critical" of healthcare reform, and ignoring the will of the American people, Obama and his administration pursued healthcare legislation at full speed. They needed to rebrand the image of their legislation, and according to White House aides, they envisioned the healthcare overhaul in three stages, "the seven months until the November midterm election; and the several years that follow, during which many provisions in the measure will gradually take affect".\textsuperscript{xiii}

Despite that most Americans did not want a new healthcare system, Obama made a promise to be transparent through his healthcare legislation; but did the exact opposite. In his book, “America’s Bitter Pill”, author Steven Brill exposes the truth of Obama’s, secrecy in implementing the ACA, “the administration and its allies in Congress reached secret agreements with the industry groups affected by the ACA”.\textsuperscript{xiv} With deals on the table for the pharmaceutical industry, and promising new customers to the health insurance companies, Obama was able to gain the support he needed to implement the law. In return, the insurance companies would have to comply with the federal regulations and taxes, but it was a small price to pay for all the new customers they would attract to their marketplace.
Getting the insurance companies on board was a small obstacle for Obama; his main support came from the pharmaceutical industry (as they have a lot of control over the healthcare system). There was something in it for the pharmaceutical companies, as the new legislation would boom their industry. According to research from the GlobalData of London, the pharmaceutical industry would increase their revenue, "That means the U.S. pharmaceutical industry’s market value will mushroom by 33 percent to $476 billion in 2020 from $359 billion last year." xv In hopes of increasing the discount for Medicaid, The White House negotiated drug prices with Big Pharma, who contributed $80 billion to fund Obamacare. xvi Obama knew his policy didn't stand a chance, without the support of such a large industry.

The underlying detail of the ACA was how they were going to cover all the previously un-insured Americans; the answer was to increase Medicaid services. The expansion of Medicaid dominated the ACA, yet was downplayed, as Obama and his administration advocated for the health insurance as an individual “right”. They had unrealistic expectations of wanting to reduce the cost of health insurance, while extending coverage to every single American. Aside from common sense, how is it possible to increase something without an intrinsic cost equated? In a time of economic distress, the GOP did not support the healthcare legislation as it would add to the cost of our national debt. In retaliation, the GOP forced a government shutdown in attempts to defund the government handouts disguised as the ACA.

The GOP and most Americans, asserted that Obama's overreach with healthcare legislation, was an abuse of Constitutional power. Our Constitution is very direct, yet Obama has seemed to redefine the roles of government, by going around the
constitutional provisions. Republican bulldog, Trey Gowdy stated, "What good is it to have a legislative body that passes a law if the executive branch is free to ignore the law?"xvii In order to get away with passing the bill they deemed it as a "tax"; however, any tax legislation must come from the House, and the Affordable Care Act was far from originating in the House. Once they established that it would become a "tax", they mandated that all citizens should have health insurance coverage. For those who do not comply with the law they will be subject to a tax, or will be charged a percentage of their income.

Will backlash from the public, and an even more defiant GOP who strongly opposed the bill, Obama simply didn't care. He would continue on with the healthcare legislation, no matter how many were against it. Senator Ted Kennedy was a big supporter of the bill, and throughout his political career, "championed the cause of quality, affordable health care for all Americans."xviii After Kennedy's death, the Democrats really became aggressive with pushing the legislation, as Kennedy was a key player in the process. He was one of their biggest supports for the bill and they wanted to finish it for him - "do it for Teddy". The bill went back-and-forth between the house the Senate committees and finally landed on Obama's desk on March 24, 2010; The Patient Protection Affordable Healthcare Act was signed.
Misconceptions about the law: "You can keep your doctor"

It's quite possible that the lie of the century was, "if you like your plan, you can keep you doctor". Not only did Obama blatantly lie to the American people when he made that promise on national television, but it wasn't his promise to make in the first place. After Obama's healthcare policy was signed (over 20,000 pages long), it would be easy to overlook something. And although there were several things overlooked in his policy once the law was written, there was a lot out of his control. As a result of the ACA, one of the first things that happened was all the health insurance companies now had to comply with the law. As a result, several of the networks changed. For example, Sutter and Blue Shield had a long-standing contract, but as a result of the ACA their contract dissolved (they were disputing costs). People who had been patients at Sutter for years suddenly found themselves looking for a new doctor.

