IN THE SENATE OF THE UNITED STATES

JULY 12, 2012
Received; read the first time

JULY 16, 2012
Read the second time and placed on the calendar

AN ACT

To repeal the Patient Protection and Affordable Care Act and health care-related provisions in the Health Care and Education Reconciliation Act of 2010.

Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Repeal of Obamacare Act”.

SEC. 2. FINDINGS.

Congress finds the following with respect to the im-
pact of Public Law 111–148 and related provisions of
Public Law 111–152 (collectively referred to in this section as “the law”):

(1) President Obama promised the American people that if they liked their current health coverage, they could keep it. But even the Obama Administration admits that tens of millions of Americans are at risk of losing their health care coverage, including as many as 8 in 10 plans offered by small businesses.

(2) Despite projected spending of more than two trillion dollars over the next 10 years, cutting Medicare by more than one-half trillion dollars over that period, and increasing taxes by over $800 billion dollars over that period, the law does not lower health care costs. In fact, the law actually makes coverage more expensive for millions of Americans. The average American family already paid a premium increase of approximately $1,200 in the year following passage of the law. The Congressional Budget Office (CBO) predicts that health insurance premiums for individuals buying private health coverage on their own will increase by $2,100 in 2016 compared to what the premiums would have been in 2016 if the law had not passed.
(3) The law cuts more than one-half trillion dollars in Medicare and uses the funds to create a new entitlement program rather than to protect and strengthen the Medicare program. Actuaries at the Centers for Medicare & Medicaid Services (CMS) warn that the Medicare cuts contained in the law are so drastic that “providers might end their participation in the program (possibly jeopardizing access to care for beneficiaries)”. CBO cautioned that the Medicare cuts “might be difficult to sustain over a long period of time”. According to the CMS actuaries, 7.4 million Medicare beneficiaries who would have been enrolled in a Medicare Advantage plan in 2017 will lose access to their plan because the law cuts $206 billion in payments to Medicare Advantage plans. The Trustees of the Medicare Trust Funds predict that the law will result in a substantial decline in employer-sponsored retiree drug coverage, and 90 percent of seniors will no longer have access to retiree drug coverage by 2016 as a result of the law.

(4) The law creates a 15-member, unelected Independent Payment Advisory Board that is empowered to make binding decisions regarding what treatments Medicare will cover and how much Medi-
care will pay for treatments solely to cut spending, restricting access to health care for seniors.

(5) The law and the more than 13,000 pages of related regulations issued before July 11, 2012, are causing great uncertainty, slowing economic growth, and limiting hiring opportunities for the approximately 13 million Americans searching for work. Imposing higher costs on businesses will lead to lower wages, fewer workers, or both.

(6) The law imposes 21 new or higher taxes on American families and businesses, including 12 taxes on families making less than $250,000 a year.

(7) While President Obama promised that nothing in the law would fund elective abortion, the law expands the role of the Federal Government in funding and facilitating abortion and plans that cover abortion. The law appropriates billions of dollars in new funding without explicitly prohibiting the use of these funds for abortion, and it provides Federal subsidies for health plans covering elective abortions. Moreover, the law effectively forces millions of individuals to personally pay a separate abortion premium in violation of their sincerely held religious, ethical, or moral beliefs.
(8) Until enactment of the law, the Federal Government has not sought to impose specific coverage or care requirements that infringe on the rights of conscience of insurers, purchasers of insurance, plan sponsors, beneficiaries, and other stakeholders, such as individual or institutional health care providers. The law creates a new nationwide requirement for health plans to cover “essential health benefits” and “preventive services”, but does not allow stakeholders to opt out of covering items or services to which they have a religious or moral objection, in violation of the Religious Freedom Restoration Act (Public Law 103–141). By creating new barriers to health insurance and causing the loss of existing insurance arrangements, these inflexible mandates jeopardize the ability of institutions and individuals to exercise their rights of conscience and their ability to freely participate in the health insurance and health care marketplace.

(9) The law expands Government control over health care, adds trillions of dollars to existing liabilities, drives costs up even further, and too often puts Federal bureaucrats, instead of doctors and patients, in charge of health care decisionmaking.
The path to patient-centered care and lower costs for all Americans must begin with a full repeal of the law.

SEC. 3. REPEAL OF OBAMACARE.

(a) PPACA.—Effective as of the enactment of Public Law 111–148, such Act (other than subsection (d) of section 1899A of the Social Security Act, as added and amended by sections 3403 and 10320 of such Public Law) is repealed, and the provisions of law amended or repealed by such Act (other than such subsection (d)) are restored or revived as if such Act had not been enacted.

(b) HEALTH CARE-RELATED PROVISIONS IN THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010.—Effective as of the enactment of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), title I and subtitle B of title II of such Act are repealed, and the provisions of law amended or repealed by such title or subtitle, respectively, are restored or revived as if such title and subtitle had not been enacted.

SEC. 4. BUDGETARY EFFECTS OF THIS ACT.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this
Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, as long as such statement has been submitted prior to the vote on passage of this Act.

Passed the House of Representatives July 11, 2012.

Attest: KAREN L. HAAS,

Clerk.
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H.R. 6079

112TH CONGRESS

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