



What They Are Saying

- **National Association of Insurance Commissioners:** “State insurance regulators remain concerned about the impact the market reforms will have on premiums, especially for those who are younger and healthier. While subsidies and higher cost-sharing options may be of some assistance, in most states, these populations could have their individual market rates rise considerably in 2014. This potential “rate shock” could, in turn, result in their leaving the marketplace, even with the penalties, which are quite low in the first years.” (*NAIC Comment Letter to HHS on Market Reforms, December 19, 2012*)
- **Ron Pollack, Families USA Executive Director:** “As the administration spells out the details, many uninsured will be surprised at how much they will have to pay. It may involve ‘very substantial amounts,’ and ‘there still will be a significant number of people who can’t afford health coverage.” ([Bloomberg](#), “Unaffordable Cost Seen for Some Under Affordable Care Act”)
- **Jonathan Gruber, MIT economist:** “...As a benefit package gets more generous, the cost will begin to exceed 8% of income and more people will be allowed to escape from the mandate. It’s going to lead to fewer insured.” ([American Medical News](#), “Defining essential benefits: How much is too much?”)
- **Institute of Medicine:** “If cost is not taken into account, the EHB package becomes increasingly expensive, and individuals and small businesses will find it increasingly unaffordable. If this occurs, the principal reason for the ACA—enabling people to purchase health insurance and thus covering more of the population—will not be met.” ([Report](#): *Essential Health Benefits: Balancing Coverage and Cost*)
- **Karen Pollitz, Senior Fellow at Kaiser Family Foundation:** “People are often surprised at how expensive health insurance is once they have to pay for their own. The subsidies will make that better, but they won’t make the cost disappear.” ([Bloomberg](#), “Unaffordable Cost Seen for Some Under Affordable Care Act”)
- **Robert Reischauer, former Congressional Budget Office Director:** “While we’re only dimly aware of it, we all pay. There shouldn’t be free-riders.” ([Bloomberg](#), “Unaffordable Cost Seen for Some Under Affordable Care Act”)
- **Lynn Quincy, Senior Policy Analyst at Consumers Union:** ““There may not be sufficient management of expectations’...Lawmakers should have been telling the public the law promises ‘lower-cost’ — not ‘affordable’ — coverage. ‘Everybody interprets ‘affordable’ differently — it’s in the eye of the beholder.”” ([Bloomberg](#), “Unaffordable Cost Seen for Some Under Affordable Care Act”)
- **Linda Blumberg, Senior Fellow at the Urban Institute:** “When you are adding some benefits to what people have today and you’re adding value to the insurance they’re buying then, yes, we’re talking about premiums going up.” ([Huffington Post](#), “Obamacare Costs To Rise For Some Young People As Benefits Improve”)

- **Robert Hurley**, *Senior Vice President of Carrier Relations for eHealthInsurance*: "Pricing will go up for all populations and some more so than others." ([Huffington Post](#), "Obamacare Costs To Rise For Some Young People As Benefits Improve")
- **Kaiser Health News**: "If young adults can't afford health insurance policies available in 2014 under the health care law, state insurance officials are worried they won't buy them. And that could drive up the cost of insurance for the mostly older, sicker people who do purchase coverage." ([Kaiser Health News](#), "State Insurance Officials Raise Concerns About 'Rate Shock' For Young People")
- **Dave Jones**, *California insurance commissioner*: "We are very concerned about what will happen if essentially there is so much rate shock for young people that they're bound not to purchase [health insurance] at all. It is a big problem for those of us, like in California, who are moving forward very aggressively to implement this [health law] and want to be successful." ([Kaiser Health News](#), "State Insurance Officials Raise Concerns About 'Rate Shock' For Young People")
- **Sandy Praeger**, *Kansas insurance commissioner*: "'Is there any way to find some wiggle room on age rating to implement it over a two- or three-year period?' A more 'gentle phase-in' of the age rating rule will help avoid rate shock and encourage young people to enter the insurance market sooner, she said." ([Kaiser Health News](#), "State Insurance Officials Raise Concerns About 'Rate Shock' For Young People")
- **Christopher Koller**, *Rhode Island's insurance commissioner*, echoed those concerns, which NAIC first raised when Congress was debating the health care legislation in 2009. ([Kaiser Health News](#), "State Insurance Officials Raise Concerns About 'Rate Shock' For Young People")
- **Jonathan Gruber**, *MIT economist*: "The [MLR] rule has the potential to do exactly the wrong thing, he says — to drive up the cost of health care... Since 80 percent of premiums have to be spent on health care, insurance companies have less incentive to keep health care costs down. They have less incentive to negotiate with hospitals that want to charge higher rates and doctors who want to order potentially unnecessary tests. 'I worry there that there's an incentive in that direction. I absolutely do.'" ([NPR](#), "Insurance Companies Send Out Rebate Checks; Economists Get Nervous")
- **Troy Pritchett**, *Milliman actuary*: "...The coverage of pre-existing conditions 'alone, could cause rates in the individual market to rise 35 to 45 percent.' Moreover, combining all of the new reforms above along with medical inflation 'could add an extra 68 to 90 percent to premiums' for younger, individually insured individuals." ([Salt Lake City Tribune](#), "Utah's young, healthy to bear health reform's costs")
- **Lou Savage**, *Oregon Insurance Commissioner*: "Oregon supports the law because it will greatly expand coverage of the uninsured. But 'whatever happens, some people are going to see some increases. And for some people they could be significant.'" ([Oregonian](#), "Oregonians who buy own health insurance face major cost changes")
- **Carrie Haughwout**, *Assistant Director for Health Policy of the Ohio Insurance Department*: "We have seen rates or increases be up slightly this year over the last several months of filings we've seen compared to what they've been last year. Ultimately health insurance rates are just reflecting the cost of health care and the cost of health care (has been)"

going up for years, so the cost of health insurance has correspondingly been going up.”
([Dayton Daily News](#), “Health insurers in Ohio seek higher premiums”)

- **Bill Clinton**, *Former President of the United States*: “There were a lot of good things in that [health care reform] bill. But it really matters how it is implemented, and things will come up that need to be changed, you need to be caught trying to change them.” ([POLITICO](#), “Bill Clinton: Obamacare was ‘best bill you could have passed’”)
- **David Wessel**, *Wall Street Journal*: “The challenge is to prompt one group of consumers to change: the 18 million 20- and 30-somethings who don't have health insurance. The arithmetic of Obamacare depends on getting more Americans to buy health insurance. If the young and healthy don't show up, the math doesn't work—and the cost of insurance for those who do shop in the new exchanges will be higher.” ([Wall Street Journal](#), “Four Key Questions for Health-Care Law”)