

OCTOBER 2021

Christian Health Care Newsletter

'We wouldn't change a thing' about illness, members say

By Michael Miller



Samaritan Ministries member Jeff Richards, shown here with his wife, Jane, wears a battery-powered skullcap in an effort to prevent his brain cancer from returning. (Supplied photo)

JEFF AND JANE RICHARDS wouldn't change a thing.

Jeff, 64, had surgery in 2018 to remove a glioblastoma multiforme grade 4 tumor. There is no cure. It can come back at any time.

And yet ...

"I remember last New Year's, asking Jane, 'In retrospect, would you change anything?' If we could change one thing about what's happened in the last couple years, would you change anything?" Jeff said. "She's like, 'Nope, not a thing.' I thought about it, too. It's been the best two years of my life. I mean, glioblastoma and all. I wouldn't change a thing. God's used it to grow me. I trust Him more. I have a more intimate relationship with Him. Jane and I have always had a really strong and good marriage, but it's just like over-the-top good now. We just couldn't be happier."

The Richards, who live in La Mesa, California, have grounded their

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Always God's will for us—no exceptions

Member Letters:

'IT'S A JOY TO SEND A CARD'

Samaritan Ministries has been such a blessing to our family. Health insurance plans were always a hassle. God answered our prayers when it became obvious that we could not keep our doctor or afford insurance. Praise God for Samaritan Ministries as we share our medical burdens with like-minded people in Christ. It is such a joy to write a check and send a card of encouragement to those in need. Now we pray for others rather than praying that a big insurance company will pay a bill, or for that matter, even answer our calls. Thank you, Samaritan Ministries, for the wonderful service you facilitate for the family of God.



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Noteworthy | From the Editors

Ted Pittenger, our Founder and Chairman of the Board, has been a cornerstone of the ministry for 27 years. As we transition roles, it was essential for Ted to leave Samaritan Ministries with a purpose statement that reflected his founding beliefs for why he created Samaritan Ministries. He and associate Ray King teamed up to do just that—and I love the results! I believe it was a Spirit-led reflection of why God created Samaritan.

“Our purpose is to glorify God by growing and equipping disciples of Jesus Christ to love God with all their heart, soul, mind and strength and to love and care for their neighbor as themselves” (Matthew 28:18-20, Mark 12:28-30, Matthew 22:36-40).

Going forward, this purpose statement will guide everything we do! Loving Jesus. Loving and caring for members. Enabling members to love and care for one another through difficult health care burdens.

Please join us in prayer that our God, the Great Provider, will strengthen our ministry, sharing Jesus' love and hope to a hurting and burdened world.



Mark Zander
CEO AND PRESIDENT

Helpful Resources

► Facebook.com/groups/samaritanmin

Reach out to other members in our Facebook Group.

► Important emails

Medical Needs: needs@samaritanministries.org

Sending or receiving Shares: membership@samaritanministries.org

Your membership: membership@samaritanministries.org

► Health Resources App | Dash.SamaritanMinistries.org

- Compare quality and cost of health care services in your area using Healthcare Bluebook. Receive a \$250 reward when you submit a screenshot showing you chose a green fair-price provider.
- Use MediBid to receive bids from doctors for tests or treatments you are seeking.
- Email a medical professional or call a nurse (free), or call a doctor who can write a prescription (\$25).
- Access discount tools for prescriptions and lab tests.

► Writers guidelines: samaritanministries.org/writers-guidelines

hopes in Jesus, depending on Scripture, the Holy Spirit, fellow church members, and fellow Samaritan Ministries members to help them through a frightening but enlightening time.

"The only advice I have is stick your nose in your Bible and keep it there," Jeff said. "You don't know when you're going to need it, but if you don't make the deposit of the Word in your heart, it won't be there for the Holy Spirit to pull it out when you need it. When I was getting prepped for surgery, I had no fear whatsoever. There was just one verse after another floating through my brain. So I think it's just important to read the Word and take solace in it, because it's true and God loves to be reminded of His promises. Pray Scripture."