Obama advertised for "affordable healthcare", yet once the bill was implemented several Americans were dumbfounded to see their insurance premiums increase. Even Secretary of Health and Human Services, Kathleen Sebelius affirmed that rates would increase as she stated, "there may be a higher cost associated with getting into that market." The middle class was exposed to the increases the most, because most of
them did not qualify for the subsidies. How could it be that the entire purpose of pushing legislation (exponentially), was supposed to create affordable access to health insurance, but the rates increased? Well, the Obama administration overlooked the economic principle of supply and demand. Demand for a good is what increases the desire for a product, good, or service. In the case of Obamacare, the policy had so many loop-holes with mandates (such as birth control and pediatric dental), that it drove the cost up. As a result of all the plan mandates, very few people were able to keep their grand-fathered plans. The ACA forced plan changes and rates on most individual policies, which had an effect on existing policies.

The other factor in increasing rates was to pay for all the subsidies. Yes, health insurance is affordable if you select a policy via one of the government health exchanges and you get subsidies to help pay for your coverage. This lumps people into income brackets to determine if they qualify for the subsidies. If they do not qualify, they are left to fend for themselves and purchase a health insurance plan from a private carrier, which is still expensive. So, it did not solve the problem of making insurance affordable for all Americans. The government is trying to redistribute the rates to make it "fair" and "equal" for all persons, but that is impossible. Tax subsidies are merely redistribution of wealth, for the common good. The hard-working middle class, will only be able to keep paying their high premiums for so long, while other are getting tax assistance, or free healthcare.

Prior to the law, rates were based on age brackets (or significant birthdays), but with the law, the rates increase every January 1st for the upcoming year. If an individual signed up for Obamacare during the enrollment period (let's say they had a November 1st effective date) and paid a premium, they were under the impression that the
premium would be set for the upcoming year. Once they enrolled on the exchange they thought their rates were locked in, yet when January rolled around, most were caught of guard by a rate increase. The government cannot expect young 25 year-olds to pay higher premiums because they are young and healthy, to help off-set the cost for other age groups. Most 25 year-olds are still living with their parents trying to pay off student loans. Those aged 18-29 will opt out of purchasing health insurance because they won't think they will need it.

In the literature of the ACA, it never states, "all doctors must accept the ACA plan". In fact, most patients were disgruntled to find that once they signed up for Obamacare through the state exchanges, some doctors were not accepting their plan. Wasn't the ACA supposed to be more cost efficient with more options? With the subsidized plans the government does not pay out the doctors as much as the private insurance companies pay out for benefits. Doctors still have a say in how they operate their practice, they should be allowed to accept whichever plans they want to. The government cannot dictate who the doctors can and cannot serve, that is left to their own discretion. In the United Kingdom where they have most doctors work on behalf of the government, the quality of the healthcare drastically decreases.
Policy Proposal:

Each government policy has its pros and cons, and the ACA does have some attributes that are positive improvements to the healthcare industry. Although, there are more negative implications than any (not to mention the devastating cost it will have on our federal budget). An improved policy proposal, should focus on the two groups that the ACA affects the most: individuals/families, and businesses. The only thing the ACA accomplished, was an increase in Medicaid, and a plethora of new mandates for everyone. The improved healthcare proposal would allow for states to implement health service benefits to their citizens.

**Individuals:** One positive improvement from the ACA, is that it offered coverage to those with pre-existing conditions. Prior to the law, people were often denied coverage for having existing conditions that were deemed risky for the insurance companies to insure. A new policy proposal should have more of a focus on preventative care. If we focused more on healthy habits and good lifestyle choices, there won't be such a great need for full-coverage policies. If a fee-for-service(s) business approach were implemented for basic plans, it will drastically eliminate several costs from an individual's policy. To encourage healthy people to sign up, there should be a discount or incentive offered towards their health insurance.
In addition to basic plans, the free-market should offer more Health Savings Accounts. This is a great option for people to pay into a health insurance plan, and use the benefits later on, this allows the consumer to take responsibility for their own health. All government mandates on current polices should be removed, allowing for the insurance companies to offer a variety of plans with different levels of coverage. A fifty-year old single male should not be paying for birth control on his policy. The market should allow for the individuals to have the freedom to choose the benefits they want to opt in to.

