

EXECUTIVE SUMMARY

President Obama and his administration have made many claims to the American people about the Patient Protection and Affordable Care Act (PPACA). Four years since the bill was signed into law, the outcomes are far from what was promised.

This staff report summarizes the following claims made by the Obama administration about PPACA and contrasts them with the law's realities:

Claim I: Enrollment targets were met.

Reality: The Obama administration is overstating the new insurance exchange enrollment numbers and has not reached either its goal of enrolling enough young and healthy people or of dramatically reducing the number of uninsured.

Claim II: Coverage is more affordable.

Reality: PPACA regulations have increased premiums and out-of-pocket costs for many Americans. Affordability remains the biggest barrier to coverage.

Claim III: Transparency and access to care have increased.

Reality: The PPACA exchanges are not transparent about limited drug coverage and narrow doctor and hospital networks.

Claim IV: PPACA strengthens the economy and reduces the deficit.

Reality: PPACA adds to the deficit, increases health care spending, burdens employers, increases taxes, and disincentivizes work.

Claim V: The exchanges were ready and would work.

Reality: The federal government and some states have wasted millions of dollars creating dysfunctional exchanges. None of the exchanges were properly equipped to verify eligibility for taxpayer-funded subsidies.

Claim VI: Healthcare.gov is working well with states to enroll individuals in Medicaid.

Reality: Error-ridden Medicaid application data from Healthcare.gov is imposing significant burdens on states.

Claim VII: Medicaid expansion means more people will have health care.

Reality: Medicaid is a broken program and does not guarantee access to health care.

Claim VIII: PPACA strengthens Medicare Advantage.

Reality: PPACA cuts billions from the popular Medicare Advantage program and reduces seniors' benefits.