

*Administration of Barack Obama, 2016*

**Remarks on the Patient Protection and Affordable Care Act in Miami, Florida**  
*October 20, 2016*

*The President.* Hello, hello, hello! Hello, Miami! Thank you so much. Well, everybody, have a seat, have a seat. It is good to see all of you! It's good to be back at Miami Dade, one of my favorite institutions! Love this school.

I want to thank your longtime president and great friend, Eduardo J. Padrón, and to all the faculty and staff and, of course, most importantly, the students, for hosting me. I want to say how grateful I am. I want to thank the wonderful elected officials who are here today. I'm going to just point out two outstanding Members of Congress: Debbie Wasserman Schultz and Ted Deutch.

So this is one of my last visits here as President. Now, once I'm not President——

*Audience members.* No!

*The President.* No, no, the good news is, once I'm no longer President, I can come more often. Right now, usually, I can only come to Florida when I'm working. [*Laughter*] But when I'm out of office, I can come here for fun. [*Laughter*]

But the first thing I want to say is thank you for your support and thank you for the opportunity and the privilege you've given me to serve these past 8 years. I remember standing just a few blocks north of here in the closing days of the 2008 campaign. And at that point, we were already realizing that we were in the midst of the worst economic crisis of our lifetimes. We didn't know where the bottom would be. We were still in the middle of two wars. Over 150,000 of our troops were overseas. But thanks to the hard work and the determination of the American people, when I come here today, the story is different.

Working together, we've cut the unemployment rate in Florida by more than half. Across the country, we turned years of job losses into the longest streak of job creation on record. We slashed our dependence on foreign oil, doubled our production of renewable energy. Incomes are rising again; they rose more last year than any time ever recorded. Poverty is falling; fell more last year than any time since 1968. Our graduation rates from high school are at record highs. College enrollment is significantly higher than it was when we came into office. Marriage equality is a reality in all 50 States.

So we've been busy. This is why I've got gray hair. [*Laughter*] But we did one other thing. We fought to make sure that in America, health care is not just a privilege, but a right for every single American. And that's what I want to talk about today. [*Applause*] That's what I want to talk about here today.

You've heard a lot about Obamacare, as it's come to be known. [*Laughter*] You've heard a lot about it in the 6½ years since I signed it into law. And some of the things you've heard might even be true. But one thing I want to start with is just reminding people why it is that we fought for health reform in the first place. Because it was one of the key motivators in my campaign.

And it wasn't just because rising health costs were eating into workers' paychecks and straining budgets for businesses and for governments. It wasn't just because before the law was

passed, insurance companies could just drop your coverage because you got sick, right at the time where you needed insurance most.

It was because of you. It was because of the stories that I was hearing all around the country and right here in Florida, hearing from people who had been forced to fight a broken health care system at the same time as they were fighting to get well.

It was about children like Zoe Lihn, who needed heart surgery when she was just 15 hours old, just a baby, just a infant. And she was already halfway to hitting her lifetime insurance cap before she was old enough to walk. Her parents had no idea how they could possibly make sure that she continued to make progress. And today, because of the Affordable Care Act, Zoe is in first grade, and she's loving martial arts. And she's got a bright future ahead of her.

We fought so hard for health reform because of women like Amanda Heidel, who lives here in South Florida. As a girl, she was diagnosed with diabetes, and that's a disease with costs that can add up quickly if you don't have insurance, can eat away at your dreams. But thanks to the Affordable Care Act, Amanda got to stay on her parents' plan after college. When she turned 26, Amanda went online. She stopped—shopped for an affordable health insurance plan that covered her medications. Today, she's pursuing a doctorate in psychology.

And Amanda said that the Affordable Care Act "has given me the security and freedom to choose how I live my life." The freedom and security to choose how I live my life. That's what this was all about: Zoe and Amanda, the people who I get letters from every single day describing what it meant not to fear that if they got sick or a member of their family got sick, if they, heaven forbid, were in an accident, that somehow they could lose everything.

So because of this law, because of Obamacare, another 20 million Americans now know the financial security of health insurance. So do another 3 million children, thanks in large part to the Affordable Care Act and the improvements, the enhancements that we made to the Children's Health Insurance Program. And the net result is that never in American history has the uninsured rate been lower than it is today. Never. And that's true across the board. It's dropped among women. It's dropped among Latinos and African Americans, every other demographic group. It's worked.