Jeff ended up in surgery in November 2018 after experiencing symptoms of an unknown cause. His sleeping patterns went from not sleeping much to sleeping 12 hours a day. He started to lose motor function in his left hand slowly, resulting in typing problems, trouble playing the guitar, and problems using his phone.

It was after he fell asleep at work that it was clear he needed to see a doctor. He was given a neurological examination by his primary care physician, who pronounced him fit but wanted to have an MRI done just to be safe.

The imaging was performed that Sunday, November 11. Jeff was called during church services shortly after that. He had a "large mass" on the right side of his brain that was causing enough swelling to push his brain to the left by more than 7 centimeters.

It was off to the emergency department, where family members and church elders crowded into his room.

Hospital personnel said he was only allowed two visitors.

"Well, they came two by two," Jeff told the officials.

Jeff had surgery on Monday evening, woke up Tuesday in the hospital's intensive care unit, and was released Wednesday.

The good news was they were able to remove 100 percent of the tumor. The bad news was it was glioblastoma, the most aggressive type of brain cancer. It grows into normal brain tissue through tiny branches. Most patients last little more than a year after surgery, but Jeff has made it 2½ years. He has received chemotherapy and radiation treatment and is now wearing an adhesive "cap" that emits electrical tumor treating fields, aimed at "confusing" cancer cell growth.

Jeff and Jane and their family have been blessed not just by Jeff's survival but by their fellow members at Grace Church of East County as well.

The congregation's elders approached Jeff after a Sunday service following his surgery and told him they thought it would be best if he would not work anymore, and that the church was willing to do what it could to support him and Jane. Church members have also paid for the Richards and their extended family to go on vacation together.

"So we've got dozens of families in the church that are supporting us," Jeff said. "Sometimes the way God dotes on me, I feel like an only child."

Samaritan members, meanwhile, have shared more than \$284,000 in bills for his surgery and follow-up treatment, discounted from an original total of \$574,000.

However, the Richardses are even more grateful for the prayer, which they credit for Jeff's survival.

"I think the only reason I'm still here and doing so well and haven't had any recurrence is because of the prayers of the saints, not just local, but by Samaritan members all over the world," Jeff said.

Jane agreed.

"It's amazing," she said.

"At the beginning, one of your Advocates ... man, I don't know how many times I've called him on the phone, but he just held my hand through the whole thing," Jane continued. "Samaritan has been great. I've gotten every question answered. Not only that, we get prayers from everybody. People can't believe we've got others praying for us in Omaha or wherever who don't even know us. And I have a huge file of cards.

"We share what Samaritan has done and what it's continuing to do with everyone we encounter at our medical facility, and they just can't believe it. It's such a testimony to how God's people can work together and care for each other. They don't understand health care sharing, so we get to explain it and go into more depth."

The couple is in wait-and-see mode right now, getting new MRIs every other month.

"I get fatigued sometimes when I've had a long day, but, all in all, I feel pretty good," Jeff said.

"We just pray for no new growth," Jane added. ♦♦♦

Member Spotlight

Brendan and Dawn Riordan: Homestead Food Gardens

by Michael Miller

Homestead Food Gardens

HomesteadFoodGardens.com

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BRENDAN RIORDAN HAS gone from spending time in his grandmother's inner-city backyard garden while he was growing up to serving as a consultant and teacher for those wishing to grow their own food.

He and his wife, Dawn, encourage Christians to work in community to share and stock their produce while sharing the Gospel.

What they do: A former staff pastor, Brendan now teaches and coaches prospective gardeners about growing their own food through Homestead Food Gardens (HomesteadFoodGardens.com). He offers consultation, design, installation, and coaching.

The Riordans also serve as missionaries to the American people through Modern Day Missions (ModernDay.org).

"It was normal to grow your own food from ancient Bible times in every culture and even in America until a few generations ago," he says.

Now, he points out, we're dependent on food supply lines from other states or even nations that can be interrupted by events like the COVID-19 pandemic—which did result in a meat shortage.



Brendan and Dawn Riordan with their family at Jesus Is Lord Camp. (Supplied photo)

How they do it: Their consulting and teaching takes a variety of approaches.

