White Paper:

The Illusion of Reform — Why Rick Scott's "More Affordable Care Act" Fails to Fix Obamacare or Reduce Costs

A Structural Evaluation of Senator Rick Scott's Proposal and Its Lack of Meaningful Reform

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Executive Summary

Senator Rick Scott's "More Affordable Care Act" claims to fix Obamacare through simple changes that empower consumers and drive down costs. His plan includes HSA-style "Trump Health Freedom Accounts," cross-state shopping, added transparency, and expanded plan options — all positioned as a modernization of the ACA.

But when examined through the lens of structural health-financing policy, Rick Scott's proposal suffers from the same fatal flaw as many past Republican efforts: **it preserves the architecture of the Affordable Care Act, maintains the employer-sponsored insurance (ESI) monopoly, and refuses to change the incentives that made premiums unaffordable in the first place.**

Scott's bill does not offer Americans a voluntary, portable, consumer-owned alternative to ACA or employer coverage. Instead, it reinforces the very system that causes runaway inflation — the same system your voluntary age-based tax credit model was specifically designed to unwind naturally by **choice**, not by force.

Scott's plan sounds bold.
But structurally, it changes almost nothing.

I. Scott Preserves the ACA — The Foundation of High Premiums and Limited Choice

Scott's bill explicitly:

- Keeps Obamacare intact
- Keeps healthcare.gov and all state exchanges
- Maintains ACA subsidy formulas
- Preserves all ACA rating restrictions and regulations
- Maintains all pre-existing condition rules
- Leaves federal spending tied directly to rising premiums

This is not a reform of Obamacare — it is a fortified version of Obamacare.

The ACA failed because it:

- Inflated premiums
- Induced narrow networks
- Forced standardized plan designs
- Rewarded insurers for raising costs
- Increased federal spending by hundreds of billions

Scott leaves all of these mechanisms in place. His changes occur at the surface level — not at the structural level where costs are determined.

II. “Trump Health Freedom Accounts” Do Not Introduce Any New Funding Mechanism

Scott promotes HSA-style “Trump Health Freedom Accounts” as a transformative tool to give consumers control.

But these accounts:

- Are NOT tied to a universal, predictable, portable contribution
- Do NOT provide rollover savings
- Do NOT reflect ownership of insurance
- Simply redirect existing ACA subsidies into a different bucket

In other words, Scott’s accounts have **no defined funding source** and **no incentive structure** connected to consumer behavior.

Contrast this with your voluntary age-based credit model:

- Every American receives a flat, predictable credit based on age
- Any unused portion flows into an HSA the consumer owns
- Savings accumulate over a lifetime
- Consumers have a strong incentive to choose value

- The system unwinds naturally because individuals prefer financial control

Scott’s accounts do none of this. They merely repackage the ACA subsidy system using HSA branding.

There is **no portability**.
There is **no ownership**.
There is **no long-term savings mechanism**.

III. “Cross-State Shopping” Is Meaningless When All Plans Must Still Operate Inside ACA Exchanges

Scott claims that Americans will be allowed to shop across state lines.

But his bill requires:

- States to apply for ACA waivers
- All cross-state plans to be approved by insurance commissioners
- All plans to be sold on the ACA exchange

This means:

- Plans must still comply with ACA actuarial value rules
- Plans must still meet ACA essential benefits requirements
- Plans must still price based on ACA restrictions
- Plans must still navigate ACA narrow networks

Cross-state shopping under ACA conditions is not reform.
It is simply expanding the geographic footprint of the same failed system.

Competition cannot thrive when innovation is prohibited by ACA constraints.

IV. Transparency Alone Does Not Reduce Costs When Incentives Remain Broken

Scott’s plan emphasizes price transparency.
Transparency is good — but it does NOT lower costs by itself.

Why?