Now, that doesn't mean that it's perfect. No law is. And it's true that a lot of the noise around the health care debate, ever since we tried to pass this law, has been nothing more than politics. But we've also always known—and I have always said—that for all the good that the Affordable Care Act is doing right now, for as big a step forward as it was, it's still just a first step. It's like building a starter home—or buying a starter home. It's a lot better than not having a home—[laughter]—but you hope that over time you make some improvements.

And in fact, since we first signed the law, we've already taken a number of steps to improve it. And we can do even more, but only if we put aside all the political rhetoric, all the partisanship, and just be honest about what's working, what needs fixing, and how we fix it.

So that's what I want to do today. This isn't, kind of, a rah-rah speech. [Laughter] I might get into the details. I hope you don't mind. [Laughter]

So let's start with a basic fact. The majority of Americans do not—let me repeat—do not get health care through the Affordable Care Act. Eighty percent or so of Americans get health care on the job through their employer. Or they get health care through Medicaid or they get health care through Medicare. And so for most Americans, the Affordable Care Act, Obama has not affected your coverage, except to make it stronger.

Because of the law, you now have free preventive care; insurance companies have to offer that in whatever policy they sell. Because of the law, you now have free checkups for women. Because of the law, you get free mammograms. Because of the law, it is harder for insurance companies to discriminate against you because you're a woman when you get health insurance. Because of the law, doctors are finding better ways to perform heart surgeries and delivering healthier babies and treating chronic disease and reducing the number of people that, once they're in the hospital, end up having to return to the hospital. So you're getting better quality even though you don't know that Obamacare is doing it. *[Laughter]*

*Audience member.* Thanks, Obama.

*The President.* Thanks, Obama.

Because of the law, your annual out-of-pocket spending is capped. Seniors get discounts on their prescription drugs because of the law. Young people can stay on their parents' plan, just like Amanda did, because of the law. And Amanda was able to stay on her parents' plan and then get insurance after she aged out, even though she has what used to be called a preexisting condition, because we made it illegal to discriminate against people with preexisting conditions.

By the way, before this law, before Obamacare, health insurance rates for everybody—whether you got your insurance on the job or you were buying it on your own—health insurance rates generally were going up really fast. This law has actually slowed down the pace of health care inflation. So every year, premiums have gone up, but they've gone up the slowest in 50 years since Obamacare was passed. In fact, if your family gets insurance through your job, your family is paying, on average, about \$3,600 less per year than you would be if the cost trends that had existed before the law were passed had continued. Think about that. That's money in your pocket.

Now, some people may say, "Well, I've seen my copays go up" or "My networks have changed." But these are decisions that are made by your employers. It's not because of Obamacare. They're not determined by the Affordable Care Act.

So if the Affordable Care Act, if Obamacare hasn't changed the coverage of the 80 percent of Americans who already had insurance, except to make it a better value, except to make it more reliable, how has the law impacted the other 15 or 20 percent of Americans who didn't have health insurance through their job or didn't qualify for Medicaid or didn't qualify for Medicare?

Well, before the Affordable Care Act, frankly, you were probably out of luck. Either you had to buy health insurance on your own because you weren't getting it through the job and it was wildly expensive and your premiums were going up all the time, and if you happened to get sick and use the insurance, the insurer, the next year, could drop you. And if you had had an illness like cancer or diabetes or some other chronic disease, you couldn't buy a new insurance because the insurance company's attitude was: "You know what, this is just going to cost us money. We don't want to insure you."

So if you were buying—trying to buy health insurance on your own, it was either hugely expensive or didn't provide very effective coverage. You might buy a policy thinking that it was going to cover you. And it was sort of like when I was young and I bought my first car. I had to buy health—I had to buy car insurance and I won't name the insurance company, but I bought the insurance because it was the law, and I got the cheapest one I could get because I didn't have any money and it was a really beat-up car. *[Laughter]* And I remember, somebody rear

ends me, and I call up the insurance company thinking maybe I can get some help, and they laughed at me. They're all, like, what, are you kidding? [Laughter] It didn't provide any coverage other than essentially allowing me to drive. [Laughter]

Well, that's what it was like for a lot of people who didn't have health insurance on the job. So that meant that a lot of people just didn't bother getting health insurance at all. And when they got sick, they'd go—have to go to the emergency room.

