THE AFFORDABLE CARE ACT: COMPARING CONGRESSIONAL RHETORIC WITH REALITY

Updated November 2025

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Executive Summary

Opponents of the Affordable Care Act made numerous assertions about the dire consequences of the legislation as it was debated in Congress in 2009 and 2010. These attacks continued after enactment as congressional Republicans made repeated attempts to repeal the law. The critics described the Affordable Care Act as a fundamental threat to the national economy and health care system. They claimed that the law would:

- ***"Ruin the economy"*** *(Former Speaker John Boehner)*
- ***"Destroy jobs and small businesses"*** *(Former President Donald Trump)*
- ***"Drive[] up health care costs"*** *(Former Senator Dan Coats)*
- ***"Bankrupt our country"*** *(Former Speaker John Boehner)*
- ***"[C]ause millions of people to lose … health insurance"*** *(Former Speaker Paul Ryan)*
- ***"[Cause] millions of Americans … to lose their employer-provided health insurance"*** *(Florida Governor Ron DeSantis)*
- ***"Raid[] a half a trillion dollars out of Medicare"*** *(Former Speaker Paul Ryan)*
- ***"Bankrupt[] my state"*** *by expanding Medicaid (Former Texas Governor and Energy Secretary Rick Perry)*
- ***"[Be] a government takeover of … the health care sector"*** *(Former Speaker Paul Ryan)*
- ***"Erode[] the freedom of every American"*** *(Former Vice President Mike Pence)*

One member of Congress even said the law ***"literally kills women, kills children, kills senior citizens."***

On the fifteenth anniversary of ACA's enactment, it is now clear that these doomsday predictions were wrong on every count. Not only has the ACA expanded high-quality and affordable health insurance to more than 49 million people, it aided the economic recovery from the Great Recession, eliminated the worst abuses of the health insurance industry, helped address long-standing racial and economic disparities in health care, and reduced the long-term federal deficit by nearly $2 trillion.

Over time, these erroneous assertions have receded from the public debate as the ACA reforms have become an accepted part of everyday life. But at the time, their relentless repetition fomented opposition and misled millions of Americans. The discussion below evaluates 11 of the main claims made by opponents of the ACA. On each claim, the reality has been the exact opposite of what the law's opponents predicted. The ACA brought lasting positive change to health care in America, strengthened our economy, and created jobs while also becoming the biggest deficit reduction legislation in decades.

Claim: The ACA Would Permanently Harm the Economy

"It will ruin the best health care system in the world, it will bankrupt our nation, and it will ruin our economy."
--Speaker of the House John Boehner, January 6, 2011[1]

"This is the end of prosperity in America forever if this bill passes. This is the end of America as you know it."
--Glenn Beck, November 19, 2009[2]

Republican critics of the ACA frequently described the law in apocalyptic terms, arguing that the law would destroy the foundations of the United States economy. In reality, the enactment of the ACA coincided with the longest expansion of the U.S. economy in history.[3]

From March 2010 until the onset of the COVID-19 pandemic in February 2020, the unemployment rate fell from 9.9% to a then-historic low of 3.5%, the Gross Domestic Product (GDP) increased by $6.7 trillion (a 45% increase), and the median household income increased by 38% from $49,280 to $68,010.[4] In 2024, median household income increased to a new all-time high of $83,730.[5] Contrary to the predictions of economic ruin, the economy thrived alongside the implementation of the ACA.

Claim: The ACA Would Cause Widespread Job Losses

"Obamacare is a heat-seeking missile that will destroy jobs and small businesses."
--Donald Trump, 2011[6]

"The President … continues to push his job-killing government takeover of health care that will hurt small businesses at a time when they need certainty, not more Washington tax hikes and mandates."
--Speaker of the House John Boehner, March 17, 2010[7]

"This is the number one job-killing bill in America, and it has rocked the engine that drives our economy—the business owner and the entrepreneur that create the jobs."
--Representative Ted Yoho, May 16, 2013[8]

In the debate over the ACA's impact on the United States' economy, critics often branded the law a "job killer." In fact, H.R. 2, the second bill Republican members introduced in 2011 after taking control of the House, was entitled "Repealing the Job-Killing Health Care Law Act."[9] They insisted that the law's employer mandate, which requires large employers to offer affordable, comprehensive coverage, would lead to massive job losses, force millions of full-time workers into part-time positions, and prevent employers from hiring and expanding their businesses.

A prominent example of these exaggerations is a 2011 report, jointly released by Speaker of the House John Boehner and the leadership of the House Republican Caucus, which projected that "the health care law will cause significant job losses for the U.S. economy."[10] The report also highlighted an analysis from the National Federation of Independent Businesses that asserted the employer mandate "could lead to the elimination of 1.6 million jobs between 2009 and 2014, with 66 percent of those coming from small businesses."[11] This same analysis was frequently cited by multiple congressional critics of the ACA.[12]

The predictions about the ACA's impact on jobs proved to be wildly incorrect. As multiple independent economic analyses have found, there is no credible evidence that the ACA was a job killer or disrupted the U.S. labor market.[13] Between March 2010 and when the employer mandate went into effect in January 2015, the U.S. economy created 10.7 million jobs.[14] Since the mandate went into effect, the U.S. economy has added an additional 19.0 million jobs.[15] Many of these new jobs were in health care, the industry most directly affected

by the ACA. In the decade after enactment of the ACA, the number of healthcare workers increased by 20% from 13.7 million to 16.5 million.[16]

