



Continuously leading the way towards crafting positive, problem-solving solutions, Members of the Republican Study Committee (RSC) introduced no fewer than 73 health care bills in the 111th Congress, prior to the Democrats’ government takeover of health care. Although virtually none of these solutions was considered before the passage of the Patient Protection and Affordable Care Act, RSC Members continue to listen to the American people and be on the forefront of crafting solutions aimed at correcting, defunding, repealing, and replacing this monstrosity of a law. This document summarizes all of the solutions put forward by Republican Members of the House of Representatives in response to the passage of ObamaCare.

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The RSC does not necessarily endorse every bill listed here.*

**H.R. 4901 – To repeal the Patient Protection and Affordable Care Act  
(Moran, R-KS)**

**Introduced:** March 22, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4903 – To repeal the Patient Protection and Affordable Care Act  
(Bachmann, R-MN)**

**Introduced:** March 22, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4904 – To prohibit the use of funds for implementation or enforcement  
of any Federal mandate to purchase health insurance  
(Poe, R-TX)**

**Introduced:** March 22, 2010

**Summary:** This legislation would prohibit any funds appropriated to any federal department or agency to be used to implement or enforce any federal mandate to purchase health insurance.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4910 – To repeal the Patient Protection and Affordable Care Act and enact the Empowering Patients First Act in order to provide incentives to encourage health insurance coverage  
(Burton, R-IN)**

**Introduced:** March 22, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010. The legislation would then enact the [Empowering Patients First Act](#), H.R. 3400, introduced by Rep. Tom Price, M.D. (R-GA) on behalf of the RSC.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4919 – To repeal the Patient Protection and Affordable Care Act  
(Mack, R-FL)**

**Introduced:** March 24, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4944 – Siding with America’s Patients Act (SWAP)  
(Wilson, R-SC)**

**Introduced:** March 25, 2010

**Summary:** The SWAP Act will repeal the government health care takeover, the Patient Protection and Affordable Care Act, H.R. 3590, and replace it with the text from the [Empowering Patients First Act](#), H.R. 3400 – a patient-centered and affordable solution that expands access and continues to cover pre-existing conditions.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4951 – To amend the Patient Protection and Affordable Care Act to provide for participation in the Exchange of the President, Vice-President, Members of Congress, political appointees, and congressional staff  
(Burgess, R-TX)**

**Introduced:** March 25, 2010

**Summary:** A provision within the Patient Protection and Affordable Care Act mandates that Members of Congress and their staff purchase insurance within the health insurance exchanges in 2014. The definition of “congressional staff” can be interpreted to exempt shared employees, leadership staff, and committee staff. The President, Vice President and Executive Branch appointees are also curiously exempt from participation in the exchanges. H.R. 4951 would eliminate this loophole and would require all Members, and staff, as well as the President, Vice President, and political appointees purchase health insurance in the exchange.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4960 – To eliminate Sweetheart deals under the Patient Protection and Affordable Care Act  
(Buchanan, R-FL)**

**Introduced:** March 25, 2010

**Summary:** This legislation would strip several “sweetheart deals” that were added to the Patient Protection and Affordable Care Act during its final hours in order to win support for its passage. Many of these provisions have been highly publicized, such as the “Louisiana Purchase.” A few others have gone largely unnoticed. For example, Tennessee will receive almost \$100 million in extra funding. The “Connecticut” deal will give \$100 million for a single hospital in that state. Hawaii will be the only state to receive a Disproportionate Share Hospital (DSH) extension while Frontier states will receive an increase in Medicare reimbursement. Furthermore, the bill changes the extension of section 508 hospital provisions so that hospitals in Michigan as well as Connecticut have the option to benefit under them if it means higher payments. Finally, special language was inserted that only helps the residents of Libby, Montana who have been exposed to environmental hazards.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4972 – To repeal the Patient Protection and Affordable Care Act  
(King, R-IA)**

**Introduced:** March 25, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010.

**H.R. 4972 has also been introduced as Discharge Petition #11. To date it has gathered 172 signers, including one Democrat, of the 218 needed to bring the bill to the floor for a vote.**

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4982 – Close the Congressional Health Care Loophole Act  
(Posey, R-FL)**

**Introduced:** March 25, 2010

**Summary:** This legislation would ensure that all Legislative Branch employees are treated equally under the Patient Protection and Affordable Care Act. The new law only requires Members of Congress and those working in the Members' personal offices to enroll in new health care exchanges. H.R. 4982 amends the law to require that all Legislative Branch employees be enrolled in the new health care exchanges, thus treating all Legislative Branch employees the same. The new health care law exempted leadership and committee staff from the exchanges as well as employees of other Legislative Branch offices (i.e., Architect of the Capitol, the Library of Congress, and the Government Accountability Office).