*Audience member.* Or if you got pregnant.

*The President.* Well, that's true too. [Laughter]

And so you're relying on the emergency room, but the emergency room is the most expensive place to get care. And because you weren't insured, the hospital would have to give you the care for free, and they would have to then make up for those costs by charging everybody else more money. So it wasn't good for anybody.

So what the Affordable Care Act is designed to do is to help those people who were previously either uninsured or underinsured. And it worked to help those people in two ways.

First, we gave States funding to expand Medicaid to cover more people. In DC and the 31 States that took us up on that, more than 4 million people have coverage who didn't have it before. They now have health insurance.

Second, for people who made too much to qualify for Medicaid even after we expanded it, we set up what we call marketplaces on [healthcare.gov](http://healthcare.gov) so you could shop for a plan that fits your needs, and then we would give you tax credits to help you buy it. And most people today can find a plan for less than \$75 a month at the [healthcare.gov](http://healthcare.gov) marketplace when you include the tax credits that Government is giving you. That means it's less than your cell phone bill, because I know you guys are tweeting a lot—[laughter]—and texting and selfies. [Laughter] And the good news is that most people who end up buying their coverage through the marketplaces using these tax credits are satisfied with their plans.

So not only did Obamacare do a lot of good for the 80-plus percent of Americans who already had health care, but now it gave a new affordable option to a lot of folks who never had options before. All told, about another 10 percent of the country now have coverage. The Affordable Care Act has done what it was designed to do: It gave us affordable health care.

So what's the problem? Why is there still such a fuss? [Laughter] Well, part of the problem is the fact that a Democratic President named Barack Obama passed the law. And that's just the truth. [Laughter] I mean, I worked really, really hard to engage Republicans; took Republican ideas that originally they had praised, said, "Let's work together to get this done." And when they just refused to do anything, we said, all right, we're going to have to do it with Democrats. And that's what we did.

And early on, Republicans just decided to oppose it, and then they tried to scare people with all kinds of predictions: that it would be a job killer, that it would force everyone into Government-run insurance, that it would lead to rationing, that it would lead to death panels—[laughter]—that it would bankrupt the Federal Government. You remember all this. And despite the fact that all the bad things they predicted have not actually happened; despite the fact that we've created more jobs since the bill passed than—in consecutive months than any time on record; despite the fact that the uninsured rate has gone down to its lowest levels ever; despite the fact that it's actually cost less than anybody anticipated and has shown to be much less disruptive on existing plans than people get through their employers; despite the fact that it

saved Medicare over \$150 billion, which makes that program more secure—despite all this, it's been hard, if not impossible, for any Republican to admit it.

They just can't admit that a lot of good things have happened and the bad things they predicted didn't happen. So they just keep on repeating, we're going to repeal it. We're going to repeal it, and we're going to replace it with something better, even though, 6½ years later, they haven't. They still haven't shown us what it is that they would do that would be better.

But—and this is actually the main reason I'm here—just because a lot of the Republican criticism has proven to be false and politically motivated doesn't mean that there aren't some legitimate concerns about how the law is working now. And the main issue has to do with the folks who still aren't getting enough help. Remember, I said 80 percent of people, even before the law passed, already had health insurance. And then, we expanded Medicaid and we set up the marketplaces, and another 10 percent of people got health insurance. Well, but that still leaves that last 10 percent. And the fact that, that last 10 percent still has difficulties is something that we've got to do something about.

Now, part of the reason for this is, as I already mentioned to you, not every State expanded Medicaid to its citizens, which means that some of the most vulnerable working families that the law was designed to help still haven't gotten insurance. As you may have heard, Florida is one of those States. [*Laughter*] If your Governor could put politics aside—

*Audience members.* Boo!

*The President.* Don't boo, vote.

If your Governor would just put politics aside and do what's right, then more than 700,000 Floridians would suddenly have access to coverage. And by the way, that would hold down costs for the rest of you because there'd be less uncompensated care in hospitals. And it means that people who did sign up for the marketplace, who oftentimes may be sicker qualify for Medicaid, and so they're not raising costs in the marketplace.

In fact, if the 19 States who so far have not expanded Medicaid would just do so, another 4 million people would have coverage right now all across the country.

So that's step number one. And that's, by the way, just completely in the control of these Governors. They could be doing it right now. They could do it tomorrow.

