

Testimony: Christopher B. Briggs

Hearing: “Defining our healthcare problem, and principles we should follow to solve it.”

Permanent Subcommittee on Investigations, United States Senate

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Chairman Johnson, Ranking Member Blumenthal, and Members of the U.S. Permanent Subcommittee on Investigations, please allow me to thank you for the opportunity to testify before you about the harm Obamacare inflicts on the American people.

In November 2015, my wife got the most dreadful call a parent can get. The doctor knew why our youngest daughter Colette hadn’t been feeling well. Blood work had revealed—leukemia. We raced Colette to Inova Fairfax hospital, the only one in northern Virginia, where we live, that treats pediatric cancer—and got there just in time.

Thanks to Obamacare, we were already in difficult straits regarding healthcare. In 2014, the law had eliminated a great plan we had had for years. Before the Affordable Care Act (ACA) the private marketplace—consistently and reliably—had offered us a wide variety of relatively inexpensive plans that covered specialist care, even out of state.

After the ACA went into effect, however, all that was left were increasingly costly plans with fewer benefits. Including fewer doctors and fewer hospitals.

Thanks to Obamacare, we were restricted to medical facilities within a short radius of our zip code. In other words, Obamacare—from its inception—has made us into medical serfs. We are tied to the land, unable to leave it, even to save a little girl battling cancer. Which is why, when we tried to take Colette to Johns Hopkins, just up the road in Baltimore, we were denied. Under our pre-ACA plan, which didn’t “geofence” sick children from the care they needed, she would have been admitted.

Our predicament was made all the more painful by swelling premiums—as well as by skyrocketing deductible and maximum-out-of-pocket expenses.

Pre-ACA, our monthly premiums were about \$800 per month, and the maximum on the back end was about \$3,500. After the ACA went into effect, our monthly premiums—*with subsidies*—went to nearly \$2,000 per month. Annual deductible and maximum-out-of-pocket expenses? *Almost \$20,000—with subsidies.*

Think about that. In the ten years since President Obama and the Democrats inflicted his “healthcare” plan on us, with cancer in the house, we had to pay for many years nearly \$50,000 annually in insurance payments and medical bills. That was money we did not have.

The upshot of our decade of “affordable” healthcare? Our savings are gone; and we have virtually nothing left to retire on. And to handle the remaining debt, we are beginning the process of taking out a home-equity loan. And this is the subsidized affordability the Democrats today insist Congress perpetuate?

But in those dark early days of cancer, things got much worse than expensive. In mid-2017, every insurer in northern Virginia with a family plan, including the one we had, announced it was pulling out of the Obamacare marketplace for the following year (2018).

Except one. But Cigna wouldn't cover Colette at Inova Fairfax, the one hospital in northern Virginia, as I say, with a pediatric cancer ward.

Under Obamacare, our daughter was effectively without coverage for cancer. Not the common cold or a broken bone—but cancer.

We went through another terrifying event in 2020. In mid-March of that year—with Covid sweeping the country—the plan we had for that year announced that in two weeks it would no longer cover, not the hospital, but the clinic. Perhaps the marketplace, which we called, would grant us a waiver to buy the one other plan available in our zip code? The answer was an emphatic “no.” The failure of the ACA to cover our daughter battling a terminal illness was not, we were told, a “qualifying event.”

So, once again, thanks to the ACA, we were left without coverage for our daughter recovering from cancer—this time at the only pediatric cancer clinic in northern Virginia.

In both cases of systems collapse, we were forced to turn to the author of these failures: that is, to the government. In other words, to all of you. Specifically, we called Virginia Senator Mark Warner, so he could bully a private company, Cigna in the first instance, and Anthem in the second, into its covering respectively the hospital and the clinic. In both cases, the threats from the state drove the insurance giants back into the marketplace.

But I do hope all of you can see how those successes are actually failures. Ad hoc exercises of government power to ensure proper functioning of the ACA means we are not dealing, despite the rhetoric, with a marketplace. What we actually have is a closed, collusive web of insurance giants and medical providers directly subject to police powers of a complicit government.

Perhaps, to solve the “instability” inherent in Obamacare, the government could just take over all medical facilities. But then everybody in the country would be at the mercy of the same government bureaucracy that has been brutalizing my daughter, and her parents, for years.