For instance, Brendan and Dawn are teaching at Crisis Response International's ARC School this fall in Virginia. CRI sends emergency relief supplies and personnel to disaster areas. The Riordans will teach staff and volunteers about Christian homesteading and evangelism.

"We'll help them learn how to farm and have hands-on workshops there as well as teach on evangelism and role-play evangelistic encounters," Brendan says.

Brendan also meets with

customers virtually or in person "to discuss your food garden dreams."

"I give customers hope by providing the what, where, and when of growing your own food," he says. "I will clearly show you what can and cannot be done in your garden space. We review your past challenges and offer solutions to them. A written follow-up report is included in the garden consult."

Solving problems: Gardening challenges typically boil down to the "two same problems," Brendan says: water or weeding.

"Or location," he adds.

"When we plant in the ground as

opposed to a raised bed, we use woodchips for mulch,” Brendan says. “That helps a lot with watering and weeding. As the woodchips break down, it’s God’s way of making compost. Put a ton of woodchips on top of the soil, like 10 inches. It will create a whole army of fungi and bacteria. When it’s very deep, it holds the moisture, and then when it rains, it doesn’t get muddy. The only wood that’s bad is walnut.”

Brendan says that growing your own food “is one of the most cost-efficient endeavors you can achieve.”

“It’s the miracle of the seed, costing only cents per seed and

producing dollars’ worth of food per plant,” he says.

“An in-ground food garden can be started for less than \$100 including seeds, fertilizer, ground cover, and a watering system. You can buy shovels and other garden tools at a garage sale.”

How it started: Brendan first noticed the beauty of God’s natural bounty in, of all places, Jersey City, New Jersey. When he was a child, Brendan wasn’t allowed to go out and play in the rough neighborhood his grandmother lived in, so “I was kind of locked in the garden.”

“I observed the genius of God in creation,” Brendan says. “I noticed how things grew from seed to

harvest—truly miraculous.”

As an adult and before becoming a pastor in Garfield, New Jersey, he became a landscaper and installed gardens, “mainly flower gardens.” Even after going on staff at his church as a pastor, he kept his fingers in the dirt. When the church moved, so did the Riordans. Brendan resigned as a staff pastor, and he and Dawn saw their chance to move to the country and start a small farm. They bought the Jesus Is Lord Family Campground near Lake George, New York, where they had occasionally stayed in the past.

“There was an open field that I converted into a farm,” Brendan says.

Their campground farm was mainly vegetables, with some chickens on the property as well. The surplus was enough that the Riordans started a roadside produce stand, selling some veggies to local restaurants and donating some to local food pantries.

Brendan would hold church services for the campers during the summer but also developed a farm/homestead experience. Visitors would stay in the cabins and learn about gardening, and, during harvest time, Dawn would teach campers how to preserve the bounty.

“We’re like a tag team,” Dawn says. “He teaches how to grow food and I teach what you do with your harvest. There are several different methods of preserving, like canning, dehydration, freezing, tincturing, or making infusions.”

Why Samaritan Ministries?

Most of Brendan and Dawn Riordan’s family have been members of Samaritan Ministries since 1997, and all of them since 2005.

“Samaritan has been such a blessing in our lives,” Dawn says. “Every one of our children’s births were shared by Samaritan members. Receiving cards in the mail was more of a blessing to me than the checks, knowing that members were sending up prayers before the throne of God. I would put the check to the side and devour the card. I would become pen pals with some of them. It’s a great way to get to know people all over the world.”

Brendan, who, with Dawn, teaches Christians how to grow their own food, agrees on the blessings.

“Samaritan has blessed us unbelievably,” he says. “Our son, John, had bacterial pneumonia, but we have had all of our Needs taken care of. Our physician, Dr. Eric Potter of Sanctuary Functional Medicine, who uses both natural and conventional medicine, is also a member!” ♦♦♦

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Brendan Riordan holds a cayenne pepper from one of his gardens. (Supplied photo)

Christian homesteading:

Although Brendan calls their move to North Carolina to be close to their children a form of “semiretirement,” the Riordans are still busy spreading the Gospel and teaching people how to grow their own food. Besides building raised-bed boxes, Brendan also holds “food security” webinars and serves as a gardening consultant.

