



## FACT SHEET AND DOCUMENTATION FOR REVERE AMERICA TV AD

### 1. Government bureaucrats will benefit.

Obamacare, also known as the Affordable Care Act or ACA, creates over 50 new federal government entities. Source: [Economic Committee, Republican Staff](#):

[http://www.house.gov/brady/pdf/Obamacare\\_Chart.pdf](http://www.house.gov/brady/pdf/Obamacare_Chart.pdf)

In addition the law makes necessary the hiring of up to 16,500 new IRS personnel:

A new analysis by the Joint Economic Committee and the House Ways & Means Committee minority staff estimates up to 16,500 new IRS personnel will be needed to collect, examine and audit new tax information mandated on families and small businesses in the 'reconciliation' bill being taken up by the U.S. House of Representatives this weekend. ...

Scores of new federal mandates and fifteen different tax increases totaling \$400 billion are imposed under the Democratic House bill. In addition to more complicated tax returns, families and small businesses will be forced to reveal further tax information to the IRS, provide proof of 'government approved' health care and submit detailed sales information to comply with new excise taxes.

Source: The Washington Examiner:

<http://www.washingtonexaminer.com/opinion/blogs/beltway-confidential/16500-more-IRS-agents-needed-to-enforce-Obamacare-88458137.html>

### 2. Seniors will get hurt.

- Under the ACA, Medicare is facing progressive cuts every year for the next 10 years, a total of \$17 billion. Source: California Hospital Association. (See attached chart prepared by the California Hospital Association. ) These cuts cannot be sustained without reducing benefits.
- Also, the Medicare Advantage program, very popular among seniors because of its increased benefits, is being essentially abolished. From the Heritage Foundation:

*The Patient Protection and Affordable Care Act substantially alters Medicare Advantage and, as a consequence, reduces the access of senior citizens and the disabled to quality health care by restricting and worsening the health care plan options available to them. Lower-income beneficiaries, Hispanics, and African-Americans will bear a disproportionate share of the act's Medicare Advantage payment reductions. Those reductions will also indirectly impose higher Medicaid costs on state and federal governments and lead to increased spending on prescription drugs by shifting costs to Medicare Part D.*

[http://www.heritage.org/Research/Reports/2010/09/Reductions-in-Medicare-Advantage-Payments-The-Impact-on-Seniors-by-Region#\\_ftnref7](http://www.heritage.org/Research/Reports/2010/09/Reductions-in-Medicare-Advantage-Payments-The-Impact-on-Seniors-by-Region#_ftnref7)

### **3. Costs will go up.**

With each passing year new taxes will be imposed. As disclosed on the attached chart from the California Hospital Association:

- **2011:** A 2.5% excise tax is imposed on *pharmaceuticals*. (This is part of the plan to pay for the reform law.) This cost – which will be in the billions of dollars - will be passed on to health care providers, primarily hospitals, who already operate with very thin margins, and will be under great financial pressure to raise their rates to pay for it, with resulting price pressure on health insurance premiums.
- **2012:** That excise tax increases to 3%.
- **2013:** A separate 2.9% excise tax on *medical devices* will begin. The same pass-through will take place, creating the same pressures on providers and on insurance premiums.
- **2014:** An \$8 billion fee on *health insurance premiums* kicks in. Obviously consumers will bear this tax and their premiums will rise.

Because of all these costs, Obamacare is generally unsustainable. Here is one study that addresses that issue:

<http://blog.heritage.org/2010/09/13/obamacare-the-real-price-tag-is-a-moving-target/>

### **4. Care will go down.**

Quality of care will suffer. With the upward pressure on prices and the downward pressure on reimbursement (discussed in no. 3 above) there is no way that Medicare patients will have available to them the level of care they now enjoy.

Also, a key feature of Obamacare is the Accountable Care Organization, or ACO. This is an HMO-type entity that is projected to be used widely as the ACA is implemented. The result will be the same thing we saw with HMOs in the 90s: Long lines, limited access to one's own physician, and loss of control over one's choice of physician. The usefulness of ACOs is hotly debated. Here's a blog piece the prestigious Health Affairs blog by Jeff Goldsmith on ACOs, called "[The Accountable Care Organization: Not Ready For Prime Time.](#)"

### **5. Longer waits in doctor's offices.**

See no. 4 above.

### **6. Your right to keep your own doctor may be taken away.**

See no. 4 above. ACOs have been called "HMOs on steroids." There is no way to guarantee individual patient choice of a physician in such organizations.