Now, the second issue has to do with the marketplaces. Although the marketplaces are working well in most of the States, there are some States where there's still not enough competition between insurers. So if you only have one insurer, they may decide we're going to jack up rates because we can, because nobody else is offering a better price.

In those States where the Governor or legislature is hostile to the ACA, it makes it harder to enroll people because the State is not actively participating in outreach. And so, as a consequence, in those States, enrollment in the plan—especially enrollment of young people—has lagged.

And what that means is that the insurance pool is smaller, and it gets a higher percentage of older and sicker people who are signing up. Because if you're sick or you're old, you're more likely to say, well, I'm going to sign up, no matter what, because I know I'm going to need it. If you're young and healthy, like you guys, you say: "Eh, I'm fine. Life's good."

So you have more older and sicker people signing up, fewer younger and healthier people signing up, and that drives rates up, right? Because the people who use health care most end up being in the insurance pool; people who use it least are not.

And then, in some cases, insurers just set their prices too low at the outset because they didn't know what the insurance pool was going to look like, and then they started losing money. And so now they've decided to significantly increase premiums in some States.

Now, it's these premium increases in some of the States in the marketplace that sometimes attracts negative headlines. Remember, these premium increases won't impact most of the people who are buying insurance through the marketplace because even when premiums go up, the tax credits go up to offset the increases. So people who qualify for tax credits, they may not even notice their premiums went up because the tax credit cover it.

And keep in mind that these premium increases that some of you may have read about have no effect at all if you're getting health insurance on the job or through Medicaid or Medicare. So for the 80 [percent]<sup>\*</sup>-plus people who already had health insurance, if your premium is going up, it's not because of Obamacare. It's because of your employer or your insurer even though, sometimes, they try to blame Obamacare—[laughter]—for why the rates go up. It's not because of any policy of the Affordable Care Act that the rates are going up.

But if you are one of the people who doesn't get health care on the job, doesn't qualify for Medicaid, doesn't qualify for Medicare, doesn't qualify for a tax credit to help you buy insurance because maybe you made just a little bit too much money under the law, these premium increases do make insurance less affordable. And in some States, the premium increases are manageable. Some are 2 percent or 8 percent, some 20 percent. But we know there are some States that may see premiums go up by 50 percent or more.

And an extreme example is Arizona, where we expect benchmark premiums will more than double. Now, part of this is because Arizona is one of those States that had really low average premiums, among the lowest in the country. So now insurance companies basically are trying to catch up, and they also don't have a lot of competition there. And meanwhile, in States like Florida, the failure to expand Medicaid contributes to higher marketplace premiums. And then, there are some other States that just because of the nature of their health care systems or the fact that they're rural and people are dispersed—so it's harder to provide health care, more expensive—they have a tougher time controlling costs generally.

Again, the tax credits in the ACA will protect most consumers from the brunt of these premium increases. And with the ability to shop around on healthcare.gov, which works really well now—[laughter]—most people can find plans for prices even lower than this year's prices. But there are going to be people who are hurt by premium increases or a lack of competition and choice. And I don't want to see anybody left out without health insurance. I don't want to see any family having to choose between health insurance now or saving for retirement or saving for their kids' college education or just paying their own bills.

So the question we should be asking is, what do we do about these growing pains in the Affordable Care Act, and how do we get the last 9 percent of Americans covered? How do we reach those last 9 percent? And how do we make sure that premiums are more stable going forward and the marketplace insurance pools are more stable going forward?

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<sup>\*</sup> White House correction.

Well, I can tell you what will not work: Repealing the Affordable Care Act will not work. That's a bad idea. That will not solve the problem, because right off the bat, repeal would take away health care from 20 million people. We'd go back where 80 percent of people had health insurance instead of 90 percent, right off the bat. And all the reforms that everybody benefits from that I talked about like young Americans being able to stay on their parents' plans or the rules that prevent insurance companies from discriminating against people because of a preexisting condition like diabetes or cancer or the rule now that you can't charge somebody more just because they're a woman—all those reforms would go away for everybody, because that's part of Obamacare.