But it’s not just a business.

“I believe in Christian homesteading,” Brendan says. “I believe a good way for Christians to build community is to have co-op homesteads where they each grow something and share it in their own region. It’s almost like a throwback to the book of Acts, like an Acts 2 sustainable-living community.”

He points out that the first year

for the Plymouth pilgrims was disastrous, with people starving because “they expected everyone to just do their job.”

“Some people weren’t pulling their load,” he says. “When Governor William Bradford changed the community model from socialism to capitalism at Plymouth, things changed for the better. Each farm could do whatever they wanted to do and have freedom, and that year they succeeded because they could buy, sell, or trade as they wanted and make their own profit.”

He sees that as a good homestead community model with everybody owning their own property and then having a co-op with other Christian neighbors to grow food and share it or trade it with one another.

But it’s also “good groundwork to fulfill the Great Commission,” Brendan says.

“The thing is to have your local church involved or begin a church in the midst of the homestead community,” he adds. “Community members can do outreach and bring back new converts to the local church and then equip and disciple them once they come (Matthew 28:19).”

Prayer for the Riordans:

- To find a “little homestead farm” in North Carolina
- To find more like-minded believers in their general area ♦♦♦

Michael Miller is a Senior Communications Specialist at Samaritan Ministries.

The Affordable Care Act has doubled the cost of individual health insurance

by Edmund Haislmaier and Abigail Slagle

Data confirm mandates, regulations increased cost in almost all states

THE AFFORDABLE CARE ACT (ACA), known as Obamacare, produced major dislocations in the individual (non-group) health insurance market by imposing a raft of new mandates and regulations, coupled with new income-related coverage subsidies. The results have been not only reduced insurer choice and competition but also much higher health insurance premiums for millions of Americans.¹

Measuring the cost of health insurance

Premiums charged for health insurance coverage vary due to differences among plans in their scope of covered benefits, their levels of patient cost sharing, and their panels of participating providers, as well as differences in enrollee demographics (such as age and location). Furthermore, customer purchasing decisions reflect personal preferences among the available options offering different combinations of price and benefit.

Thus, the best way to analyze changes in premiums is to use data on how much customers actually paid for coverage. That approach captures all the varied effects

of plan designs and consumer purchasing decisions.

In addition, that approach also reflects any changes to the risk profile of the overall insurance pool (which is a key factor in insurer pricing calculations) that can result from a significant share of previous customers exiting the market, or a significant number of new customers entering the market. In the case of the individual health insurance market, both of those changes occurred in response to Obamacare's simultaneous application of new regulations and new subsidies to that market.²

Effects of the ACA on the individual market

Starting in 2014, the ACA imposed a number of costly new mandates and regulations on individual-market health insurance coverage and displaced private markets by creating new government-run health insurance "exchanges" to sell insurance. Partly to offset the increased costs of its mandates, the ACA also provided income-related subsidies for plans purchased through those exchanges.

The law's new mandates and regulations (but not its subsidies)

also applied to coverage purchased outside the exchanges, though it did allow insurers to renew older policies (without all the new requirements) for a period of time. However, the design and implementation of the law had the effect of reducing the availability of those so-called grandfathered plans in subsequent years, as insurers discontinued them—either voluntarily or in response to directives from state insurance regulators.

For this analysis, we used data from the annual Medical Loss Ratio (MLR) reports—which insurers are required to file with the Centers for Medicare and Medicaid Services (CMS)—to measure the effects of Obamacare on the cost of individual market coverage.³

We calculated per-member per-month (PMPM) figures for the average cost of coverage at the state and national levels by dividing total premiums earned by the total number of member months. The resulting numbers, seen in Table 1 on page 9, show the average monthly premiums that enrollees actually paid for coverage.