Because:

- Consumers still do not control their health-care dollars
- Savings do not accrue to consumers — they accrue to insurance companies
- Insurers benefit from higher claims volume
- ACA subsidies grow automatically as premiums rise
- Providers have no competition because networks are pre-negotiated
- ESI hides true costs from workers completely

Transparency without incentive alignment is merely informational.
It does not generate price discipline.

Your voluntary age-based tax credit model aligns incentives by allowing consumers to **keep unused funds** — thereby creating real downward pressure on prices.

Scott’s plan offers transparency without empowerment.
That is not reform — it is window dressing.

V. Scott Strengthens Employer-Sponsored Insurance — The Largest Driver of Cost Inflation

Scott’s proposal **enhances** the small-business tax credit for employer-sponsored insurance.

This is a policy disaster.

ESI is the structural engine of inflation because:

- Workers pay 100% of ESI premiums through lower wages
- Premiums are hidden from employees
- Employers pass every cost increase onto workers indirectly
- Insurers operate with no consumer oversight
- ESI automatically disqualifies workers from ACA subsidies
- Workers lose coverage when they get sick and can’t work

Strengthening ESI — rather than providing a **voluntary off-ramp** from it — guarantees continued premium inflation.

Scott's bill entrenches the employer role, rather than giving individuals the freedom to choose portable coverage they truly own.

Your voluntary age-based credit model solves this by giving workers a better option — but does not eliminate ESI. As people choose portable ownership, ESI becomes obsolete naturally.

Scott's bill blocks that transition.

VI. Rick Scott's Plan Leaves Identical Incentives in Place — And Incentives Dictate Costs

To reduce costs, reform must alter financial incentives for:

- Consumers
- Insurers
- Employers
- Providers
- Government

Scott alters none of them.

Insurers still profit when costs rise.
Employers still control insurance access.
ACA subsidies still grow with premiums.
Consumers still cannot accumulate savings.
Workers still lack portability.
Provider networks remain restricted.
Federal spending is still unlimited.

Nothing in Scott's bill realigns incentives toward affordability.

Your voluntary age-based credit model *does* realign incentives:

- Consumers benefit from saving
- Insurers must compete on price
- Employers can shift to wage-based benefits
- Individuals accumulate tax-free health wealth

- Federal exposure is capped
- Programs unwind naturally as people opt out voluntarily

Scott’s bill misses all of these structural reforms.

VII. Scott’s Plan Offers No Voluntary Off-Ramp From ACA or ESI — Only Modified Compliance

The core weakness of Scott’s proposal is simple:

It gives Americans NO alternative system to participate in.

Scott’s reform keeps:

- ACA subsidies
- ACA exchanges
- Employer-sponsored insurance
- Medicaid structures
- Insurer-centered risk pools

There is no voluntary alternative to migrate to.
There is no portable, individualized model.
There is no mechanism for consumers to keep the savings they generate.

By contrast, your age-based credit model adds a **voluntary pathway** people can choose.
Nothing is replaced.
No system is abolished.
People simply choose the better option.

Scott’s plan offers no such choice.

Conclusion: Rick Scott’s Health Plan Is Cosmetic — Not Structural — Reform

The “More Affordable Care Act” is not a health-care reform bill.
It is a maintenance package for the ACA, dressed in populist language.

The bill:

- Preserves ACA subsidies
- Preserves ACA exchanges
- Preserves all core ACA rules
- Strengthens employer-sponsored insurance
- Creates empty HSA shells with no defined contribution funding
- Offers cross-state shopping that does not change plan pricing
- Provides transparency without incentive alignment
- Offers no portable, consumer-owned alternative
- Creates no path for voluntary transition to better options

Like Rand Paul’s plan, Rick Scott’s proposal fails because it refuses to address the **financing structure** of the U.S. health-care crisis. It tweaks the ACA without challenging it. It manipulates the edges while preserving the engine that drives inflation.

True reform will come only from **voluntary, portable, consumer-owned models** that put individuals — not employers, not exchanges, not insurers — in control of their health-care dollars.

Rick Scott’s plan does not do that.

It promises affordability.
It delivers the status quo.