



Official ObamaCare Launch: More Insurance Cancellations Than Enrollments

All of the warnings regarding the harsh reality of ObamaCare were proven true on January 1, when it became clear that promises to offer healthcare for the masses were highly inflated. On the debut of ObamaCare, more health insurance plans were [cancelled](#) than there were new enrollments.

The Daily Caller reports, “More than 4.7 million Americans had their health insurance canceled as a result of any of the thousand-plus-page law’s new rules ... but the Department of Health and Human Services confirmed Tuesday that between federal and state exchanges, just two million Americans have signed up for ObamaCare coverage.”

The Obama administration has announced a net loss of at least three million insurance plans. On Sunday morning, the White House stated that just 1.1 million people have used the federal ObamaCare website to sign up for the president’s healthcare network.

“More than 1.1 million people enrolled in a qualified health plan via the Federally-facilitated Marketplace from October 1 to December 24, with more than 975,000 of those enrolling this month alone,” said a 6 a.m. statement from Marilyn Tavenner, the administrator of the Centers for Medicare & Medicaid Services.

The figures are just two thirds of the 3.3 million goal set for December 31, and just one-third of the seven million customers needed by March 31 of this year.

Because of the paltry figures, the White House is now backing away from that benchmark of seven million enrolled by March. The White House now claims that was never their target number.

And the total signups are three million less than the five million people who lost their health insurance policies before Christmas as a result of ObamaCare. The Daily Caller [adds](#), “The minus 3 million is only partially offset by the extension of Medicaid coverage to perhaps 2 million other people, few of whom earn enough to afford commercial insurance.”

Millions of Americans lost their plans because those plans failed to meet the requirements of the new healthcare law. The Daily Caller reports, “All plans must include maternity coverage, for example — including plans for men and post-menopausal women. Even customers without children must purchase plans that cover pediatric services. Other newly established essential benefits include hospitalization, mental-health services and preventive and wellness services.”

Many customers were permitted to keep their current healthcare plans, for now, under a grandfather clause that allows plans purchased before ObamaCare passed in 2010 to continue. But HHS estimates





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that 40-67 percent of plans would eventually lose their status and cost millions of Americans their insurance plans.

And the enrollment figures could be even lower than what is being touted too, according to the Cato Institute. Health policy expert Michael Cannon of Cato notes that customers are not considered fully enrolled until after they've made their first payment. Cannon warns that not all those who signed up will complete the purchase, thereby reducing the figures even more.

The White House has not provided data on who has signed up for the plans, but if more unhealthy and older people signed up for the plans than young and healthy ones, the insurance companies will be saddled with an influx of costlier customers. The companies will likely pass those increased costs onto their customers, compelling the federal government to step in, using taxpayer dollars, to cover the financial losses suffered by the insurance companies.

Many Americans are so frustrated by the broken promises and massive disappointments of ObamaCare that the president's approval rating has dropped below 40 percent.

Despite the disappointing launch and poor public opinion, however, President Obama continues to maintain an enthusiastic front. "Ultimately I think I'll be judged on whether this thing is better for people overall," Obama told NBC's Chuck Todd in November.

Or, if the new healthcare scheme proves to be a total disaster, as many feel it already is, that may just pave the way for a completely government-run "single-payer" system like many European countries employ. Some analysts feel that this may have been the plan all along, in fact. Either way, such massive government intrusion into Americans' health decisions is unconstitutional and will cause economic hardship and lower-quality care for many people.



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