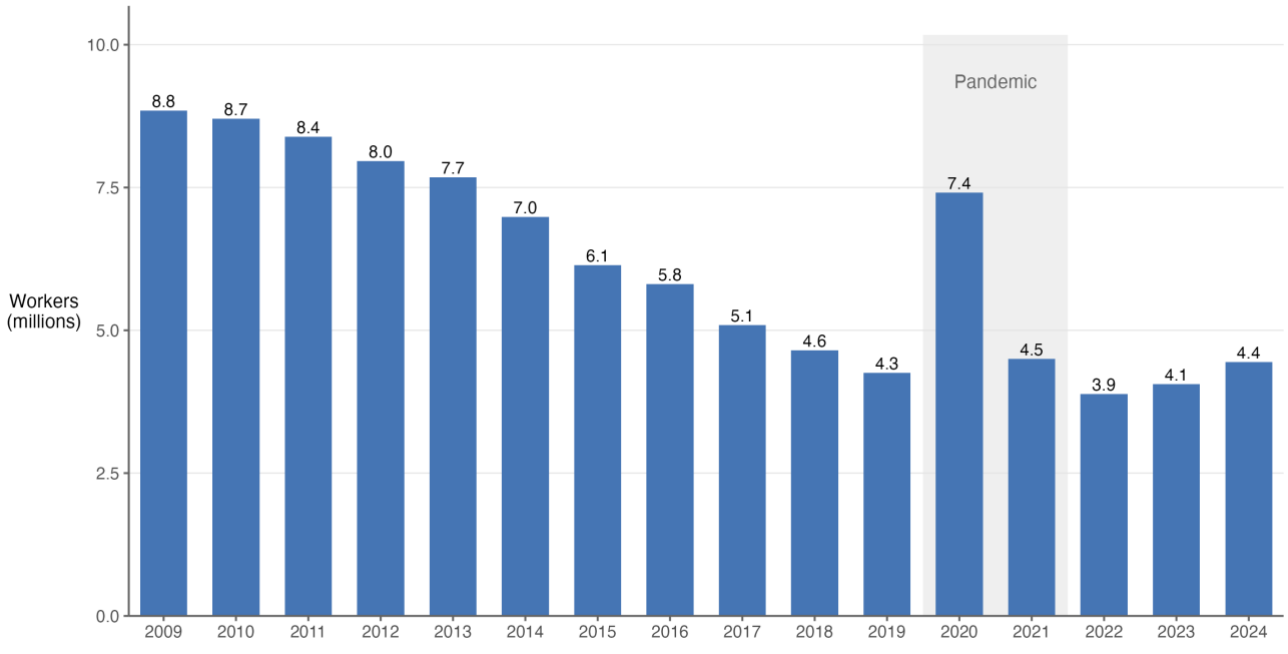
Even as these job gains continued month after month, Republican critics frequently argued that the employer mandate would force more workers into part-time positions, because the law considered employees who work an average of 30 hours or more a week to be full-time. For example:

- Representative Paul Ryan: "the first firm step on the ladder of opportunity is a full-time job, and for too many Americans, this first step is moving out of reach thanks to ObamaCare. … [It] is costing people jobs; this rule is knocking people out of full-time work."[17]
- Representative David Camp: "ObamaCare places an unprecedented government regulation on workers, changing the definition of 'full-time work' from 40 hours per week to 30 hours. As a direct result, Americans across the country are having their hours cut at work, and they are seeing smaller paychecks."[18]

These predictions about the end of the 40-hour work week proved unfounded. After the ACA's enactment in March 2010, the number of involuntarily part-time workers decreased from 9.1 million to 4.3 million by February 2020.[19]

Although the COVID-19 pandemic reversed these trends, the reversal was short-lived. By 2022, the number of involuntary part-time workers had fallen below the pre-COVID low to 3.9 million, and the number of full-time workers increased by 3.6 million between February 2020 and August 2025.[20] See Figure 1.

Figure 1. Change in Number of Involuntary Part-Time Workers



Source: Bureau of Labor Statistics • Annualized average number of part-time workers (March-February).

Claim: The ACA Would Increase Health Care Costs

"The president … promised that the law would 'bend the cost curve.' … If that sounds laughable, that's because it is. Health care costs are skyrocketing."

--Senators Orrin Hatch and Mike Enzi, March 21, 2012[21]

"Rather than making health care more affordable and successful, ObamaCare has actually driven up health care costs."

--Senator Dan Coats, May 18, 2016[22]

"[T]he law … drives up the cost of health care, it drives up premiums."

--Representative Greg Walden, January 19, 2011[23]

Before the ACA was enacted into law, policymakers had unsuccessfully grappled with soaring healthcare costs. For decades, these costs outpaced inflation and wage growth, placing an ever-increasing financial burden on families, businesses, and government budgets at the state and federal levels. From 1990 to 2008, total healthcare spending increased from 12.1% of GDP ($719 billion) to 17.2% of GDP ($2.6 trillion), and in 2010, the Department of Health and Human Services actuary projected that healthcare costs would increase to 19.3% of GDP ($4.5 trillion) by 2019.[24]

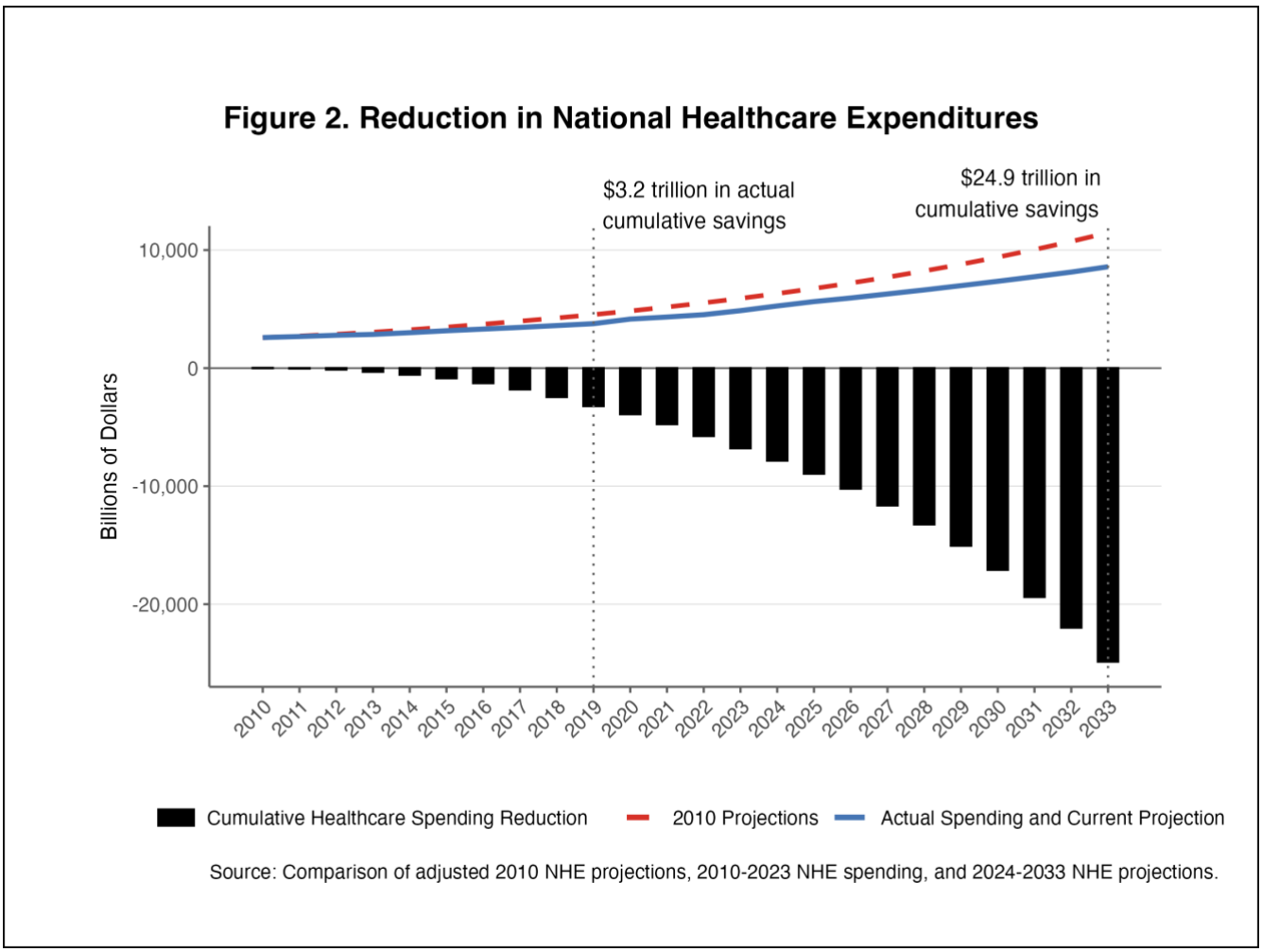
The ACA included multiple policies designed to "bend the cost curve" by addressing the underlying causes of healthcare spending's excess cost growth. These included:

