

HR 6019

Relief from Obamacare Mandate Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Taxation

Introduced: Sep 13, 2016

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Sep 19, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/6019>

Sponsor

Name: Rep. Young, Todd [R-IN-9]

Party: Republican • **State:** IN • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Ways and Means Committee	House	Referred to	Sep 19, 2016

Subjects & Policy Tags

Policy Area:

Taxation

Related Bills

Bill	Relationship	Last Action
114 S 3297	Identical bill	Sep 8, 2016: Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 619.
114 S 3251	Identical bill	Jul 14, 2016: Read twice and referred to the Committee on Finance.
114 HR 1547	Related bill	Apr 7, 2015: Referred to the Subcommittee on Health.
114 S 836	Related bill	Mar 23, 2015: Read twice and referred to the Committee on Finance.

Relief from Obamacare Mandate Act of 2016

This bill amends the Internal Revenue Code (IRC) to exempt individuals with certain premium increases from the requirement under the Patient Protection and Affordable Care Act (PPACA) to maintain minimum essential health coverage.

The exemption applies to any individual for any month during a year that the individual resides in a state in which the average premium for self-only or family coverage under the second lowest cost silver plans within the state has increased by more than 10% from the prior year.

The bill also requires the cost of annual deductibles to be taken into account in applying the exemption for individuals who cannot afford coverage.

The bill repeals provisions added to the IRC by PPACA that: (1) restrict payments from health savings accounts (HSAs), Archer medical savings accounts (MSAs), and health flexible spending and reimbursement arrangements for medications to prescription drugs and insulin only (thus allowing payments for over-the-counter medications); (2) impose a \$2,500 limitation on salary reduction contributions to a health flexible spending arrangement under a cafeteria plan; and (3) impose an additional tax on HSA and Archer MSA distributions not used for qualified medical expenses.

Actions Timeline

- **Sep 19, 2016:** Referred to the Subcommittee on Health.
- **Sep 13, 2016:** Introduced in House
- **Sep 13, 2016:** Referred to the House Committee on Ways and Means.