As 2013 was the last year of the

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pre-ACA market, we used that as the base year, followed by each subsequent year for which MLR reports are available (through 2019).⁴

Insurer MLR reports for 2020 are not due until summer 2021, and data from those reports will not be publicly available until November or December 2021.

Obamacare doubled the cost of individual market health insurance

As Table 1 shows, the national average monthly premium paid in the individual market in 2013 was \$244, while by 2019 it was \$558—more than doubling (a 129 percent increase) from 2013 to 2019. In contrast, over the same period, the average monthly premium paid in the large-group employer market increased by only 29 percent—from \$363 in 2013 to \$468 in 2019. (For comparison purposes, we applied the same analysis to the MLR data for the large-group employer market).

The large-group employer market is not subject to most of Obamacare's new insurance regulations. It is also more stable than the individual market, with less customer turnover and less change over time to the risk pool. By definition, any customer exits and entrances in that market involve groups of 50 or more enrollees, and the diversity of health status among the members of each group means that groups leaving or entering that market have little effect on the composition of the overall risk pool. Thus, changes over time in average monthly premiums paid for large-group

In 40 states, the average monthly premium for individual market coverage more than doubled by 2019—and it more than tripled in five of them.

employer insurance primarily reflect system-wide changes in the underlying cost of medical care (such as medical price inflation and the introduction of new therapies).

Consequently, if the 29 percent increase in the cost of large-group employer coverage over this period reflects the system-wide increase in the cost of medical care, then discounting the 129 percent increase in the post-ACA cost of individual market insurance by 29 percentage points indicates that Obamacare has basically doubled the cost of individual market insurance relative to what it would have been otherwise.

Wide variations among states

The changes in monthly premiums for individual coverage under Obamacare varied from state to state, as Table 1 shows.

In only one state, Massachusetts, was the average monthly premium paid in 2019 lower than it was in 2013. That is because almost all the ACA's new mandates and regulations, along with a similar set of income-related subsidies, were already in place in the Massa-

chusetts individual market before the law took effect. In fact, as Table 1 shows, Massachusetts was the state with the highest average monthly premium pre-ACA (\$442 in 2013).

Similarly, New Jersey, New York, and Vermont had also imposed costly regulations on their individual markets before the ACA; like Massachusetts, they all had high average premiums in 2013. Those states have experienced only modest increases in average premiums since the ACA's implementation.

In contrast, states that had previously imposed fewer mandates and costly regulations on their markets have had much worse experiences under Obamacare. In 40 states, the average monthly premium for individual market coverage more than doubled by 2019—and it more than tripled in five of them (Alabama, Nebraska, Missouri, West Virginia, and Wyoming).

The average premium declined in 20 states in 2019

Between 2018 and 2019, the average individual market premium in 20 states actually declined. In half of those states, the drop was quite small (between 0.6 percent and 3.7 percent), while the remaining 10 states saw reductions of between 5 percent and 15 percent.

Part of the explanation is that, faced with large losses from Obamacare coverage, many insurers sharply increased their rates in 2017 and 2018. Some of those insurers subsequently reduced their rates in 2019 once they deter-

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TABLE 1: Average Premiums Paid in the Individual Market, by State