- Reducing Medicare's payments to providers and Medicare Advantage insurers;
- Creating multiple "value-based purchasing programs" linking providers' reimbursements to the quality of care they deliver;
- Establishing "accountable care organizations" within Medicare to provide incentives for physicians and hospitals to improve the quality and lower the cost of their care;
- Creating incentives for hospitals to reduce readmissions and hospital-acquired conditions; and
- Establishing the Centers for Medicare & Medicaid Innovation (CMMI) within HHS to develop and test new payment models that improve quality and lower the cost of care.[25]

Opponents of the ACA predicted that the law would have the opposite effect and result in dramatically higher healthcare spending. As Senator Jeff Sessions asserted, "It does not bend the cost curve down. In fact, we are seeing the opposite occur."[26]

In reality, the healthcare cost curve has bent significantly since the enactment of the ACA. The deceleration in healthcare costs has led to substantial savings: total healthcare spending, which includes both public and private expenditures, was $3.2 trillion less from 2010 to 2019 than projected by HHS actuaries.[27] This difference is particularly notable because the actual spending includes spending for the ACA's coverage expansions, which were not included in HHS's projections.

These savings are on track to compound significantly over the next decade. HHS's current projections of total healthcare spending for 2024-2033 are now $18.1 trillion less than the long-term trajectory of their 2010 projections.[28] If these projections are accurate, total healthcare spending between 2010 and 2033 would be over $24.9 trillion below what was anticipated before the ACA became law. See Figure 2.[29]



Claim: The ACA Would Cause Deficits to Soar

"We have Medicare that's going broke. ... We have Medicaid that is bankrupting not only the federal government, but all the states. And yet, here we are having a conversation about creating a new entitlement program that will bankrupt our country. … [T]his 2,700-page bill will bankrupt our country."

--Speaker of the House John Boehner, February 25, 2010[30]

"The government takeover of health care is exacerbating the already dire fiscal challenges our nation faces. If fully implemented, the health care law will cost taxpayers $2.6 trillion, while adding $701 billion to the deficit in its first ten years."

--Republican Leadership of House of Representatives, January 6, 2011[31]

"This health care law, if left in place, will accelerate our country's path toward bankruptcy."

--Representative Paul Ryan, January 18, 2011[32]

"We were voting for a bill that is financially unsustainable. … It will cost more than we can afford."

--Representative Dan Lipinski, March 28, 2010[33]

The repeated claims by the law's opponents that the ACA would cause soaring deficits were rejected by the nonpartisan Congressional Budget Office (CBO) and Joint Committee on Taxation (JCT), which had the responsibility of scoring the legislation before it passed Congress. In fact, CBO scored the ACA as producing

more mandatory deficit reduction ($143 billion over ten years) than any other law Congress has enacted this century.[34]

Moreover, actual federal spending on health care since the enactment of the ACA has been significantly lower than CBO projected, leading to even larger savings for the federal budget. CBO reported in March 2023 that from 2010 to 2020, actual mandatory federal healthcare spending was $1.1 trillion below what CBO and JCT had projected after the ACA's enactment in 2010.[35] And these savings will grow larger over time. CBO's current projection of mandatory federal healthcare spending over the next decade is $4.6 trillion less than its 2010 long-term projections.[36]

In its March 2023 analysis, CBO recognized that a portion of these savings is due to the ACA's reduction of Medicare's payment rates but did not quantify the amount. It also highlighted other contributing factors, such as the greater use of noninstitutional long-term care, better treatment of hypertension and diabetes, and a slower rate of introduction of new brand-name medications and medical technologies.[37] Parsing the direct impact of the ACA from these other factors remains a complex task for researchers.[38]

One recent study in the Journal of the American Medical Association (JAMA) examined the extent to which the ACA's Medicare reimbursement reforms, such as reducing annual payment increases for providers, contributed to the reduction in federal spending on Medicare for the period from 2012 to 2018.[39] During this period, actual Medicare spending was $315 billion lower than CBO had projected after passage of the ACA.[40] Based on this study's findings, $150 billion of the spending reduction could be attributed to the ACA's Medicare payment reductions, including 63% of the savings for the period from 2016 to 2018.[41]

If the JAMA estimates of the impact of the ACA on Medicare spending are projected forward, it is possible to estimate the cumulative budgetary effect of the law's four core fiscal components:

- the federal cost of the Medicaid expansion,[42]
- the cost of federal subsidies for marketplace insurance,[43]
- the reimbursement reductions to Medicare providers and Medicare Advantage insurance plans,[44] and
- the revenues raised by the Net Investment Income Tax (NIIT) and the Additional Medicare Tax (AMT).[45]

For the period from 2010, when the ACA was enacted, to 2034, the net savings for the federal budget from these four key components of the ACA is projected to be $1.8 trillion.[46] If other ACA provisions, such as the programs to reduce hospital readmissions and promote accountable care organizations, and the spillover effects of the law's Medicare payment reductions and other value-based payment reforms were taken into account, the total savings attributable to the ACA would be significantly larger.[47] Contrary to critics' claims, the ACA is on track to reduce federal spending by nearly two trillion dollars or more, unequivocally improving the federal government's fiscal trajectory.

Claim: The ACA Would Reduce Health Insurance Coverage

"The current law [Affordable Care Act] has made healthcare coverage less affordable and less accessible for millions of Americans. … No matter how you slice it, ObamaCare is harming the American people. Premiums and deductibles and other out-of-pocket costs are going up, not down, as the President had promised. Millions of Americans have been kicked off the coverage that they had. That is less access and fewer choices at a higher cost."