All the progress that we've made in controlling costs and improving how health care is delivered, progress that's helped hold growth in the price of health care to the slowest rate in 50 years, all that goes away. That's what repeal means. It would be bad for everybody. And the majority of Americans, even if they don't know that they're benefiting from Obamacare, don't want to see these benefits and protections taken away from their families now that they have them. I guarantee you, there are people who right now think they hate Obamacare. And if somebody told them, all right, we're repealing it, but now your kid who is on your plan is no longer on your plan or now you've got a preexisting condition and you can't buy health insurance, they'd be shocked. They'd be, "What do you mean?" [*Laughter*]

So repeal is not the answer. Here is what we can do instead to actually make the Affordable Care Act work even better than it's working right now. And I've already mentioned one. Florida and every State should expand Medicaid. Cover more people. It's easy to do, and it could be done right now. You'd cover 4 million more Americans, help drive down premiums for folks who buy insurance through the marketplace. And by the way, because the Federal Government pays for almost all of this expansion, you can't use as an excuse that, "Well, the State can't afford it" because the Federal Government is paying it. States like Louisiana that just expanded Medicaid. You had a Republican Governor replaced by a Democratic Governor. He said, "I want that money." Expanded Medicaid and found not only does it insure more people, but it's actually saved the State big money and makes people less dependent on expensive emergency room care. So that's step number one.

Step number two: Since overall health care costs have turned out to be significantly lower than everyone expected since we passed Obamacare, since that's saved the Federal Government billions of dollars, we should use some of that money, some of those savings to now provide more tax credits for more middle-income families, for more young adults, to help them buy insurance. It will make their premiums more affordable. And that's not just good for them, it's good for everybody. Because when more people are in the marketplace, everybody will benefit from lower premiums. Healthier people, younger people start joining the pool, premiums generally go down. That'd be number two.

The third thing we should do is add what's called a public plan fallback to give folks more options in those places where there are just not enough insurers to compete. And that's especially important in some rural communities and rural States and counties. If you live in L.A. right now, then it's working fine. There are a lot of insurers because it's a big market. There are a lot of providers. But if you're in some remote areas or you're in some small towns, it may be that the economics of it just don't work unless the Government is providing an option to make it affordable. And by the way, this is not complicated. Basically, you would just wait and see. If the private insurers are competing for business, then you don't have to trigger a

public option. But if no private insurers are providing affordable insurance in an area, then the Government would step in with a quality plan that people can afford.

And by the way, this is not a radical idea. This idea is modeled on something that Republicans championed under George Bush for the Medicare Part D drug benefit program. It was fine when it was their idea. [Laughter] The fact that they're now opposed to it as some socialist scheme is not being consistent. It's being partisan.

And finally, we should continue to encourage innovation by the States. What the Affordable Care Act says is, here's how we propose you insure your populations, but if you, the State, can figure out a different way to accomplish the same goal—providing affordable, comprehensive coverage for the same number of residents at the same costs—then go right ahead. There may be more than one way to skin a cat. Maybe you've got an idea we haven't thought of. Just show us, don't talk about it. Show us what the plan looks like.

Republicans who claim to care about your health insurance choices and your premiums, but then offer nothing and block commonsense solutions like the ones that I propose to improve them, that's not right. And my message to them has been and will continue to be: Work with us. Make the system better. Help the people you serve. We're open to good ideas, but they've got to be real ideas, not just slogans—[laughter]—not just votes to repeal. And they've got to pass basic muster. You can't say, well, if we just do—if we just plant some magic beans—[laughter]—then everybody will have health insurance. No, we've got to have health care economists and experts look at it and see if the thing would actually work.

So that's where we are. Number one, Obamacare is helping millions of people right now. The uninsured rate has never been lower. It's helping everybody who already has health insurance because it makes their policies better. Number two, there are still too many hard-working people who are not being reached by the law. Number three, if we tweak the program to reach those people who are not currently benefiting from the law, it will be good for them, and it will be good for the country. Number four, if we repeal this law wholesale, that will hurt the people who don't have coverage right now. It will hurt the 20 million who are already getting help through the law, and it will help—it will hurt the country as a whole.