Dollar figures shown are average premiums paid per member, per month

State	2013	2014	2015	2016	2017	2018	2019	Change 2013–2019
Alabama	\$178	\$320	\$350	\$402	\$531	\$618	\$613	244%
Alaska	\$342	\$584	\$769	\$840	\$956	\$796	\$737	116%
Arizona	\$214	\$299	\$289	\$318	\$517	\$549	\$534	150%
Arkansas	\$185	\$311	\$336	\$354	\$363	\$424	\$437	136%
California	\$271	\$388	\$401	\$406	\$428	\$511	\$557	106%
Colorado	\$237	\$345	\$338	\$388	\$420	\$560	\$586	147%
Connecticut	\$291	\$421	\$464	\$457	\$524	\$670	\$631	117%
Delaware	\$272	\$404	\$439	\$486	\$554	\$744	\$811	198%
District of Columbia	\$268	\$319	\$350	\$333	\$352	\$419	\$474	78%
Florida	\$237	\$351	\$387	\$391	\$429	\$554	\$577	143%
Georgia	\$209	\$332	\$365	\$394	\$426	\$600	\$591	183%
Hawaii	\$265	\$334	\$324	\$365	\$435	\$525	\$541	104%
Idaho	\$199	\$274	\$318	\$341	\$381	\$457	\$471	137%
Illinois	\$247	\$356	\$357	\$386	\$492	\$601	\$609	147%
Indiana	\$241	\$375	\$434	\$405	\$408	\$477	\$484	101%
Iowa	\$251	\$316	\$324	\$368	\$419	\$612	\$635	153%
Kansas	\$234	\$311	\$312	\$350	\$434	\$564	\$606	159%
Kentucky	\$231	\$345	\$337	\$351	\$370	\$493	\$537	132%
Louisiana	\$250	\$358	\$388	\$436	\$514	\$599	\$562	125%
Maine	\$334	\$446	\$454	\$427	\$503	\$693	\$650	95%
Maryland	\$209	\$273	\$318	\$336	\$396	\$559	\$514	146%
Massachusetts	\$442	\$525	\$419	\$387	\$365	\$414	\$420	-5%
Michigan	\$212	\$309	\$359	\$370	\$385	\$464	\$467	120%
Minnesota	\$235	\$335	\$382	\$428	\$525	\$501	\$433	84%
Mississippi	\$214	\$318	\$360	\$362	\$401	\$535	\$532	149%
Missouri	\$197	\$300	\$332	\$377	\$431	\$579	\$595	202%
Montana	\$251	\$408	\$374	\$417	\$543	\$618	\$645	157%
Nebraska	\$238	\$355	\$371	\$388	\$502	\$709	\$743	212%
Nevada	\$205	\$297	\$357	\$367	\$369	\$489	\$485	137%
New Hampshire	\$300	\$391	\$374	\$392	\$460	\$593	\$529	76%
New Jersey	\$419	\$464	\$500	\$500	\$476	\$558	\$502	20%
New Mexico	\$190	\$327	\$346	\$319	\$368	\$507	\$496	161%
New York	\$377	\$412	\$412	\$395	\$407	\$448	\$466	24%
North Carolina	\$240	\$362	\$394	\$456	\$592	\$706	\$680	183%
North Dakota	\$276	\$354	\$396	\$414	\$405	\$465	\$492	78%
Ohio	\$222	\$324	\$358	\$380	\$385	\$461	\$500	125%
Oklahoma	\$210	\$306	\$316	\$365	\$558	\$638	\$626	198%
Oregon	\$220	\$395	\$366	\$366	\$437	\$504	\$537	144%
Pennsylvania	\$241	\$362	\$376	\$387	\$512	\$653	\$604	151%
Rhode Island	\$325	\$406	\$376	\$381	\$371	\$433	\$456	40%
South Carolina	\$232	\$341	\$367	\$399	\$483	\$599	\$620	167%
South Dakota	\$246	\$324	\$335	\$369	\$437	\$521	\$548	123%
Tennessee	\$213	\$288	\$307	\$361	\$493	\$684	\$581	173%
Texas	\$221	\$348	\$359	\$350	\$403	\$517	\$521	136%
Utah	\$159	\$248	\$245	\$266	\$314	\$445	\$431	171%
Vermont	\$406	\$478	\$517	\$514	\$502	\$529	\$585	44%
Virginia	\$229	\$310	\$333	\$370	\$395	\$623	\$655	186%
Washington	\$279	\$403	\$404	\$389	\$399	\$493	\$553	98%
West Virginia	\$261	\$418	\$464	\$519	\$642	\$820	\$894	243%
Wisconsin	\$268	\$433	\$505	\$452	\$489	\$695	\$673	151%
Wyoming	\$301	\$487	\$596	\$571	\$590	\$899	\$906	201%
U.S.	\$244	\$353	\$374	\$389	\$440	\$550	\$558	129%

mined that their earlier rate hikes had overshot the mark.