The high costs of Obamacare will go even higher, and the rationing of care will be even more pronounced.

Why? Twice in a three-year period, we faced brutally high insurance costs, as I have detailed. But what do high prices mean in the planned economy we now have for insurance products?

Those high prices do not mean what they mean in a free market—that somebody can jump in to provide the same or better service at a better price. No, high prices in a closed, planned economy mean that we are on the way to scarcity. Twice in three years we found ourselves with no insurance product to buy, for any amount of money, that could save a little girl battling cancer.

But here's the thing. Scarcity doesn't go away under "universal coverage" or "single-payer" or whatever we're calling it this week. Under a planned economy, not just for insurance products, but for medicine itself, scarcity becomes *policy*.

And by that I mean this. Those long wait times we read about for cancer screenings in Canada or Great Britain—that is scarcity made systematic, institutional; universal, but in a very bad way. Want an example closer to home? Try the government-run hospitals of the Veterans Administration, where persons die in line waiting for care.

In other words, if we unfortunately get more of your managed care, my daughter will be everyone's daughter. And every mother and father will experience what my wife and I have experienced. We watched our daughter battle cancer while the institutions of medicine—thanks to the Obamacare—colluded with the disease against her.

There is one correct long-term answer. We must prohibit the government—all of you—from further interfering in the acquisition by citizens of their preferred medical care. And we do that by a repeal of the ACA.

But with what do we replace it? What is our plan?

That very question is the problem. Who planned the iPhone—or the unlimited number of apps I can put on it? We must sell health insurance the same way. And—as Independent Institute's healthcare expert, John Goodman, makes clear in a series of recent articles—we can.

What we need, according to Independent Institute President Graham Walker, is, not "single-payer," but a "single market"—across all state lines, comprising tens of millions of Americans. With insurance companies competing for insurance dollars, rates would drop to the floor and oceans of money would be collected to cover whatever medical needs arose in any given family.

Too grandiose to pass by Christmas? Okay—how about we follow, then, the advice of Cato Institute's healthcare expert, Michael Cannon. In a recent paper, Cannon provides very simple legislative language that would keep Obamacare in place, for those who want it, but, for those who do not, also make permanent and universal: a) the ACA-exemptions Obama himself allowed the US territories and, b) renewable short-term private policies championed by President Trump in his first term. These simple legislative fixes would take us a long way to a better healthcare future for all Americans. To quote the title of Cannon's piece, "Obamacare for those who want it, choice for those who don't."

There is one more harm Obamacare is inflicting on millions of Americans—this one quite hidden but massive in scale.

Obamacare has very little to do with actual insurance. It is essentially a giant scheme to pay for each other's medical bills. And since my daughter, thanks to the ACA, got very, very sick under a non-insurance regime, she is now permanently uninsurable. If we ever come to our senses and restore real insurance plans to individuals and families, my daughter will never be able to have one. And for one simple reason. It is impossible to buy car insurance after the car accident. My daughter has had that accident. If I had been allowed, however, to keep my pre-ACA plan, as President Obama promised, my daughter today would have insured, durable access to medical care—and would have

it for the rest of her life. In essence, Obamacare turned an insurable illness, even one as grave as cancer, into a permanent pre-existing condition from which my daughter will never escape.

But my daughter is not alone; millions have gotten sick under Obamacare. And everybody on Obamacare will someday suffer a serious illness. Soon enough the number of the permanently uninsurable will be so large, you won't be able to repeal Obamacare. Obamacare, in a word, is creating, right now, a nation of pre-existing conditions. The Democrats know this. All they have to do is wait, and we will be forced into a full government takeover of medicine. And then watch the suffering and pain of the American people begin.

Now is the time to repeal the ACA. Your doing so, however, won't help my daughter. For her it is too late. She and the other victims of Obamacare will need government healthcare for the rest of their lives. They will be wards of the state until they die. But for the rest of us, and those yet unborn, it is not too late.

The time to act is now. Repeal this terrible law, so that no other little girls in America will have to suffer as she, and her parents, has suffered.

I thank both sides for the time given me to air my concerns.

*Bio: Christopher B. Briggs is Publications and Public Affairs Counsel at the Independent Institute. He received his A.B. in history and English *summa cum laude* from Bowdoin College and holds an M.A. in political theory from The Catholic University of America (where he also completed the coursework for the Ph.D. in the same field).