--Representative (later Department of Health and Human Services Secretary) Tom Price, January 6, 2016[48]

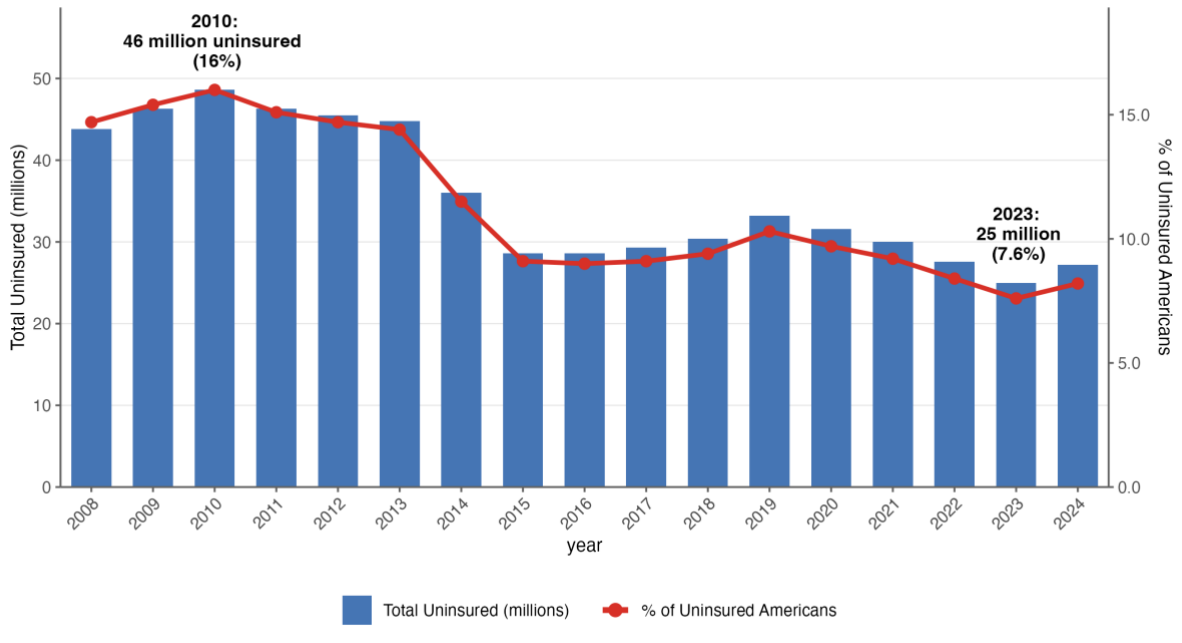
"This law … will cause millions of people to lose the health insurance that they have that they want to keep."
--Representative Paul Ryan, July 17, 2013[49]

"We were told if you like your plan, you can keep your plan. We now know the question is not whether millions of Americans will lose their current plans, but how many millions of Americans will lose their current plans."
--Representative (now Florida Governor) Ron DeSantis, May 16, 2013[50]

Critics of the ACA repeatedly claimed that the law increased the number of uninsured and made private health insurance less accessible. These arguments relied on selectively chosen information and anecdotes to misrepresent the ACA's insurance reforms. For example, critics often highlighted the cancelation of substandard insurance plans that did not meet the ACA's consumer protections. They used this as evidence that the law was restricting access to insurance and increasing the number of uninsured.[51]

The reality is that the ACA has led more than 49 million people gaining high-quality and affordable coverage since 2014 – the largest expansion of health insurance coverage since the creation of Medicare and Medicaid in 1965.[52] In the wake of the Great Recession, the number of uninsured Americans peaked at 48.6 million in 2010, which fell to 44.8 million by 2013.[53] During the first year of the ACA's coverage expansion in 2014, the number of uninsured declined by 8.8 million, and the following year, an additional 7.4 million uninsured gained coverage.[54] The coverage gains increased significantly again between 2020 and 2023 as a result of the expansion of Medicaid eligibility during the COVID-19 public health emergency and the enhanced marketplace subsidies provided by the American Rescue Plan and Inflation Reduction Act. By 2023, the number of uninsured Americans had fallen to a record low of 25 million – a decline of 23.6 million since 2010.[55] Although 2.2 million people lost coverage when the COVID-19 Medicaid expansion ended in 2024, the number of uninsured remains far below pre-ACA levels. See Figure 3.

Figure 3. Change in Uninsured Rate and Number of Uninsured



Source: National Health Interview Survey, Calendar Years 2008-2024

These national averages do not fully capture the effect of the ACA's coverage expansions because they include states that have refused to expand Medicaid coverage. In the 40 states and the District of Columbia that have embraced the ACA and expanded Medicaid, the average uninsured rate fell to 6.5% by 2023. Among these states, ten had an uninsured rate below 5%, with Massachusetts achieving the lowest rate of 2.6%. In contrast, the average uninsured rate in the ten remaining nonexpansion states was 10%, with Texas recording the highest rate at 16.4%.[56]

Claim: The ACA Would Cause Millions to Lose Employer Coverage

"One of the realities of ObamaCare is that millions of Americans are going to lose their employer-provided health insurance."

--Representative (now Florida Governor) Ron DeSantis, September 30, 2013[57]

"This bill makes it too expensive for employers to keep employees on their health plan."

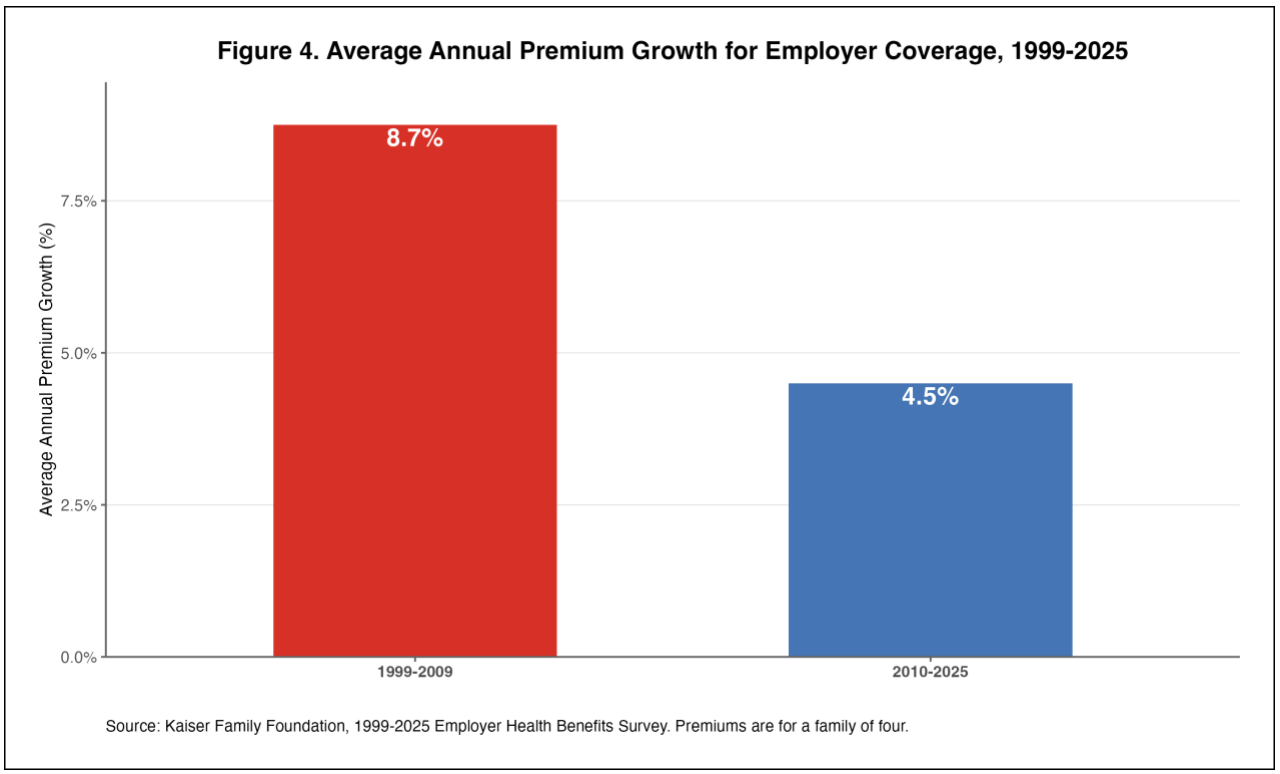
--Former Speaker of the House John Boehner, March 25, 2010[58]