Effects of Section 1332 waivers

More noteworthy are the declines in average premiums that occurred in all but one of the seven states that implemented “Section 1332 waivers” in 2018 and 2019. The waivers, authorized under Section 1332 of the ACA, gave those states regulatory relief from some of Obamacare’s mandates in order to enable them to better align federal subsidy dollars with enrollee need using state-based “reinsurance” programs that target funding to the sick with high health care costs.⁵

The waivers granted to Alaska, Minnesota, and Oregon all took effect in 2018. Similar waivers for Maine, Maryland, New Jersey, and Wisconsin took effect in 2019.

As Table 1 shows, average premiums paid in Alaska declined by 23 percent (from \$956 PMPM in 2017 to \$737 PMPM in 2019), while average premiums paid in Minnesota declined by 18 percent (from \$525 PMPM in 2017 to \$433 PMPM in 2019). Oregon, which implemented a less aggressive reinsurance design under its waiver, did not experience a net decline in average premiums paid, but did see a somewhat slower rate of growth.

All four states that implemented their waiver programs in 2019 also experienced net declines that year in average premiums paid—with reductions of 3 percent in Wisconsin, 6 percent in Maine, 8 percent in Maryland, and 10 percent in New Jersey.

Five additional states implemented Section 1332 waiver programs in 2020, two more did

so in 2021, and yet another has received approval to implement its program in 2022.⁶

If those programs have similar premium-reducing effects the results should be reflected in the MLR data for 2020 and subsequent years.

Conclusion

Data on how much Americans actually paid for their health insurance confirm that the ACA’s mandates and regulations dramatically increased the cost of individual market health insurance in almost all states.

The good news is that costs can fall if policymakers provide regulatory relief to allow states to redirect subsidies according to the unique needs of the citizens in their states. The initial data from states that implemented Section 1332 waiver programs show that permitting states to apply alternative approaches enabled them to reduce premiums, expand coverage options, and do a better job of focusing available resources on helping sick patients with high health care costs.

Because waiver programs are time-limited and temporary, the next step should be for Congress to build on the success by expanding the state flexibility granted during the past Administration and making this flexibility permanent.⁷



Edmund F. Haislmaier is Preston A. Wells, Jr. Senior Research Fellow in Domestic Policy Studies, of the Institute for Family, Community, and Opportunity, at The Heritage Foundation. Abigail Slagle is Research Assistant in Domestic Policy Studies.

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permission. This article was originally posted at www.heritage.org/health-care-reform/report/obamacare-has-doubled-the-cost-individual-health-insurance

¹ Edmund F. Haislmaier and Abigail Slagle, “Obamacare’s Health Insurance Exchanges in 2021: Increased Options, But Still Less Than Pre-ACA,” Heritage Foundation Issue Brief No. 6066, March 16, 2021, <https://www.heritage.org/health-care-reform/report/obamacares-health-insurance-exchanges-2021-increased-options-still-less>.

² For a discussion of the extent to which the ACA altered the basic composition of the individual health insurance market, see Edmund F. Haislmaier, “2017 Health Insurance Enrollment: Little Net Change, But Large Drop in Non-Group Coverage,” Heritage Foundation Issue Brief No. 4913, October 30, 2018, <https://www.heritage.org/health-care-reform/report/2017-health-insurance-enrollment-little-net-change-large-drop-non-group>.

³ For the MLR data public-use files, see Centers for Medicare and Medicaid Services, “Medical Loss Ratio Data and System Resources,” <https://www.cms.gov/CCIIO/Resources/Data-Resources/mlr> (accessed March 18, 2021).

⁴ <https://www.heritage.org/health-care-reform/report/obamacare-has-doubled-the-cost-individual-health-insurance>

⁵ Doug Badger, “How Health Care Premiums Are Declining in States That Seek Relief from Obamacare’s Mandates,” Heritage Foundation Issue Brief No. 4990, August 13, 2019, <https://www.heritage.org/health-care-reform/report/how-health-care-premiums-are-declining-states-seek-relief-obamacares>, and Doug Badger and Edmund F. Haislmaier, “State Innovation: The Key to Affordable Health Care Choices,” Heritage Foundation Backgrounder No. 3354, September 27, 2018, <https://www.heritage.org/health-care-reform/report/state-innovation-the-key-affordable-health-care-coverage-choices>.