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 4985 – Medicare Decisions Accountability Act of 2010  
(Roe, R-TN)**

**Introduced:** March 25, 2010

**Summary:** This legislation would repeal the Independent Payment Advisory Board (IPAB) that was enacted in the health care reform package. This board gives unelected bureaucrats the authority to determine what benefits are covered and how much physicians are paid. This commission's sole intention will be to determine whether Medicare is spending more than is budgeted and, if so, to offer fixes to cut back on Medicare spending that will be fast-tracked with

very little opportunity for Congressional input. In effect, with the creation of this board, Congress has ceded much of its authority to oversee Medicare.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

### **H.R. 4995 – End the Mandate Act of 2010 (Paul, R-TX)**

**Introduced:** April 13, 2010

**Summary:** HR 4995 repeals the sections of the recently-passed health reform bill that force all Americans to purchase federally-approved health insurance plans.

The most important reason to end the mandate is that forcing every American to obtain a congressionally-approved health insurance plan violates the basic freedom to make our own decisions regarding how best to meet the health care needs of ourselves and our families. H.R. 4995 takes a stand for liberty and constitutional government.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

### **H.R. 4999 – Reclaiming Individual Liberty Act (Garrett, R-NJ)**

**Introduced:** April 13, 2010

**Summary:** H.R. 4999 amends the Patient Protection and Affordable Care Act and eliminates Section 5000A, thereby repealing the individual health insurance mandate. On June 15, 2010, Rep. Camp offered a motion to recommit for H.R. 5486, the Small Business Jobs Tax Relief Act, which would have repealed the individual mandate. The motion gained 166 Republican votes but failed to pass the House.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5005 – To repeal the Patient Protection and Affordable Care Act  
(Griffith, R-AL)**

**Introduced:** April 13, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5054 – Prevent IRS Overreach Act of 2010  
(Forbes, R-VA)**

**Introduced:** April 15, 2010

**Summary:** The Congressional Budget Office has estimated that it could cost as much as \$10 billion to hire additional auditors, agents, and employees to put federally mandated healthcare plans in effect. H.R. 5054 would prohibit the IRS from hiring, transferring, or appointing individuals for positions used to enforce provisions of healthcare reform.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5066 – Keep Out the IRS Act of 2010  
(Fleming, R-VA)**

**Introduced:** April 15, 2010

**Summary:** The Congressional Budget Office has estimated that it could cost as much as \$10 billion to hire additional auditors, agents, and employees to put federally mandated healthcare plans in effect. H.R. 5066 would prohibit the IRS from hiring, transferring, or appointing individuals for positions used to enforce provisions of healthcare reform.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.



**H.R. 5073 – To repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 and enact the OPTION Act of 2009 (Broun, R-GA)**

**Introduced:** April 20, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act (Public Law 111-148) and H.R. 4872, the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and would enact the Offering Patients True and Individualized [Options Now Act](#), H.R. 3889, introduced by Rep. Broun (R-GA).

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5095 – Protect Medical Innovation Act (Paulsen, R-MN)**

**Introduced:** April 20, 2010

**Summary:** H.R. 5095 would repeal Section 1405 of the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). This section imposes a 2.3% tax on medical device companies.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5126 – Helping Save Americans’ Health Care Choices Act of 2010 (Fleming, R-VA)**

**Introduced:** April 15, 2010

**Summary:** H.R. 5126 would repeal provisions of the Patient Protection and Affordable Care Act including the additional taxes on Health Savings Accounts (HSAs) and the prohibitions on tax-free reimbursements for over-the-counter medications as well as remove the cap on Flexible Spending Accounts (FSAs) and ensure that these more affordable plan choices will remain available to Americans as “qualifying plans” under ObamaCare.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5141 – Helping Small Business Paperwork Mandate Elimination Act  
(Lungren, R-CA)**

**Introduced:** April 26, 2010

**Summary:** H.R. 5141 would repeal the burdensome tax reporting mandate included in the Patient Protection and Affordable Care Act that requires all businesses to file 1099s for all transactions in goods or services over \$600 a year. Tax paperwork and compliance are already major expenses for small businesses and the new requirements will only increase these costs. New reporting requirements will take capital away from small businesses, which would be better off reinvesting the capital in business and creating jobs.

