
- Obamacare appears to be working better than expected.
- Despite the incompetent rollout of healthcare.gov (the website that allows people to use the federal exchanges), the proportion of Americans who lack cover has fallen from 16.2% to 12.3% since 2009.
- The previously terrifying pace of medical inflation has slowed.
- As Americans age and Obamacare continues to extend coverage, federal outlays on health will probably start to grow again as a share of GDP over the next decade.
- America still spends far more than it needs to on health care, as the gap with other nations shows. But there is hope at last that health inflation can be made more manageable.
- Obamacare is a step in the right direction towards Single Payer. The goal is to give all access to healthcare and lower costs.

- ObamaCare offers individuals and families a wide range of benefits and services, but the benefits of ObamaCare go beyond services and tax breaks. The core of health care reform is about Americans ensuring their right to health care, allowing them opportunity to find that new job without jeopardizing their access to coverage and the comfort of knowing that their loved ones will be taken care of when they need it the most.
- Before ObamaCare (the Affordable Care Act) many low-to-middle income Americans and small businesses had trouble affording healthcare for themselves and their families.
- The new ObamaCare health care law states that health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace (also called Health Insurance Exchanges), offer “essential health benefits”
- Essential Benefits are provided with no out-of-pocket limits to the amount of care you can receive on every insurance plan sold on ObamaCare’s Online Health Insurance Marketplace.
- The law focuses on prevention and primary care to help people stay healthy and to manage chronic medical conditions before they become more complex and costly to treat. New private health plans must cover and eliminate cost-sharing (co-payment, co-insurance, or deductible) for proven preventive measures such as immunizations and cancer screenings. Additional preventive measures for women kicked in August 2012, including free well-woman visits, screening for gestational diabetes, domestic violence screening, breast-feeding supplies, and contraception, all with no cost-sharing.
- You have the right to choose the doctor you want from your health plan’s provider network. You also can use an out-of-network emergency room without penalty. You don’t need to get a referral from a primary care provider.
- Insurers cannot deny coverage to anyone, regardless of pre-existing conditions. And they cannot charge you more because of your gender or more than they charge a healthy person your age. That means you can buy health insurance even if you are seriously ill.
- Individual health plans and those sold to small businesses—whether sold in or out of the health insurance exchanges—must offer a comprehensive package of essential benefits.