⁶ Colorado, Delaware, Montana, North Dakota, and Rhode Island implemented their waiver programs in 2020, the waiver programs in New Hampshire and Pennsylvania went into effect in 2021, and Georgia’s program is approved to start in 2022.

⁷ For details on how Congress can achieve this goal, see Health Policy Consensus Group, “Health Care Choices 20/20: A Vision for the Future,” November 18, 2020, https://www.healthcarechoices2020.org/wp-content/uploads/2020/11/HealthCareChoices2020_Proposal.pdf (accessed March 18, 2021).

Prayer for the Persecuted Church



Worship at Early Rain Covenant Church (Photo posted on Pray for Early Rain Covenant Church Facebook Page)

Chinese house church raided, 28 members arrested

Early Rain Covenant Church in Chengdu, China, was raided and 28 members, including children, were arrested at August 22's worship gathering, International Christian Concern reports. (View bit.ly/earlyrainraid for video.) Most were released from detention, but a preacher and another member were held for 14 days. *Pray for full spiritual and physical recovery for the Early Rain members who were detained and abused, especially for any children who were traumatized.*

Three pastors in their 70s arrested in Eritrea

Three semi-retired pastors in Asmara, Eritrea, were arrested in late July, Voice of the Martyrs-Canada says. Pastors Girmay Araya and Samuel Okbamichael were taken from their homes in the middle of the night for interrogation. A third pastor, Georgio Gebreab was found sick in bed and put under house arrest. It is unclear why three pastors over 70 years old who only occasionally conducted services were targeted. *Pray for the health and spiritual well-being of Girmay, Samuel, and Georgio and their families. Pray also for the spiritual strength of the Eritrean church.*

Messianic Jews targeted in southern Israel

A strict Orthodox Jewish sect is targeting messianic believers in southern Israel, Middle East Concern reports. Members of the Gur Hasidim sect wrote graffiti on a footpath near the home of some believers that a local mission was "a tragedy for the Jewish people." *Pray for the Jewish believers in this community to stand strong in the face of harassment.* ♦♦



Remember those who are in prison, as though in prison with them, and those who are mistreated, since you also are in the body.

HEBREWS 13:3

Our brothers and sisters in Christ around the world are being persecuted for the sake of the Gospel. We need to remember them in prayer and action.

Each month, we will provide updates and offer prayer points gleaned from a variety of sources. Please use them in your prayer time and possibly to seek other ways, small or large to supplement our prayers with action.

FOR MORE INFORMATION ON THE PERSECUTED CHURCH:

International Christian Concern
persecution.org
800-422-5441

World Watch Monitor
worldwatchmonitor.org

Rejoice always, pray without ceasing,
give thanks in all circumstances ...

1 Thessalonians 5:16-18a

THE DOORPOST

DEUTERONOMY 6:4-9; 11:18-21



Rejoice always, pray without ceasing, give thanks in all circumstances; for this is the will of God in Christ Jesus for you.

1 THESSALONIANS 5: 16-18

REJOICE. PRAY. GIVE THANKS. In all circumstances.

Let these words sink in. When things around us seem threatening and out of our control, what is God's will for us? Rejoice. Pray. Give thanks.

"Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or danger, or sword?" Nothing "will be able to separate us from the love of God in Christ Jesus our Lord" (Romans 8: 35,39).

"... let us be grateful for receiving a Kingdom that cannot be shaken, and thus let us offer to God acceptable worship with reverence and awe ..." (Hebrews 12:28).

Throughout the Bible and right up to the present time, God's people have faced difficulty, hardship, persecution, and death. What is God's will for us?

Rejoice. Pray. Give thanks. In all circumstances.



For the Kingdom,
Ray King

A handwritten signature in black ink that reads "Ray King". The signature is fluid and cursive.