**H.R. 5121 has also been introduced as Discharge Petition #13. To date it has gathered 93 signers of the 218 needed to bring the bill to the floor for a vote.**

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5215 – To amend the Internal Revenue Code of 1986 to repeal the \$2,500  
limitation on health flexible spending arrangements  
(Akin, R-MO)**

**Introduced:** May 5, 2010

**Summary:** H.R. 5215 would repeal one of many particularly troubling aspects of the Patient Protection and Affordable Care Act: the cap on Flexible Spending Accounts (FSAs). Until now, individuals could deposit as much money as they liked into an FSA for medical expenses. If you don't use the funds by the end of the year, then you would lose them. Unfortunately, PPACA puts further restrictions on FSAs by effectively placing a \$2,500 cap on the amount of funds that can be put into an FSA. This is the exact opposite of empowering patients to take control of their health care. This legislation repeals this cap and returns it to existing law.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5216 – To repeal the Patient Protection and Affordable Care Act  
(Akin, R-MO)**

**Introduced:** May 5, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act. This bill passed the House on March 21, 2010 by a roll call vote of [219 – 212](#), and became Public Law 111-148, on March 23, 2010.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5421 – To repeal the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, repeal the 7.5 percent threshold on the deduction for medical expenses, provide for increased funding for high-risk pools, allow acquiring health insurance across State lines, and allow for the creation of association health plans  
(Broun, R-GA)**

**Introduced:** May 27, 2010

**Summary:** H.R. 5421 would repeal the Patient Protection and Affordable Care Act and would replace it with four specific policies. This legislation would provide individuals with the same tax advantages that businesses have, and would allow them to deduct 100% of all health care expenses from their taxes, including insurance. It would strengthen and expand the states' abilities to offer high risk insurance pools to individuals with preexisting conditions. H.R. 5421 would allow individuals to purchase health insurance across state lines, which would expand choice and competition. H.R. 5421 would also create association health plans, which would allow small businesses and other entities to form pools that will increase availability and allow their size to negotiate lower costs for their employees or members.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5424 – Reform Americans Can Afford Act of 2010  
(Herger, R-CA)**

**Introduced:** May 27, 2010

**Summary:** This legislation would repeal H.R. 3590, the Patient Protection and Affordable Care Act (Public Law 111-148), and H.R. 4872, the Health Care Education Reconciliation Act (Public Law 111-152), and would enact H.R. 4038, the [Common Sense Health Care Reform and Affordability Act](#). H.R. 4038 was offered as an Amendment in the Nature of a Substitute to H.R. 3962, the Affordable Health Care for America Act, and failed by a vote of 176 to 258.

**H.R. 5424 has also been introduced as Discharge Petition #12. To date it has gathered 38 signers of the 218 needed to bring the bill to the floor for a vote.**

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5425 – To amend the Patient Protection and Affordable Care Act to  
permit a State to elect not to establish an American Health Benefit Exchange  
(Fleming, R-LA)**

**Introduced:** May 27, 2010

**Summary:** H.R. 5425, the Stop the Federal Exchanges from Destroying States Act, or the STOP the FEDS Act, would provide states the option to opt-out of establishing an exchange, upon the action of their legislature either before or after an exchange is established in the state. Allowing states to opt-out will prevent states from being held captive to federal control of the health insurance industry. It would also help states preserve fiscal stability in the face of the enormous unfunded mandates contained within the new health care law, and it would allow states to regain control over the regulation of health insurance, in a way that best suits the demographic needs of their populations.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5444 – To amend the Patient Protection and Affordable Care Act to permit a State to elect not to establish an American Health Benefit Exchange (Paul, R-TX)**

**Introduced:** May 27, 2010

**Summary:** This bill places individuals back in control of health care by replacing the recently passed tax-spend-and-regulate health care law with reforms designed to restore a free market health care system.

The Private Option Health Care Act gives control of health care back into the hands of individuals through tax credits and tax deductions, improving Health Savings Accounts and Flexible Savings Accounts.

Specifically, the bill provides all Americans with a tax credit for 100% of health care expenses, allows individuals to roll over unused amounts in cafeteria plans and Flexible Savings Accounts, provides a tax credit for premiums for high-deductible insurance policies connected with a Health Savings Accounts (HSAs), allows seniors to use funds in HSAs to pay for Medigap policies, and repeals the 7.5% threshold for the deduction of medical expenses, thus making all medical expenses tax deductible.