So this should be an easy choice. All it does—all it requires is putting aside ideology and, in good faith, trying to implement the law of the land. And what we've learned, by the way, is that when Governors and State legislatures expand Medicaid for their citizens and they hold insurance companies accountable, and they're honest with uninsured people about their options, and they're working with us on outreach, then the marketplace works the way it's supposed to. And when they don't, the marketplaces tend to have more problems. And that shouldn't be surprising. If State leaders purposely try to make something not work, then it's not going to run as smoothly as if they were trying to make it work. Common sense. You don't even have to go to Miami Dade to figure that out. [Laughter]

*Audience member.* Thank slick Rick. [Laughter]

The point is, now is not the time to move backwards on health care reform, now is the time to move forward. The problems that may have arisen from the Affordable Care Act is not because Government's too involved in the process. The problem is, is that we have not reached everybody and pulled them in. And think about it. When one of these companies comes out with a new smartphone and it had a few bugs, what do they do? They fix it. They upgrade it—unless it catches fire, and they just—[laughter]—then they pull it off the market. But you don't

go back to using a rotary phone. *[Laughter]* You don't say, well, we're repealing smartphones. We're just going to do the dial-up thing. *[Laughter]* That's not what you do.

Well, the same basic principle applies here. We're not going to go back to discriminating against Americans with preexisting conditions. We're not going to go back to a time when people's coverage was dropped when they got sick. We're not going to go back to a situation where we're reinstating lifetime limits in the fine print so that you think you have insurance and then you get really sick or you kid gets really sick and you hit the limit that the insurance company set and, next thing you know, they're not covering you anymore and you've got to figure out how you come up with another \$100,000 or \$200,000 to make sure that your child lives. We're not going to go back to that.

I hear Republicans in Congress object, and they'll say, no, no, no, we'll keep those parts of Obamacare that are popular; we'll just repeal everything else. Well, it turns out that the sum of those parts that are popular in Obamacare is Obamacare. It's just, people don't always know it. And repealing it would make the majority of Americans worse off when it comes to health care.

And as I said, part of this is just, you know, health care is complicated. Think about this speech. It's been pretty long, and you're just—you're thinking, wow, I just want to take a picture with the President or something. *[Laughter]* So it's hard to get people focused on the facts. And even reporters who have covered this stuff—and they do a good job. They're trying to follow all the debate. But a lot of times they just report, "Premium increases." And everybody thinks, wow, my insurance rates are going up, it must be Obama's fault—*[laughter]*—even though you don't get health insurance through Obamacare, you get it through your job and even though your increases have gone up a lot slower. Or suddenly, you're paying a bigger copay, and, ah, thanks Obama. *[Laughter]* And it's—well, no, I had nothing to do with that. *[Laughter]*

So part of it is, this is complicated the way it gets reported. There's a lot of hysteria around anything that happens. And what we need to do is just focus on this very specific problem: How do we make sure that more people are getting coverage? And folks right now who are not getting tax credits, aren't getting Medicaid, how do we help them? How do we reach them? And we can do it.

Instead of repealing the law, I believe the next President and the next Congress should take what we've learned over the past 6 years and in a serious way analyze it, figure out what it is that needs to get done, and make the Affordable Care Act better and cover even more people. But understand, no President can do it alone. We will need Republicans in Congress and in State governments to act responsibly and put politics aside, because I want to remind, you a lot of the Affordable Care Act is built on Republican ideas.

In fact, Bernie Sanders is still mad at me because we didn't get single-payer passed. Now, we couldn't get single-payer passed, and I wanted to make sure that we helped as many people as possible given the political constraints. And so we adopted a system that Republicans should like; it's based on a competitive, market-based system in which people have a responsibility for themselves to buy insurance.

And maybe now that I'm leaving office, maybe Republicans can stop with the 60-something repeal votes they've taken—*[laughter]*—and stop pretending that they have a serious alternative and stop pretending that all the terrible things they said would happen have actually happened when they have not and just work with the next President to smooth out the kinks.

Because it turns out, no major social innovation in America has ever worked perfectly at the start. Social Security didn't. Its benefits were stingy at first. It left out a whole lot of Americans. The same was true for Medicare. The same was true for Medicaid. The same was true for the prescription drug law. But what happened was, each year, people of good will from both parties tried to make it better. And that's what we need to do right now.

And I promise, if Republicans have good ideas to provide more coverage for folks like Amanda, I will be all for it. I don't care whose idea it is, I just want it to work. They can even change the name of the law to Reagan Care—[laughter]—or they can call it Paul Ryan Care. I don't care—[laughter]—about credit. I just want it to work because I care about the American people and making sure they've got health insurance. [Laughter]

But that brings me to my final point, and that is, change does not typically come from the top down, it always comes from the bottom up. The Affordable Care Act was passed because the American people mobilized, not just to get me elected, but to keep the pressure on me to actually do something about health care and to put pressure on Members of Congress to do something about it. And that's how change happens in America. It doesn't happen on its own. It doesn't happen from on high. It happens from the bottom up. And breaking gridlock will come only when the American people demand it.