"ObamaCare is already forcing workers to lose coverage. … [W]orkers in this country are suffering."

--Representative David Camp, July 17, 2013[59]

Opponents claimed that the ACA would disrupt coverage for millions of Americans with employer-sponsored insurance. Using selectively chosen statistics and anecdotes, these critics misleadingly portrayed the ACA as disrupting Americans' employer coverage.[60]

In reality, the ACA helped preserve employer coverage. The market for employer coverage had been deteriorating before the passage of the ACA. Between 1999 and 2009, the percentage of employers offering health insurance coverage declined from 66% to 59%, and premiums were increasing faster than workers' earnings and inflation.[61] Following the ACA's enactment, employer coverage stabilized, and the rate of premium increases sharply declined. The average annual growth rate of premiums for a family of four with employer coverage fell by nearly 50%, and since 2020, workers' earnings have increased more than family premiums.[62] See Figure 4.



The ACA introduced new inducements for employers to offer coverage. For large employers, the employer mandate created a financial incentive for them to offer affordable and high-quality coverage.[63] For small employers, the law created a new tax credit to reduce their health insurance costs. In many states, small employers can also provide coverage through the Small Business Health Options Program (SHOP) marketplace that was authorized by the ACA.[64]

The ACA also introduced new consumer protections for Americans with employer coverage. Before the law, employers could provide insurance that saddled their employees with high premiums and out-of-pocket costs and limited benefits.[65] Due to the employer mandate, there are now consequences for large employers if they do not offer good coverage that pays for at least 60% of their employees' healthcare costs at an affordable price.[66] The law also reformed small-group coverage by requiring employers to provide comprehensive coverage, capping employee's out-of-pocket spending, and prohibiting the setting of premiums based on employees' medical history.[67]

The ACA's employer coverage reforms helped stabilize the number of employers offering coverage and sharply reduced the annual rate of premium increases. After these reforms began to take effect, the percentage of employers offering coverage increased from 55% in 2014 to 57% in 2019 and the rate of annual premium growth fell by nearly 50%.[68] Contrary to critics' dire predictions, employer coverage has remained the largest source of health insurance, covering nearly one in two Americans.[69]

Claim: The ACA Would Cause Millions to Lose Medicare Coverage

"What this bill essentially does is treats Medicare like a piggy bank. It raids a half a trillion dollars out of Medicare not to shore up Medicare's solvency but to spend on this new government program. Now, when you take a look at what this does … according to the chief actuary of Medicare, he's saying as much of 20 percent of Medicare's providers will either go out of business or will have to stop seeing Medicare beneficiaries. Millions of seniors … who have chosen Medicare Advantage will lose the coverage that they now enjoy."

--Representative Paul Ryan, February 25, 2010[70]

"This bill is a lie. … [I]t says we are going to take this money out of Medicare and you are not going to notice any difference. That cannot be true. If we take $500 billion or $400 billion-plus out of Medicare, millions of seniors are going to notice a difference. ... If you are a senior on Medicare Advantage, you are going to lose benefits you now have."

--Senator Tom Coburn, December 1, 2009[71]

Opponents of the ACA frequently claimed that the law would devastate the Medicare program and have dire consequences for Medicare beneficiaries. Senator Tom Coburn, for example, bluntly predicted that these reductions would cause Medicare beneficiaries to "die sooner."[72] Many other critics in Congress predicted that the ACA's payment reductions would disrupt Medicare beneficiaries' access to providers and Medicare Advantage coverage.[73]

It is now clear that these predictions were wrong. The ACA's Medicare payment reductions have saved $1 trillion to date and extended the solvency of the Medicare program by over ten years.[74] Furthermore, enrollment in Medicare Advantage has increased every year since the ACA's enactment, reaching a record high in 2024.[75]

The ACA also strengthened Medicare benefits for enrollees in multiple ways. Before the ACA, Medicare's prescription drug coverage contained a "doughnut hole" that required millions of beneficiaries with high prescription drug spending to pay 100% of a certain portion of their drug costs.[76] The ACA closed the doughnut hole and has reduced these beneficiaries' annual out-of-pocket drug spending by hundreds of dollars, saving them approximately $67 billion to date.[77]

Medicare's 69 million beneficiaries experience similar savings from the ACA provisions that eliminate costs for annual wellness visits and over 50 other preventive services.[78]

Quality of care has also improved for Medicare beneficiaries under the ACA. Prior to the ACA's enactment, it was estimated that nearly 20% of Medicare beneficiaries admitted for inpatient care were rehospitalized within 30 days of their initial hospital stay and that these readmissions were responsible for nearly 20% of Medicare's total hospital spending.[79] The ACA created a new readmissions reduction program for six common hospital procedures.[80] Since the program's implementation, the readmissions rate for all targeted conditions has fallen by more than 15% compared to the rates in 2008.[81] Furthermore, risk-adjusted mortality rates for beneficiaries hospitalized with these conditions have shown significant improvement, with reductions ranging from approximately 27% to 50% for the conditions analyzed from 2008 to 2017.[82] This has not only enhanced the quality of life and well-being for patients but also is estimated to have resulted in substantial savings for Medicare.[83]

Finally, contrary to Senator Coburn's prediction that the ACA would cause Medicare beneficiaries to "die sooner," the mortality rate of Medicare beneficiaries has improved since the passage of the ACA, and Medicare's Board of Trustees is expecting these improvements to continue into the future.[84]

Claim: The ACA's Medicaid Expansion Would Bankrupt States and Provide Poor Care

"I will not be party to socializing healthcare and bankrupting my state. … Medicaid is burning up … our total budget in the state of Texas now, so … why would you want to put 1,000 more people on the Titanic when you know how it's going to turn out."