Obamacare never addressed the issues of "free-riders", the problem still exists. Since the implementation of the ACA, the ER's are more crowded than ever before, as people who opt out of Obamacare are utilizing the free services of the ER for basic services, equating it to more of a clinic. Upon releasing the patient from the ER, the government and hospitals should create a payment option for those who go uninsured. Based on their income, they could pay at least a percentage of the cost of their stay. Taxpayers cannot keep paying for the people who choose to go un-insured, or footing the bill for all the subsidies. There should be limits for how long people receive Medicaid benefits. The way it is now, some families are born and raised on the Medicaid benefits, as they raise their children into the same system.

Business: The government imposes several taxes and mandates on businesses, and the ACA only increased those regulations. Prior to the ACA, most employers already offered their employees benefits, and after the ACA they are finding ways to "beat the system". Most small-business employers were unable to comply with all the demands of the ACA, and as a result they were forced to cut their employees hours. By allowing businesses to operate under their own prerogatives, it will put money back into their
business, which will allow employers the opportunity to offer more benefits to their employees.

One thing that often gets overlooked with the ACA, is how it targeted small businesses to eliminate family employees. In attempts to force the small businesses to offer benefits to their non-family employees, the ACA determines what employees the small business can offer benefits to. A family business where the father is the owner and his wife is the employee, is no longer acceptable to be considered a small group. With this mandate, several groups had to forego their group coverage. Group plans tend to have better rates versus a family plan. A family-owned business should be able to have small group insurance. A new policy proposal should include the option for a family-owned business to purchase a group policy.

![Image of Faith and Politics sign]

**A Biblical Perspective on the ACA**

Although our Founding Father's were not devout Christian's; they were deists and believed in God and respected Christian principles. They believed it was a fundamental human right to practice freedom of religion. Their concepts on freedom and religion went hand-in-hand, as they esteemed this intrinsic right and entwined it
within the very foundation of our government. In today’s society, people tend to take "separation of church and state" out of context. The purpose to have the two separate, was to keep government out of our church, and not God out of our government. Most would attribute the legislation of the ACA as a violation of their religious rights; but aside from that, I want to examine the possibilities of the ACA in a Biblical perspective.

As Christian’s we are called to a higher standard; God’s standard, yet we live in the world and a godless society. Often times there is a conflict of interest and a constant struggle to embrace the teachings of Christ, while rejecting the ways of the world. The world is all about self-gratification, yet the Bible teaches us to love God and love others. I believe we can interpret two Biblical perspectives from the ACA. The first Biblical idea, is that God wants us to love others and care for them (especially widows and orphans), and the second idea is how our bodies are temples of God and we need to care for them, as we are called to individual responsibility. In 1 Corinthians 6:19, it says, "Don't you realize that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself". A lot of health problems can be solved with preventative care. If we take care and respect our bodies, we can prevent a lot of unhealthy lifestyles.

God wanted to live in perfect relationship with us, but because of the fall of mankind, sin entered the world. As a result, God says to Adam in Genesis 3:19, "By the sweat of your brow you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return.” That verse depicts a lot of what the rest of humanity will look like. Each individual is responsible for their life. It is not up to the government to create a life for the individual by giving them their every need. We also see this concept in, as 2 Thessalonians 3:10, "Even while we were with you,
we gave you this command: "Those unwilling to work will not get to eat." This can be attributed to the ACA and free healthcare for those not willing to work.

We are created to be in relationship not only with God, but with others as we love them and build community through Christ. Jesus would always reach out to those who were sick, feeble, disabled, widowed, and fatherless and he holds a special place for these individuals in his heart. As we are called to love others as ourselves, we need to reach out to those in need. It is not the government’s responsibility to care for the needy, but the church. The church often seeks to evangelize and save those in other countries, but there are a lot of people who need an example of God’s love in our very neighborhoods.

We have also witnessed the ACA put companies in positions to compromise their beliefs, as it imposes on their religious freedom. By law, companies must offer their women birth control. Hobby Lobby a family-friendly company who was founded on Christian principles, did not agree with all the forms on the list (two of the birth controls listed were also considered abortive aides). They took a stand for their faith and were persecuted for it. Now that the government has over expanded their boundaries, we will see more companies attacked because they had convictions and couldn’t abide by the law. According to a Christian Law Group, "Never in America’s 236-year history has there been a more serious assault on your religious freedom. Together, we must stop the ObamaCare mandate and stand up for our God-given freedom of conscience and religious liberty."
Works Cited


"This Week in History: July 7-13, 1938: President Franklin Roosevelt Fights for a National Health Plan." President Franklin Roosevelt Fights for a National Health Plan. The Schiller Institute, July 2013. Web. 20 Feb. 2015.