So that's why I'm here. Only you can break this stalemate by educating the public on the benefits of the Affordable Care Act and then pressing your elected officials to do the right thing and supporting elected officials who have—are doing the right thing.

And this is one of the reasons why I'm so proud of what Miami Dade College is doing, because it's making sure that students and faculty and people throughout this community know about the law, know about how to sign up for health care, and then actually helps people sign up. And I'm incredibly proud of the leadership of Joe Peña and the entire team in encouraging people to sign up.

Thanks to them, Miami Dade has been hosting enrollment office hours and workshops, even on nights and weekends. Right here on the Wolfson campus and on all the Miami Dade campuses, you can go for a free one-on-one session, where a trained expert can walk you through the process and answer any questions you have and then help you sign up for health care right there and then. Joe says he doesn't have a conversation without making sure people know how to get covered. The more young and healthy people like you who do the smart thing and sign up, then the better it's going to work for everybody.

And the good news is, in a few days, you can do just that because open enrollment, the time when you can start signing up, begins on November 1. And you just need to go to [healthcare.gov](http://healthcare.gov), which works really well now. [Laughter]

And campuses will be competing to come up with the most creative ways to reach people and get them signed up. And I'm pretty sure that Miami Dade can set the standard for the rest of the country, because that's how you do. [Applause] That's how you do.

So much has changed since I campaigned here in Miami eight Octobers ago. But one thing has not: This is more than just about health care. It's about the character of our country. It's about whether we look out for one another. It's about whether the wealthiest nation on Earth is going to make sure that nobody suffers, nobody loses everything they've saved, everything they've worked for because they're sick. You stood up for the idea that no American should have to go without the health care they need.

And it's still true today. And we've proven together that people who love this country can change it. Twenty million people out there will testify. I get letters every day just saying thank you because it's made a difference in their lives. And what was true then is true now. We still need you. Our work to expand opportunity to all and to make our Union more perfect is never finished, but the more we work and organize and advocate and fight, the closer we get.

So I hope you're going to be busy this November signing folks up. But more importantly, I hope for all the young people here, you never stop working for a better America. And even though I won't be President, I'll keep working right alongside you.

Thank you, everybody. God bless you. God bless America. Thank you.

NOTE: The President spoke at 1:51 p.m. at the Conference Center, Miami Dade College. In his remarks, he referred to Stacey and Caleb Lihn, parents of Phoenix, AZ, resident Zoe Lihn; Gov. Richard L. Scott of Florida; former Gov. Piyush "Bobby" Jindal and Gov. John Bel Edwards of Louisiana; former President George W. Bush; and Joe Peña, director of Federal relations, Miami Dade College.

*Categories:* Addresses and Remarks : Patient Protection and Affordable Care Act, remarks in Miami, FL.

*Locations:* Miami, FL.

*Names:* Bush, George W.; Deutch, Theodore E.; Edwards, John Bel; Heidel, Amanda; Jindal, Piyush "Bobby"; Lihn, Caleb; Lihn, Stacey; Lihn, Zoe; Padrón, Eduardo J.; Peña, Joe; Ryan, Paul D.; Sanders, Bernard; Scott, Richard L.; Wasserman Schultz, Deborah.

*Subjects:* Civil rights : Same-sex marriage; Congress : House of Representatives :: Speaker; Economy, national : Improvement; Education : High school graduation rate; Energy : Alternative and renewable sources and technologies :: U.S. production; Energy : Foreign sources; Florida : Governor; Florida : President's visit; Health and Human Services, Department of : Children's Health Insurance Program (CHIP); Health and medical care : Affordability and costs; Health and medical care : Cost control reforms; Health and medical care : Employer-based health insurance coverage; Health and medical care : Health insurance exchanges; Health and medical care : Health insurance reforms; Health and medical care : Insurance coverage and access to providers; Health and medical care : Medicare and Medicaid; Health and medical care : Patient Protection and Affordable Care Act; Health and medical care : Preventive care and public health programs; Health and medical care : Women's health issues; Health and medical care : Young adults, insurance coverage as dependents, age limit extension; Louisiana : Governor.

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