--Texas Governor Rick Perry, September 2012[85]

"The cost of expanding Medicaid under ObamaCare is irresponsible and unsustainable."
--Former Senator and Kansas Governor Sam Brownback, March 30, 2017[86]

"Let's be clear. Medicaid is one of the most poorly constructed programs in all of government. It is extremely costly at the Federal level and even more so at the State level. … Even with all that cost, it is, in terms of available providers and services, one of the worst, if not the worst health insurance options in the country. ... The Affordable Care Act did not fix these problems; it made them worse. Under ObamaCare, Medicaid is more expensive to taxpayers and an even larger burden on the States."
--Senator Orrin Hatch, December 2, 2015[87]

Opponents frequently targeted the ACA's expansion of Medicaid. On one hand, they argued that doctors and hospitals would refuse to care for new Medicaid enrollees because of Medicaid's lower reimbursement rates. At the same time, they also claimed the expansion was too costly and would compel states to raise taxes and cut other services. Both of these contentions have been proven wrong.

The intent of the ACA's Medicaid expansion was to convert the program into a universal source of coverage for Americans with incomes at or below 138% of the federal poverty levels. After the Supreme Court's decision in the *National Federation of Independent Businesses v. Sebelius*, however, the ACA's Medicaid expansion became optional for states. As a result, 25 states did not initially expand their Medicaid programs.[88] By 2024, 40 states and the District of Columbia had expanded their Medicaid programs, covering 20.1 million people, and 10 states had not.[89]

Multiple analyses have shown that low-income individuals living in states that expanded Medicaid reported improved access to medical care and improved health.[90] These improvements were substantial compared to nonexpansion states. For instance, studies of low-income individuals in Kentucky, Arkansas, and Texas revealed that Medicaid expansions in Kentucky and Arkansas significantly boosted new enrollees' access to regular medical care, reduced their out-of-pocket medical spending, and resulted in large improvements in their self-reported health compared to low-income individuals in Texas, which has not expanded its Medicaid program.[91]

Other studies have shown that the ACA's expansion of Medicaid has improved the diagnosis and treatment of multiple medical conditions, including cardiovascular diseases, diabetes, hypertension, cancer, end-stage renal disease, and physical disabilities, as well as access to maternal and postpartum care and preventative care.[92] Most importantly, Medicaid expansions saved lives. A national comparison of mortality rates of low-income individuals aged 55 to 64 showed that mortality rates decreased in Medicaid expansion states, saving tens of thousands of lives.[93]

Critics also contended that the ACA's Medicaid expansion would heavily burden states' finances, compelling them to raise taxes or cut other government services. These predictions also proved to be incorrect. Multiple analyses of the ACA's Medicaid expansion have found that the expansion has been a fiscal win-win for the states that have expanded their programs. Rather than increasing costs, the enhanced federal funding for the Medicaid expansion has allowed states to offset other state funding, resulting in both revenue gains and lowered uncompensated medical care costs.[94]

As the benefits of expansion became clear, many state-level critics of the expansion eventually endorsed it. These included:

- Michigan Governor Rick Snyder: "[Expanding Medicaid] makes sense for the physical and fiscal health of Michigan. Expansion will create more access to primary care providers, reduce the burden on hospitals and small businesses, and save precious tax dollars."[95]

- Ohio Governor John Kasich: "Extending Medicaid benefits will help us on many levels, including the positive impact this decision can have on the mentally ill, and the addicted. … For those that live in the shadows of life, those who are the least among us, I will not accept the fact that the most vulnerable in our state should be ignored. We can help them."[96]
- Arizona Governor Jan Brewer: "[Expanding Medicaid] is pro-life, it's saving lives, it is saving hospitals. I don't know how you can get more conservative than that."[97]

Nevertheless, ten states have continued to reject expanding their Medicaid programs. As a result, an estimated 1.4 million individuals in these states remain without insurance, leading to thousands of preventable deaths annually.[98]

Claim: The ACA Would End Private Insurance Coverage

"There will be no insurance industry left in three years. That is by design. You're going to make insurance unaffordable for everyone -- which is what they want. Because if there's no private insurance left, what's left? Government-centered, government-run, single-payer health care."

--Senator Tom Coburn, October 12, 2010[99]

"*If the facts that we now know today about this law were available when this law was being debated, there's no way this would have become law. This is effectively a government takeover of 17 percent of our economy, the health care sector."*

--Representative Paul Ryan, July 12, 2010[100]

"[*O]bamaCare has drastically reduced America's choice among health care plans through a Federal Government takeover of the insurance marketplace."*

--Senator Mike Enzi, December 1, 2015[101]

Opponents contended that the ACA would destabilize the private health insurance industry and result in a "government takeover" of the industry.[102] These predictions were built on false premises and exaggerations of the ACA's insurance reforms. [103] In fact, private insurance now plays a larger role in providing coverage to Americans than it did before the ACA became law.

Sixty-four percent of Americans were enrolled in private health insurance coverage before the ACA's coverage expansions took effect. That percentage increased to 66% in 2014 after the provisions went into effect.[104] Since then, the percentage of Americans with private health insurance coverage has remained higher than before the ACA's health exchanges began operation and Medicaid coverage was expanded.[105]

At the same time that private insurance coverage grew, its quality also improved. The ACA's insurance reforms ended unfair practices such as denying coverage for preexisting medical conditions, charging higher premiums to the sick, and setting annual and lifetime limits on coverage. Rather than profiting by excluding the sick or offering inadequate coverage, insurers are required to offer comprehensive coverage and to spend at least 80% of premiums they collect on medical care and quality improvement. As a result, they now compete by delivering value to their customers.[106] Under the ACA, any American – regardless of past health history, gender, age, or income – can access high-quality, comprehensive, and affordable insurance.[107]

As private health coverage has expanded and been reformed, health insurers have also remained profitable.[108] Instead of destroying the private health insurance industry, the ACA fundamentally improved private coverage while strengthening the industry's role in the American healthcare system.

Claim: The ACA Would Erode Individual Freedom

"ObamaCare erodes the freedom of every American, opening the door for the Federal Government to legislate, regulate, and mandate nearly every aspect of our daily lives."

--Representative Mike Pence, July 10, 2012[109]

"We are a great country because we continue to strive toward the protection and expansion of individual liberties in a way that people cannot find anywhere else in the world. … Yet for the past 2 years, Congress and the administration have pushed an agenda that moves America in the opposite direction by eroding individual freedoms. It is part of a philosophy premised upon government siphoning more money, control, and power out of the private sector. And the health care bill we seek to repeal today is the tip of the spear."

