One Surefire Way to Send Obamacare Into a Death Spiral

Is Obamacare dying a slow death? Twila Brase, patient advocate and co-founder of Citizens' Council for Health Freedom (CCHF), thinks so.

Unless the state health exchanges are self-sustaining by Jan. 1, 2015, they will fail to survive, as all federal exchange funding will end on Dec. 31, 2014. This means the **Obamacare** law must support itself after the funding ends, and with the high number of Americans who are unable to sign up for insurance through the flawed exchanges, the future of Obamacare looks bleak.

If Obamacare has not met the goals for enrollees—including young, healthy people—the law will begin a death spiral that will eventually doom the law. Unless the 3.5 percent withholding taken from all individual premiums under Obamacare is large enough to continue to fund the exchanges after 2014, the program will end.

Because the policies in the exchanges increase costs for Americans, compromise their care, share their private medical data with government agencies and tie the hands of doctors, Brase says the end can't come soon enough.

"This administration has shown that it will do anything to implement Obamacare," Brase says, "even when most Americans demand that it be repealed. The only sure way to stop Obamacare is to make sure that on Jan. 1, 2015, there are not enough people enrolled in the program to continue to fund it. If this is the case, Obamacare will self-destruct and the law will fail."

Americans can help stop Obamacare in its tracks by refusing to enroll, Brase says. On Oct. 1, citizens could begin to opt out

and refuse to enroll in the state exchanges under the federal health care plan. CCHF has created a special "Refuse to Enroll" section of its website that provides citizens with a form they can complete to declare they are opting out of "any and all participation in the national Obamacare Exchange system."

The form goes on to state, "I hereby refuse to enroll in—or use—any state-based, 'state-federal partnership,' or federal website portal ('health exchange') created under the 2010 Patient Protection and Affordable Care Act (PPACA)."

Brase also gives three perfectly legal alternatives Americans can choose rather than be a part of this flawed, dangerous federal **health care plan**. That's why CCHF is working diligently to educate people across the nation that there are great options outside of signing up for this law that shares private health and financial information with government agencies, offers substandard care and costs more than private insurance.

CCHF offers these three legal alternatives to enrolling in Obamacare:

1. Obtain private insurance. Find a plan outside the government exchanges that meets the Affordable Care Act's "minimum essential coverage" requirement. This could include the private individual purchase of health insurance, a health insurance policy available from a person's employer or a policy purchased through a private health insurance exchange.

2. Claim one or more of the nine exemptions to Obamacare. There are four exemptions from the individual mandate and exemptions (including an additional list of hardship exemptions) from the "uninsured tax." The exempt include:

- Members of health-sharing organizations
- Certain religious groups that receive no Social Security

- Native American tribes
- Undocumented immigrants
- Incarcerated individuals, for whom health insurance is considered unaffordable (premiums after subsidies/contributions exceed 8 percent of income)

See the complete list at .

3. Go uninsured and pay the "uninsured tax." Penalties for adults without required coverage begin at $95, or up to 1 percent of your income in 2014, whichever is greater, and increase annually. Penalties for children under age 18 begin at $.

Brase, a public health nurse and health care freedom advocate, informs listeners of crucial health issues, such as the intrusive wellness and prevention initiatives in Obamacare, patient privacy and the need for informed consent requirements, the dangers of "evidence-based medicine" and the implications of state and federal **health care reform**.