This bill also creates a competitive market in health insurance. It achieves this goal by exercising Congress's authority under the Commerce Clause to allow individuals to purchase health insurance across state lines. The near-monopoly position many health insurers have in many states and the high prices and inefficiencies that result, is a direct result of state laws limiting people's ability to buy health insurance that meets their needs, instead of a health insurance plan that meets what state legislators, special interests, and health insurance lobbyists think they should have. Ending this ban will create a truly competitive marketplace in health insurance and give insurance companies more incentive to offer quality insurance at affordable prices.

The Private Option Health Care Act also provides an effective means of ensuring that people harmed during medical treatment receive fair compensation while reducing the burden of costly malpractice litigation on the health care system. The bill achieves this goal by providing a tax credit for negative outcomes insurance purchased before medical treatment. The insurance will provide compensation for any negative outcomes of the medical treatment. Patients can receive this insurance without having to go through lengthy litigation and without having to give away a large portion of their awards to trial lawyers.

Finally, the Private Option Health Care Act also lowers the prices of prescription drugs by reducing barriers to the importation of Food and Drug Administration (FDA)-approved pharmaceuticals. Under this bill, anyone wishing to import a drug simply submits an application to the FDA, which then must approve the drug unless the FDA finds the drug is either not approved for use in the United States or is adulterated or misbranded. This process will make safe and available imported medicines affordable to millions of Americans. Letting the free market work is the best means of lowering the cost of prescription drugs.

This legislation allows Congress to correct the mistake it made this year by replacing the new health care law with health care measures that give control to health care to individuals, instead of the federal government and politically-influential corporations.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5570 – To provide that no funds are authorized to be appropriated to the Internal Revenue Service to expand its workforce in order to implement, enforce, or otherwise carry out either the Patient Protection and Affordable Care Act or the Health Care and Education Reconciliation Act of 2010 (Upton, R-MI)**

**Introduced:** June 28, 2010

**Summary:** This legislation seeks to prohibit the Internal Revenue Service (IRS) from hiring thousands of additional agents and employees to implement the new government health care law—the Patient Protection and Affordable Care Act—which would save taxpayers upwards of \$5 to \$10 billion over the next ten years.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5615 – To amend the Internal Revenue Code of 1986 to repeal the medical device tax, and for other purposes (Bilbray, R-CA)**

**Introduced:** June 28, 2010

**Summary:** H.R. 5615 would repeal Section 1405 of the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). This section imposes a 2.3% tax on medical device companies. This legislation is paid for with the unobligated balance of the discretionary appropriations made available by division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5).

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5853 – Fiscal Responsibility and Retirement Security Act  
(Boustany, R-LA)**

**Introduced:** July 26, 2010

**Summary:** The Fiscal Responsibility and Retirement Security Act would place a hold on the implementation of the CLASS program included in H.R. 3590. The CLASS program is a government run insurance program which is being used as a budget gimmick to fund other sections of the Patient Protection and Affordable Care Act. Budget experts agree that the CLASS program is not fiscally sound and the CBO projects that it will be running tens of billions of dollars in deficits every decade starting with the third. Some proponents of CLASS have already called for a taxpayer bailout of the CLASS program from general revenues and called for mandatory enrollment. This legislation would require a two-thirds vote of both chambers on the Health and Human Services Secretary's final CLASS plan before enrollment may begin and require CLASS to sunset in the first year the Medicare Actuary finds it unsound over a 75-year period.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5882 – To deauthorize appropriation of funds to carry out the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. (Graves, R-GA)**

**Introduced:** July 27, 2010

**Summary:** This legislation would remove authorization for appropriations to carry out H.R. 3590, the Patient Protection and Affordable Care Act, H.R. 4872, the Health Care and Education Reconciliation Act, and any amendment made to either such Act.

