

114TH CONGRESS
1ST SESSION

S. _____

To preserve freedom and choice in health care.

IN THE SENATE OF THE UNITED STATES

Mr. JOHNSON introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To preserve freedom and choice in health care.

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 “Preserving Freedom
5 and Choice in Health Care Act”.

6 **SEC. 2. REPEALING THE INDIVIDUAL MANDATE.**

7 Sections 1501 and 1502 and subsections (a), (b), (c),
8 and (d) of section 10106 of the Patient Protection and
9 Affordable Care Act (and the amendments made by such
10 sections and subsections) are repealed and the Internal
11 Revenue Code of 1986 shall be applied and administered

1 as if such provisions and amendments had never been en-
2 acted.

3 **SEC. 3. REPEALING THE EMPLOYER MANDATE.**

4 Sections 1513 and 1514 and subsections (e), (f), and
5 (g) of section 10106 of the Patient Protection and Afford-
6 able Care Act (and the amendments made by such sections
7 and subsections) are repealed and the Internal Revenue
8 Code of 1986 shall be applied and administered as if such
9 provisions and amendments had never been enacted.

10 **SEC. 4. MODIFICATIONS TO PREMIUM ASSISTANCE CREDIT.**

11 (a) EXTENSION OF CREDIT FOR CERTAIN INDIVID-
12 UALS NOT ENROLLED THROUGH STATE EXCHANGES.—
13 Paragraph (3) of section 36B(b) of the Internal Revenue
14 Code of 1986 is amended by adding at the end the fol-
15 lowing new subparagraph:

16 “(F) SPECIAL RULE FOR INDIVIDUALS EN-
17 ROLLED THROUGH A FEDERAL EXCHANGE.—In
18 the case of any applicable taxpayer who is not
19 eligible for the credit allowed under subsection
20 (a) (determined without regard to this subpara-
21 graph) solely as a result of a determination by
22 the Supreme Court of the United States in the
23 case of *King v. Burwell* (2015), paragraph
24 (2)(A) shall be applied to months beginning be-
25 fore September 2017, by substituting ‘enrolled

1 in through an Exchange established under the
2 Patient Protection and Affordable Care Act’ for
3 ‘enrolled in through an Exchange established by
4 the State under 1311 of the Patient Protection
5 and Affordable Care Act’.”.

6 (b) DENIAL OF CREDIT FOR INDIVIDUALS NOT PRE-
7 VIOUSLY ENROLLED.—Subsection (b) of section 36B of
8 the Internal Revenue Code of 1986 is amended by adding
9 at the end the following new paragraph:

10 “(4) LIMITATION FOR INDIVIDUALS NOT PRE-
11 VIOUSLY ENROLLED.—The premium assistance cred-
12 it amount shall be zero with respect to any qualified
13 health plan unless such plan covers an individual de-
14 scribed in paragraph (2)(A) who was enrolled in a
15 qualified health plan through an Exchange estab-
16 lished under the Patient Protection and Affordable
17 Care Act before the date of the enactment of this
18 paragraph.”.

19 (c) EFFECTIVE DATE.—The amendments made by
20 this section shall apply to months beginning after Decem-
21 ber 31, 2013.

22 **SEC. 5. FREEDOM TO MAINTAIN EXISTING COVERAGE.**

23 (a) IN GENERAL.—Part 2 of subtitle C of title I of
24 the Patient Protection and Affordable Care Act (42

1 U.S.C. 18011 et seq.) is amended by striking section 1251
2 and inserting the following:

3 **“SEC. 1251. FREEDOM TO MAINTAIN EXISTING COVERAGE.**

4 “(a) NO CHANGES TO EXISTING COVERAGE.—

5 “(1) IN GENERAL.—Nothing in this Act (or an
6 amendment made by this Act) shall be construed to
7 require that an individual terminate coverage under
8 a group health plan or health insurance coverage in
9 which such individual was enrolled during any part
10 of the period beginning on the date of enactment of
11 this Act and ending on December 31, 2017.

12 “(2) CONTINUATION OF COVERAGE.—With re-
13 spect to a group health plan or health insurance cov-
14 erage in which an individual was enrolled during any
15 part of the period beginning on the date of enact-
16 ment of this Act and ending on December 31, 2017,
17 this subtitle and subtitle A (and the amendments
18 made by such subtitles) shall not apply to such plan
19 or coverage, regardless of whether the individual re-
20 news such coverage.

21 “(b) ALLOWANCE FOR FAMILY MEMBERS TO JOIN
22 CURRENT COVERAGE.—With respect to a group health
23 plan or health insurance coverage in which an individual
24 was enrolled during any part of the period beginning on
25 the date of enactment of this Act and ending on December

1 31, 2017, and which is renewed, family members of such
2 individual shall be permitted to enroll in such plan or cov-
3 erage if such enrollment is permitted under the terms of
4 the plan in effect as of such date of enrollment.

5 “(c) ALLOWANCE FOR NEW EMPLOYEES TO JOIN
6 CURRENT PLAN.—A group health plan that provides cov-
7 erage during any part of the period beginning on the date
8 of enactment of this Act and ending on December 31,
9 2017, may provide for the enrolling of new employees (and
10 their families) in such plan, and this subtitle and subtitle
11 A (and the amendments made by such subtitles) shall not
12 apply with respect to such plan and such new employees
13 (and their families).

14 “(d) EFFECT ON COLLECTIVE BARGAINING AGREE-
15 MENTS.—In the case of health insurance coverage main-
16 tained pursuant to one or more collective bargaining
17 agreements between employee representatives and one or
18 more employers that was ratified before December 31,
19 2017, the provisions of this subtitle and subtitle A (and
20 the amendments made by such subtitles) shall not apply
21 until the date on which the last of the collective bargaining
22 agreements relating to the coverage terminates. Any cov-
23 erage amendment made pursuant to a collective bar-
24 gaining agreement relating to the coverage which amends
25 the coverage solely to conform to any requirement added

1 by this subtitle or subtitle A (or amendments) shall not
2 be treated as a termination of such collective bargaining
3 agreement.

4 “(e) DEFINITION.—In this title, the term ‘grand-
5 fathered health plan’ means any group health plan or
6 health insurance coverage to which this section applies.”.

7 (b) EFFECTIVE DATE.—The amendment made by
8 subsection (a) shall take effect as if included in the Pa-
9 tient Protection and Affordable Care Act (Public Law
10 111–148).

11 **SEC. 6. ESSENTIAL HEALTH BENEFITS.**

12 (a) IN GENERAL.—Subsections (a) and (b) of section
13 1302 of the Patient Protection and Affordable Care Act
14 (42 U.S.C. 18022) are amended to read as follows:

15 “(a) ESSENTIAL HEALTH BENEFITS PACKAGE.—In
16 this title, the term ‘essential health benefits package’
17 means, with respect to any health plan, coverage that pro-
18 vide for benefits and cost sharing as required in the States
19 in which such plan is offered.

20 “(b) ESSENTIAL HEALTH BENEFITS.—Essential
21 health benefits shall be defined to include those required
22 by the State in which a health plan is offered.”.

23 (b) EFFECTIVE DATE.—The amendment made by
24 subsection (a) shall take effect as if included in the Pa-

1 tient Protection and Affordable Care Act (Public Law
2 111–148).