



Written by [Bob Adelman](#) on November 21, 2013

Millions More May Lose Coverage Under ObamaCare

The uproar [from the estimated 4.5 million Americans](#) whose individual health insurance policies are being terminated thanks to ObamaCare will pale into insignificance once the additional estimated 50 to 100 million workers with employer health coverage discover that [theirs will be too](#). A study released on Wednesday by the American Enterprise Institute (AEI) estimated that as many as 100 million Americans will lose their group insurance coverage because it doesn't meet the mandates of ObamaCare. The impact will be most painfully felt by small business owners and their employees, according to AEI resident scholar Stan Veuger:



The impact I'm mostly worried about is on small, young, entrepreneurial firms that will suddenly face much higher health insurance premiums if they want to offer health insurance to their employees.

I think for a lot of [those] business ... they [will] just send their employees to the exchanges, or offer them a fixed subsidy every month to buy health insurance for themselves.

Under ObamaCare, companies with fewer than 50 employees aren't required to provide health insurance coverage for them, but if they do, they must meet the greatly expanded "high-tier" benefits mandated by the new healthcare act. That means that most plans, between half and two-thirds of those currently in place at small businesses around the country, will be cancelled unless they alter their coverage to meet the new requirements.

Those notices will likely arrive just in time for the November 2014 elections because many small businesses took advantage of a loophole in the new law which allowed them to renew their plans before the end of the year for another full year before the new mandated benefits would apply. This would, however, only delay the pain of the coming changes and premium increases. For example, Aetna [has encouraged "off-cycle" renewals](#) for its group policyholders to put off the day of reckoning. But as Aetna spokeswoman Stephanie Ancellai noted, when those group plans are renewed next year, "small businesses will pay more for their health coverage," seeing increases estimated by Aetna's CEO Mark Bertolini to be between 20 and 50 percent.

This additional unhappy surprise [is being described](#) by Scott Gottlieb at *Forbes* magazine as "another painful blow set to befall consumers as a result of Obamacare." On the other hand, others are recognizing that these "painful blows" *were an intended consequence of ObamaCare from the beginning*. As John F. Harris and David Nather, co-authors of the Politico article "Obamacare tradeoffs: Now they tell us...", [explained](#):

It's a nasty transition for people who are in it now, but it's a one-year change. Then everyone will



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be in a new pool, it'll be more people, it will have stabilizing forces, and it won't be able to throw you out....

[ObamaCare] is, in many respects, a classic social welfare program. Like other social programs, it involves transferring from the haves to the have-nots. Healthy people are going to have to pay to help sick people get coverage. People who had skimpy coverage before ... will have to upgrade to insurance that covers more things, but it costs more. And young people will have to pay [more] so older people don't face sky-high premiums.

ObamaCare was touted repeatedly, and inaccurately as it turns out, as allowing Americans to keep their existing coverage if they liked it. But the simple fact is that ObamaCare is driving towards a single-payer system, replacing insurance companies with the U.S. Treasury, where medical bills will be paid according to the wishes and determinations of government bureaucrats, and where everyone is treated equally, albeit with some being treated more equally than others.

For instance, built into the law is the requirement that premiums for older insured persons cannot exceed those being charged younger ones by a factor of three, even though older people are much more likely to need coverage for longer periods of time as they get older. Said Karen Pollitz, a former Obama administration official:

I'm agreeing to pay your costs when you get sick, and you're agreeing to pay my costs when I get sick, and you never see the transaction.

What people can see, tangibly [today], is how much money they're [being forced to spend] on premiums....

I think it's hard in the face of that....

It's not unfolding the way it was supposed to unfold.

That is how a socialist admits that they have made a mistake. First of all, there is no "agreement" between people in the ObamaCare pool. They are, instead, unwilling participants forced to join at the point of a gun. That's why the Internal Revenue Service has been employed as enforcers.

Second, it replaces personal responsibility for one's healthcare with the nanny state which can only provide "benefits" with money taken from someone else.

Thirdly, ObamaCare is being resisted by Americans who don't like being pushed around, especially when they discover they've been lied to about how everyone will benefit and will ultimately be better off.

As Americans continue to learn what ObamaCare was really intended to do, they will also be reminded of the quip usually attributed to Soviet dictator Joseph Stalin but more accurately ascribed to the French revolutionary Maximilian Robespierre in 1790: "*On ne saurait faire une omelette sans casser des oeufs*" — one cannot make an omelet without breaking a few eggs.

Most Americans have been persuaded that they could keep their eggs and that the real costs of socialized medicine — ObamaCare — would be borne by someone else. Those days of disillusionment are rapidly coming to an end.

The second indented quote in the article was incorrectly attributed to Karen Pollitz. The quote is properly attributed to John F. Harris and David Nather, co-authors of the Politico article "Obamacare tradeoffs: Now they tell us..."



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The author regrets the error.

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