--Representative Eric Cantor, January 19, 2011[110]

"[The Affordable Care Act] will be the beginning of the end of America. This will be a major step in the elimination of the freedom of the American people."

--Senator Tom Coburn, October 12, 2010[111]

"Obamacare is, in fact, the death knell for freedom, and that's why it must be repealed."

--Senator Rick Santorum, March 8, 2012[112]

Opponents of the ACA contended that the law posed a significant threat to Americans' liberty, arguing that it would restrict not only their access to medical care but would also allow the government to intrude on nearly every aspect of their lives. Their arguments echoed those made by Ronald Reagan in 1961 when he argued against the enactment of Medicare:

> [T]his program, I promise you, will pass just as surely as the sun will come up tomorrow; and behind it will come other federal programs that will invade every area of freedom as we have known it in this country. Until, one day … we will awake to find that we have socialism … [and] are going to spend our sunset years telling our children, and our children's children, what it once was like in America when men were free.[113]

In actuality, the ACA has had the opposite impact. It helped expand economic opportunity and personal liberty by freeing Americans from the shortcomings of the pre-ACA healthcare system. Before the ACA, high-quality and comprehensive health insurance was a luxury that tens of millions of Americans could not access or strained to afford. In the decades leading up to the ACA's enactment, roughly a fifth of nonelderly Americans were uninsured with absolutely no protections against catastrophic healthcare costs and faced significant barriers to accessing medical care.[114]

Even those fortunate enough to have health insurance were often in a precarious position, just one job loss or medical event away from a financial disaster. Before the passage of the ACA, approximately 50% of Americans – over 130 million people – had medical conditions that could be classified as "pre-existing conditions" by health insurers, meaning that they could be denied coverage or charged exorbitant premiums in the individual insurance market.[115] And tens of millions of Americans with employer coverage had no upper limit on their out-of-pocket medical costs and could be subject to other coverage limitations.[116] These shortcomings resulted in everyday tragedies – families plunged into debt, hardworking individuals forced to choose between medical care and other basic necessities, and millions wondering if a single medical emergency or loss of employer coverage could end in financial ruin.[117]

The ACA protected families from these threats to their economic opportunity and financial security.[118] Analyses of the ACA's Medicaid expansion have found that the expansion has:

- reduced medical debt in expansion states by billions of dollars;
- reduced the amount of unpaid bills and debt reported to collection agencies;
- improved credit scores, child support collections, and home ownership; and
- reduced bankruptcy filings, evictions, and food insecurity.[119]

Marketplace coverage also helped small-business owners and self-employed workers obtain coverage. Before the ACA's coverage expansions, 60% of uninsured workers were small-business owners or self-employed.[120] As a result of the law, the uninsured rate for these business owners and the self-employed declined 40% by 2022.[121]

At the same time, the ACA's coverage expansions have reduced long-standing racial and ethnic disparities in healthcare coverage, access, and outcomes. Before the ACA, access to health insurance and medical care had been persistently unequal along racial and ethnic lines. In 2013, the uninsured rate for nonelderly adult Hispanic Americans was nearly two and a half times that of white nonelderly adults, and African American nonelderly adults were over 50% more likely to be uninsured than white nonelderly adults.[122] By 2019, the ACA's coverage expansions had reduced the coverage gap between Hispanic and white adults by 31% and shrunk the gap between African American and white adults by 45%, and these reductions have persisted through the COVID-19 pandemic.[123]

The ACA's coverage expansions similarly reduced persistent racial disparities in accessing care. In 2013, 28% of Hispanic nonelderly adults and 23% of nonelderly African American adults reported not seeking medical care because they could not afford it, compared to 15% of white nonelderly adults.[124] By 2021, all of these rates decreased. The Hispanic rate dropped by over one-third to 18%, the African American rate dropped by nearly 40% to 14%, and the white rate dropped by 37% to 10%.[125]

By ensuring that health care is not just a luxury but a fundamental right, the ACA has freed Americans from the risk of debilitating medical debt, enabled entrepreneurs to launch new businesses, and has helped reverse historical racial inequities. Far from undermining liberty, the law has laid a new foundation for economic equality and opportunity.

Claim: The ACA Would Harm and Kill Patients

"[The Affordable Care Act] literally kills women, kills children, kills senior citizens."
--Representative Michele Bachmann, March 21, 2013[126]

"[T]he House-drafted legislation … may start us down a treacherous path toward government-encouraged euthanasia if enacted into law."
--Speaker of the House John Boehner, July 22, 2009[127]

"*And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's 'death panel' so his bureaucrats can decide, based on a subjective judgment of their 'level of productivity in society,' whether they are worthy of health care."*
--Former Alaskan Governor Sarah Palin, August 7, 2009[128]

Perhaps the most outlandish predictions made by the ACA's opponents were that the law would result in federal bureaucrats rationing health care and harming and killing patients. These accusations did not refer to any specific policy in the ACA but were an extreme mischaracterization of a provision in the House-passed legislation that allowed Medicare to reimburse physicians for voluntary "advance care planning" counseling.[129]

In these consultations, physicians could discuss advance directives, living wills, and power of attorney, helping to ensure Medicare beneficiaries could receive the medical treatment they wanted if they could no longer make their own medical decisions.

This “death panel” and euthanasia rhetoric became a common refrain among the law’s critics, and fundamentally distorted the public’s perception of the ACA. In 2014, polling showed that 41% of Americans surveyed believed that the ACA had created a government panel to make end-of-life decisions for Medicare beneficiaries.[130] As of 2023, 70% of Americans surveyed remained uncertain about whether the ACA had created these end-of-life care panels.[131]

In reality, the ACA never created such panels or disrupted the doctor-patient relationship. The advance care planning policy that initially sparked the death panel and euthanasia arguments was implemented administratively in 2015 by CMS without incident.[132] Endorsed by the American Medical Association and numerous other medical and patient advocacy organizations, the policy has not only increased the number of Medicare beneficiaries receiving advance care planning counseling but also now enjoys widespread public support.[133]

Appendix – Data and Methodology for Estimate of ACA's Long-Term Deficit Reduction

The following data and methods were used to estimate the costs and savings of each of the four main fiscal components of the ACA between fiscal years 2010 and 2034.

Federal Cost of Medicaid Expansion

For fiscal years 2014 through 2023, actual spending amounts were calculated using data from the Centers for Medicare & Medicaid Services.[134] For fiscal years 2024 through 2034, the spending amounts are taken from the Congressional Budget Office (CBO) and Joint Committee on Taxation (JCT) baseline projections of federal Medicaid spending for enrollees made eligible by the ACA.[135] CBO's projections incorporate the costs of the Families First Coronavirus Response Act's temporary increase in federal Medicaid funding and maintenance of effort provisions. These changes increased federal Medicaid payments to the states and required states to maintain coverage for Medicaid beneficiaries.[136] States began phasing out these policies in April 2023 and must complete the process by the end of 2025.[137]

The total estimated federal cost of the ACA's Medicaid expansion from fiscal year 2014 through fiscal year 2034 is $2.4 trillion.

