A BILL

To preserve freedom and choice in health care.

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 “Preserving Freedom
and Choice in Health Care Act”.

SEC. 2. REPEALING THE INDIVIDUAL MANDATE.

Sections 1501 and 1502 and subsections (a), (b), (c),
and (d) of section 10106 of the Patient Protection and
Affordable Care Act (and the amendments made by such
sections and subsections) are repealed and the Internal
Revenue Code of 1986 shall be applied and administered
as if such provisions and amendments had never been enacted.

SEC. 3. REPEALING THE EMPLOYER MANDATE.

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10106 of the Patient Protection and Affordable Care Act (and the amendments made by such sections and subsections) are repealed and the Internal Revenue Code of 1986 shall be applied and administered as if such provisions and amendments had never been enacted.

SEC. 4. MODIFICATIONS TO PREMIUM ASSISTANCE CREDIT.

(a) EXTENSION OF CREDIT FOR CERTAIN INDIVIDUALS NOT ENROLLED THROUGH STATE EXCHANGES.—Paragraph (3) of section 36B(b) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(F) SPECIAL RULE FOR INDIVIDUALS ENROLLED THROUGH A FEDERAL EXCHANGE.—In the case of any applicable taxpayer who is not eligible for the credit allowed under subsection (a) (determined without regard to this subparagraph) solely as a result of a determination by the Supreme Court of the United States in the case of King v. Burwell (2015), paragraph (2)(A) shall be applied to months beginning before September 2017, by substituting ‘enrolled
in through an Exchange established under the
Patient Protection and Affordable Care Act’ for
‘enrolled in through an Exchange established by
the State under 1311 of the Patient Protection
and Affordable Care Act’.”.

(b) Denial of Credit for Individuals Not Pre-
viously Enrolled.—Subsection (b) of section 36B of
the Internal Revenue Code of 1986 is amended by adding
at the end the following new paragraph:

“(4) Limitation for Individuals Not Pre-
viously Enrolled.—The premium assistance cred-
it amount shall be zero with respect to any qualified
health plan unless such plan covers an individual de-
scribed in paragraph (2)(A) who was enrolled in a
qualified health plan through an Exchange estab-
lished under the Patient Protection and Affordable
Care Act before the date of the enactment of this
paragraph.”.

(c) Effective Date.—The amendments made by
this section shall apply to months beginning after December
31, 2013.

SEC. 5. FREEDOM TO MAINTAIN EXISTING COVERAGE.

(a) In General.—Part 2 of subtitle C of title I of
the Patient Protection and Affordable Care Act (42
U.S.C. 18011 et seq.) is amended by striking section 1251 and inserting the following:

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

“(a) No Changes to Existing Coverage.—

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

“(2) Continuation of Coverage.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2017, this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply to such plan or coverage, regardless of whether the individual renews such coverage.

“(b) Allowance for Family Members To Join Current Coverage.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December
31, 2017, and which is renewed, family members of such
individual shall be permitted to enroll in such plan or cov-
erage if such enrollment is permitted under the terms of
the plan in effect as of such date of enrollment.

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

“(d) EFFECT ON COLLECTIVE BARGAINING AGRE-
EMENTS.—In the case of health insurance coverage main-
tained pursuant to one or more collective bargaining
agreements between employee representatives and one or
more employers that was ratified before December 31,
2017, the provisions of this subtitle and subtitle A (and
the amendments made by such subtitles) shall not apply
until the date on which the last of the collective bargaining
agreements relating to the coverage terminates. Any cov-
erage amendment made pursuant to a collective bar-
gaining agreement relating to the coverage which amends
the coverage solely to conform to any requirement added
by this subtitle or subtitle A (or amendments) shall not
be treated as a termination of such collective bargaining
agreement.

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

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

SEC. 6. ESSENTIAL HEALTH BENEFITS.

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

“(a) Essential Health Benefits Package.—In
this title, the term ‘essential health benefits package’
means, with respect to any health plan, coverage that pro-
vide for benefits and cost sharing as required in the States
in which such plan is offered.

“(b) Essential Health Benefits.—Essential
health benefits shall be defined to include those required
by the State in which a health plan is offered.”.

(b) Effective Date.—The amendment made by
subsection (a) shall take effect as if included in the Pa-
1 Patient Protection and Affordable Care Act (Public Law 2 111–148).