The Constitution provides that all spending bills shall originate in the House of Representatives, which provides an opportunity for House Republicans to repeal ObamaCare's dangerous provisions without the leverage provided by holding the Senate and Presidency.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.R. 5923 – To amend the Patient Protection and Affordable Care Act to  
repeal certain limitations on tax health care benefits  
(Paulsen, R-MN)**

**Introduced:** July 29, 2010

**Summary:** The Patients Freedom to Choose Act repeals two provisions included in the Patient Protection and Affordable Care Act (PPACA) that limit a patient's choice in how to use their consumer-directed health plans. Starting in 2011, the PPACA will prohibit individuals from using either their Health Savings Account (HSA) or their Flexible Spending Account (FSA) funds to purchase over-the-counter medication unless they have a prescription from their doctor. Allowing individuals the flexibility and freedom to use this benefit without the additional expense of an office visit to their physician has helped make these accounts so popular. Adding this requirement to these benefits is counterintuitive. The Patients Freedom to Choose Act repeals this provision.

Before PPACA, there was no federal cap on employer contributions to FSAs. Currently, the median limit on FSA benefits offered by employers is \$4,500. Federal employees can contribute up to \$5,000 to their FSAs and state employees in 46 states have FSA contribution limits set at \$3,000 or more. Unfortunately, starting in 2013, PPACA institutes a federal cap for all FSAs of \$2,500. Over 80% of all large employers that offer an FSA to their employees include a limit that is over this \$2,500 threshold. The Patients Freedom to Choose Act repeals this arbitrary cap by striking the \$2,500 restriction. It restores the choice of how much money to contribute to these accounts back to the patient, not the federal government.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.



**H.Res. 959 – Amending the Rules of the House of Representatives to prohibit the consideration of a regulation of individual activity disguised as a tax (Poe, R-TX)**

**Introduced:** December 9, 2009

**Summary:** This resolution challenges the authority of the federal government to require by law that Americans purchase health insurance, or any goods or services. The individual mandate and penalty for non-compliance is clearly beyond the scope of Article 1, Section 8, Clause 1 of the U.S. Constitution which gives Congress its authority to tax. The Constitution says Congress has the power to tax “to pay the Debts and provide for the common Defense and general Welfare of the United States.” It is a very slippery slope to allow Congress to expand this authority to the power to tax for the purpose of forcing American citizens to take a particular action which the Government wants them to take.” H. Res. 959 would amend clause 5 of rule XXI of the Rules of the House to state that it will be out of order for the House to consider a bill which uses Congress’ taxing power in this fashion. A similar amendment was introduced in the Senate during debate on the Health Care bill and it garnered 39 votes in favor.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.Res. 1063 – Expressing the sense of the House of Representatives that a mandate imposed by the Federal Government requiring individuals to purchase health insurance is unconstitutional (Sullivan, R-OK)**

**Introduced:** February 3, 2010

**Summary:** Nowhere in the Constitution is Congress given the power to mandate that an individual enter into a contract with a private party or purchase a good or service, and the Supreme Court has never validated a federal power as intrusive as forcing all Americans to purchase a service due to their very existence. This resolution expresses the sense of the House of Representatives that 1) “a mandate imposed by the Federal Government requiring individuals to purchase health insurance is unconstitutional”; 2) “the individual health insurance mandate should be removed from all pending national health care legislation in Congress”, and; 3) “all States should pass legislation protesting any Federal health insurance mandate requiring individuals to purchase Government-approved health insurance or pay a tax penalty.”

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

**H.Res. 1230 - Commending the efforts of State legislatures, Attorneys  
General, and citizens to resist the implementation of the Patient Protection  
and Affordable Care Act  
(Garrett, R-NJ)**

**Introduced:** March 25, 2010

**Summary:** Congress has never before considered, prior to the individual mandate within the Patient Protection and Affordable Care Act, legislation that would require citizens to purchase a private good. If Congress has this authority under the Constitution, there is virtually no limit to its power to micromanage the lives of our citizens. The legislatures of more than three-fourths of all the states, including those of Alabama, Alaska, Arkansas, Arizona, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin, have proposed legislation reaffirming their 10th Amendment right to rule and govern in areas not specifically delegated to the Federal Government by the Constitution.

Also, more than a dozen state Attorneys General, including those from Alabama, Florida, Idaho, Louisiana, Nebraska, North Dakota, Pennsylvania, South Carolina, Utah, Virginia, and Washington, have filed or announced their intention to file lawsuits challenging Congress' authority to force citizens to buy health insurance. This legislation commends the efforts of state legislatures, Attorneys General, and citizens to resist the unconstitutional implementation of the Patient Protection and Affordable Care Act. It also applauds these groups' endeavors to protect the rights and the interests of American citizens.

**Status:** Speaker Pelosi and the Democrat majority have not considered this bill in committee or on the House floor.

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