Cost of Federal Subsidies for Marketplace Insurance

Actual marketplace subsidy amounts for fiscal years 2014 through 2016 were provided by retrospective analysis published by CBO and JCT in 2017.[138] For fiscal years 2017 through 2020, actual amounts were calculated from the appendices of the President's annual budget submission.[139] For fiscal years 2021 through 2023, actual subsidy costs published by CBO and JCT were used. CBO and JCT's current baseline subsidy projections were used for fiscal years 2024 through 2034.[140] The actuals reported by CBO and JCT include the additional costs of the enhanced marketplace subsidies authorized by the American Rescue Plan and Inflation Reduction Acts, and the agencies' current projections assume that the enhanced subsidies will expire at the end of calendar year 2025.

For fiscal years 2017 through 2023, the revenue component of the marketplace subsidies was not available. For each of these years, the revenue component of the marketplace subsidies was estimated so that the overall ratio of marketplace subsidy outlays and revenues was consistent with the outlay and revenue proportions in CBO and JCT's baseline subsidy projections.

The estimated cost of the marketplace subsidies from fiscal year 2014 through fiscal year 2034 is $2.1 trillion.

Medicare Payment Reductions

To estimate the savings generated by the ACA's Medicare payment reductions, a comparative analysis was conducted. For fiscal years 2010 to 2019, actual Medicare payments were assessed against CBO's baseline Medicare projections from 2009.[141] The difference between CBO's projected spending and the actual spending was calculated. The portion of this difference attributed to the ACA's payment reductions is based on a recent study published in the Journal of the American Medical Association (JAMA).[142] The study analyzed the various factors contributing to the slowing growth in per capita Medicare spending from 2007 to 2018.[143] It attributed 24% of the decline in per capita spending from 2012 through 2015 and 63% of the decline from 2016 to 2018 to changes in federal payment rates.[144] These percentages were used to estimate how much of the decline in total Medicare spending is attributable to the ACA's payment reductions.

For fiscal years 2020 through 2034, the analysis extended CBO's 2009 baseline projections. This extension used CBO's 2009 long-term projections of net Medicare spending growth and the Consumer Price Index for Urban Consumers, reflecting CBO's long-term projection of Medicare spending before the ACA's enactment.[145]

For fiscal years 2020 to 2024, these long-term projections were compared to actual Medicare spending amounts published by CBO.[146] These latter amounts include the accelerated and advance payments made to Medicare providers during the COVID-19 public health emergency.[147] The difference between CBO's projected spending and the actual spending was calculated, and the contribution of the ACA's payment reduction to this decline was estimated using the findings from the JAMA study. For fiscal years 2024 through 2034, the long-term projections were compared to CBO's January 2025 Medicare baseline projections, using the same methodology for estimating the ACA's contribution.[148]

The estimated savings from these reductions between fiscal year 2010 and fiscal year 2034 is $4.6 trillion.

Revenues from NIIT and AMT

Actual revenue amounts for fiscal year 2013 to 2022 are published by the Internal Revenue Service (IRS).[149] Projections for fiscal year 2023 through fiscal year 2034 were based on linear extrapolations of the 2022 figures based on the average annual income growth for households with incomes above $200,000 between 2001 and 2022.[150]

The combined estimated revenue collected from these taxes between fiscal years 2013 and 2034 is $1.7 trillion.

Net Deficit Reduction

The net effect on the deficit is the sum of these estimated changes. Overall, the ACA's four key fiscal components are projected to reduce the federal deficit by $1.8 trillion from 2010 to 2034.

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[41] This estimate assumes that the spending reductions in per capita fee-for-service Medicare spending is passed through to Medicare Advantage insurers via a reduction in the benchmarks used to determine their payments.

[42] The ACA permits states to expand Medicaid coverage to individuals with household incomes up to 138% of the federal poverty levels (FPL). The federal government pays the majority cost of each state's expansion. In all expansion states, the federal government now pays at least 90% of the cost of expansion enrollees and is paying 95% of the cost in states that have recently expanded.

[43] The ACA introduced subsidies to support the purchase of healthcare coverage available on healthcare.gov and other state-operated insurance marketplaces. *See*, Centers for Medicare & Medicaid Services, *APTC and CSR Basics* (June 2023) (https://web.archive.org/web/20240205025619/https://www.cms.gov/marketplace/technical-assistance-resources/aptc-csr-basics.pdf).

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[46] The appendix has an explanation of the data and methodology used to calculate this savings estimate.

[47] The program to reduce hospital readmissions is discussed in more detail in the section addressing the claim that the ACA would cause millions to lose Medicare coverage.

The program that spurred the adoption of accountable care organizations is the Medicare Shared Savings Program. These organizations are comprised of groups of doctors and other healthcare providers who are focused on delivering coordinated, high-quality, and efficient care. As of 2024, 10.8 million Medicare beneficiaries receive their care through an accountable care organization under the Medicare Shared Savings Program. Centers for Medicare & Medicaid Services, *Shared Savings Program Fast Facts – As of January 1, 2023* (January 17, 2023) (https://web.archive.org/web/20250110181919/https://www.cms.gov/files/document/2024-shared-savings-program-fast-facts.pdf).

Many private insurers benchmark to Medicare's physician and hospital payment rates to determine their own payment rates. Studies have shown that a 10% reduction in Medicare's hospital payment rates can lead to a 3% to 8% reduction in private insurers' rates. *See*, Jeffery Clemens, et al., Journal of Health Economics, *Do Health Insurers Innovate? Evidence from the Anatomy of Physician Payments* (2017) (https://web.archive.org/web/20231119023102/https://pubmed.ncbi.nlm.nih.gov/28784289/); Jeffrey Clemens and Joshua Gottlieb, Journal of Political Economy, *In the Shadow of a Giant: Medicare's Influence on Private Physician Payments* (February 2017) (https://web.archive.org/web/20231016050141/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5509075/); Zack Cooper, et al., Quarterly Journal of Economics, *The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured* (February 2019) (https://web.archive.org/web/20230913083622/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7517591/); Chapin White, Health Affairs, *Contrary to Cost Shift Theory, Lower Medicare Hospital Payment Rates for Inpatient Care Lead to Lower Private Payment Rates* (May 2013) (https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2012.0332); Chapin White and Vivian Yaling Wu, Health Services Research, *How Do Hospitals Cope with Sustained Slow Growth in Medicare Prices?* (October 2013) (https://web.archive.org/web/20231203233328/https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.12101).

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