Dwindling choices. Rising premiums. Diminishing access to doctors.

These have become the hallmarks of President Obama’s failing health care law. As the numbers and news stories continue to show, Obamacare is causing real pain for Americans across the country. In their own words, Ways and Means Members’ constituents and Americans across the country put these numbers and news stories into context to explain how Obamacare has impacted them personally:

**Cancer Patients**

“Since [Obamacare] went into effect, the insurance choices and coverage have gotten lower and the costs have gotten higher. Virtually no doctors take the marketplace insurance so I’m left to change doctors who I’ve seen for over 30 years and switch to "new" doctors who I don’t trust, and who cannot provide the same healthcare benefits I’ve received in the past. I have a brain tumor that I have monitored by a very skilled neuro-oncologist. Not anymore. The three choices I was given via Healthcare.gov aren’t even honored forms of insurance for this doctor.” — Kimberly K., Ohio

“My wife and I [had] a Humana PPO health insurance plan in 2016 and it [was] discontinued on December 31st. We have been unable to find a comparable replacement for 2017. In our case we need a plan that includes MD Anderson Cancer Center in their network because she is undergoing treatments for Neuro Endocrine Tumors there. This is a rarer form of cancer and she needs the resources at that facility to effectively treat it. The monthly shots each cost $12,608. We always made sure we had health insurance but were forced to change because of the Obamacare legislation. Now the legislation has managed to limit the choices available to us.” — Craig S., Texas
Families

“Despite Obama’s promises, my plan was canceled at an affordable $450 a month when Obamacare was implemented. My new plan has gone up every year and for 2017 will be over $1,300 a month. My husband and I cannot keep up with these increases. Soon it will be a choice between food and housing or health care.” — Virginia Q., Florida

“My doctor that I have been with 20+ years said that if me and my wife wanted to continue as patients then we would have to sign up and pay $5,000/per person to remain as her patient. That is a total of $10k/year. I had to find another doctor … My premiums have increased significantly and I am worried that the unique medical condition of my wife will not be covered.” — Duane J., Texas

“My wife had a breast diagnosis scare that required a biopsy followed by a lumpectomy and numerous doctor visits and mass confusion between healthcare providers every step of the way. We have spent $24K this year for the poorest quality healthcare in our 40+ years of adulthood and if I need attention we will quickly hit $30K before the … insurance pays a dime.” — Geryk T., Texas

“My health care premiums are now at $1528 for a family of 4 (silver 3000). Last year it was $1262.00. We started buying our family insurance in 2012 at $862.00. So it has doubled!!! … I looked at reducing the plan to a bronze 6000 but it would still be $1254 a month and you have to pay everything until you hit a $12,000 deductible. I would rather pay for 100% of my doctor visits and prescriptions and just buy catastrophic insurance but not for $1200 a month.” — Debbie L., Ohio

Millennials

“Last week I visited Healthcare.gov to scout out the most-affordable health-insurance plans I could buy for next year. In Arlington, Va., where I live and work, the cheapest option is $200 a month with a $6,850 deductible. Across the Potomac in D.C., the premiums are slightly cheaper but the deductible is still sky-high. My experience isn’t unique. ObamaCare is plainly unaffordable for many young Americans.” – David B., Virginia

Self-Employed Individuals

“I don’t qualify for a subsidy. Plus, I help to pay a portion for those who do qualify for a subsidy. I am a working individual who happens to be self-employed … What were my 2017 options? None I would have ever picked. All HMOs. Minimal options. All are catastrophic plans. High costs/lackluster coverage. None of my existing doctors are in network. No coverage out of network. My premiums have increased from 2005 to 2017 by 165%. More importantly, out pocket maximum increased 2,420%.” — Ruth S., Arizona

“I recently received my annual health insurance rate increase. My rates went up from $2,500 a month to over $3,750 per month. Last year’s increase was devastating. This year’s increase is even more overwhelming. I am self-employed and I liked the insurance I had only a short few years ago. This news is devastating to my family.” — Fred T., Pennsylvania
“I’m self-employed and I’ve lost my insurance four times under Obamacare, twice because of Nebraska’s failed co-op. I recently had the grand adventure of going back to the exchange to find my fifth plan in four years. In Nebraska, we only have two insurance companies on the exchange now, and my deductible increased from $750 to $1,825. I went through hours of research and phone calls to find a plan with a lower deductible. One option required a $20,000 deductible if I wanted to keep my doctors. I drive seven hours roundtrip to see my doctors and get the procedures I need, and Obamacare continues to limit my choices for care.” — Pam W., Nebraska

Small Business Owners

“As a small business owner, I recall the days before the ACA when we would receive a 2-inch notebook that contained multiple quotes from different health insurance companies. Now, our options are listed on a single legal sized sheet of paper. We only received three quotes for 2017, and just two of them were adequate for our region. In 2013, our insurance cost $180,000 for 92 employees with a $2,000 deductible. In 2016, we paid $252,000 for just 61 employees who face a $5,000 deductible. Our options are dwindling, our costs are skyrocketing, and our employees are ultimately suffering because of the ACA.” — Kathy H., Missouri

“As an entrepreneur with two special needs children, the ACA is an expensive nightmare. Both my husband and I are small business owners and must pay for individual insurance. We are on the highest deductible plan offered to us, a monthly premium over $1000, and outstanding medical bills that we are struggling to pay off. We have seen our premium go up at least 14% and the expenses of care (lab) etc. With all the exceptions the president is offering to his corporate friends, it is people like us who are ignored.” — Edie M., Texas

“I am a small businessman in Florence, SC. I have 6 people on payroll. The insurance premium increase this year is going from $1,268.07 to $1,676.91 per month with Blue Cross Blue Shield of SC … How should the small businessman afford insurance at the rate of $20,122.92 annually? … Based on our income, we do not qualify for discounted market place insurance. So I claim my income and pay my taxes and while I am doing the right thing, this is happening to our insurance premium.” — Anthony L., South Carolina

“I am a small business owner and the cost of my insurance is to increase by up to 60%. I’ve already stopped using two medications due to cost and have an ongoing health condition that needs continued care, but I have been unable to see my provider due to cost. I never thought I would be in this position and I know I’m not alone.” — Barb B., Minnesota

Retirees

“I am 60 years old and a private, retired citizen. I have always had private insurance. Prior to 2016, I enjoyed a PPO, my doctors, Memorial Herman, and MD Anderson if I should have ever needed it. In 2016, my premiums went up, I lost my PPO, I lost my doctors, my hospital and MD Anderson if I should ever need it … In 2017, my premiums jumped 69.21% to $900 a month. I have a deductible of $7,150. I need a knee replacement … If I have a knee replacement under Obamacare it will run at least $20,000.” — Lauren M., Texas
“My husband and I are retired and are under age 65 -- not by much. However, our premiums for the same plan will increase from $1400/mo. to $1700/mo. in 2017. Our deductible will increase from $3K each to $7K+ each ... I ask myself, do I pay $20,700 in premiums and another $14,000 in deductibles before this plan pays anything or pay my mortgage? This is outrageous! Who can afford this?!” — Pauline S., South Carolina

These are real people who have suffered real consequences, and they are speaking up for the millions of Americans in need of real health care solutions.

House Republicans are now working to deliver the quality, affordable health care system Americans deserve, and it starts with repealing this failing law. Ways and Means Members are ready to work with the incoming Administration on step-by-step reforms that will lower costs, increase choices, improve quality, and expand access for Americans of all walks of life.