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(Original Signature of Member)

112TH CONGRESS
2D SESSION

H. R.

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

IN THE HOUSE OF REPRESENTATIVES

Mr. CANTOR (for himself and [see ATTACHED LIST of cosponsors]) introduced the following bill; which was referred to the Committee on

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. FINDINGS.**

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

6 (1) President Obama promised the American
7 people that if they liked their current health cov-
8 erage, they could keep it. But even the Obama Ad-
9 ministration admits that tens of millions of Ameri-
10 cans are at risk of losing their health care coverage,
11 including as many as 8 in 10 plans offered by small
12 businesses.

13 (2) Despite projected spending of more than
14 two trillion dollars over the next 10 years, cutting
15 Medicare by more than one-half trillion dollars over
16 that period, and increasing taxes by over \$800 bil-
17 lion dollars over that period, the law does not lower
18 health care costs. In fact, the law actually makes
19 coverage more expensive for millions of Americans.
20 The average American family already paid a pre-
21 mium increase of approximately \$1,200 in the year
22 following passage of the law. The Congressional
23 Budget Office (CBO) predicts that health insurance
24 premiums for individuals buying private health cov-
25 erage on their own will increase by \$2,100 in 2016

1 compared to what the premiums would have been in
2 2016 if the law had not passed.

3 (3) The law cuts more than one-half trillion dol-
4 lars in Medicare and uses the funds to create a new
5 entitlement program rather than to protect and
6 strengthen the Medicare program. Actuaries at the
7 Centers for Medicare & Medicaid Services (CMS)
8 warn that the Medicare cuts contained in the law
9 are so drastic that “providers might end their par-
10 ticipation in the program (possibly jeopardizing ac-
11 cess to care for beneficiaries)”. CBO cautioned that
12 the Medicare cuts “might be difficult to sustain over
13 a long period of time”. According to the CMS actu-
14 aries, 7.4 million Medicare beneficiaries who would
15 have been enrolled in a Medicare Advantage plan in
16 2017 will lose access to their plan because the law
17 cuts \$206 billion in payments to Medicare Advan-
18 tage plans. The Trustees of the Medicare Trust
19 Funds predict that the law will result in a substan-
20 tial decline in employer-sponsored retiree drug cov-
21 erage, and 90 percent of seniors will no longer have
22 access to retiree drug coverage by 2016 as a result
23 of the law.

24 (4) The law creates a 15-member, unelected
25 Independent Payment Advisory Board that is em-

1 powered to make binding decisions regarding what
2 treatments Medicare will cover and how much Medi-
3 care will pay for treatments solely to cut spending,
4 restricting access to health care for seniors.

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

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

15 (7) While President Obama promised that noth-
16 ing in the law would fund elective abortion, the law
17 expands the role of the Federal Government in fund-
18 ing and facilitating abortion and plans that cover
19 abortion. The law appropriates billions of dollars in
20 new funding without explicitly prohibiting the use of
21 these funds for abortion, and it provides Federal
22 subsidies for health plans covering elective abortions.
23 Moreover, the law effectively forces millions of indi-
24 viduals to personally pay a separate abortion pre-

1 mium in violation of their sincerely held religious,
2 ethical, or moral beliefs.

3 (8) Until enactment of the law, the Federal
4 Government has not sought to impose specific cov-
5 erage or care requirements that infringe on the
6 rights of conscience of insurers, purchasers of insur-
7 ance, plan sponsors, beneficiaries, and other stake-
8 holders, such as individual or institutional health
9 care providers. The law creates a new nationwide re-
10 quirement for health plans to cover “essential health
11 benefits” and “preventive services”, but does not
12 allow stakeholders to opt out of covering items or
13 services to which they have a religious or moral ob-
14 jection, in violation of the Religious Freedom Res-
15 toration Act (Public Law 103–141). By creating new
16 barriers to health insurance and causing the loss of
17 existing insurance arrangements, these inflexible
18 mandates jeopardize the ability of institutions and
19 individuals to exercise their rights of conscience and
20 their ability to freely participate in the health insur-
21 ance and health care marketplace.

22 (9) The law expands government control over
23 health care, adds trillions of dollars to existing liabil-
24 ities, drives costs up even further, and too often put

1 Federal bureaucrats, instead of doctors and patients,
2 in charge of health care decisionmaking.

3 (10) The path to patient-centered care and
4 lower costs for all Americans must begin with a full
5 repeal of the law.

6 **SEC. 3. REPEAL OF OBAMACARE.**

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

14 (b) HEALTH CARE-RELATED PROVISIONS IN THE
15 HEALTH CARE AND EDUCATION RECONCILIATION ACT OF
16 2010.—Effective as of the enactment of the Health Care
17 and Education Reconciliation Act of 2010 (Public Law
18 111–152), title I and subtitle B of title II of such Act
19 are repealed, and the provisions of law amended or re-
20 pealed by such title or subtitle, respectively, are restored
21 or revived as if such title and subtitle had not been en-
22 acted.

23 **SEC. 4. BUDGETARY EFFECTS OF THIS ACT.**

24 The budgetary effects of this Act, for the purpose of
25 complying with the Statutory Pay-As-You-Go Act of 2010,

1 shall be determined by reference to the latest statement
2 titled “Budgetary Effects of PAYGO Legislation” for this
3 Act, submitted for printing in the Congressional Record
4 by the Chairman of the Committee on the Budget of the
5 House of Representatives, as long as such statement has
6 been submitted prior to the vote on passage of this Act.