

# STEFANIK ON THE AFFORDABLE CARE ACT

## Highlights:

- Elise Stefanik voted multiple times to repeal the Affordable Care Act.
  - In 2019, Stefanik voted against representation for the House in the Texas Affordable Care Act case which overturned the entire act.
  - In 2017, Stefanik voted for a budget resolution designed to begin the process of repealing the Affordable Care Act.
  - In 2016, Stefanik voted to override President Obama's veto of a bill that repealed portions of the Affordable Care Act.
  - In 2016, Stefanik voted for a bill that repealed portions of the Affordable Care Act.
  - In 2015, Stefanik voted to repeal portions of the Affordable Care Act through a reconciliation bill.
  - In 2015, Stefanik voted to repeal the Affordable Care Act, as part of the FY 2016 conference report budget resolution.
  - In 2015, Stefanik voted for the FY 2016 budget resolution which called for repealing most of the Affordable Care Act.
  - In 2015, Stefanik voted for a bill repealing the Affordable Care Act and requiring congressional committees to come up with a replacement in no specified time.
  - Stefanik Voted twice against protecting The Affordable Care Act from constitutionality challenges from the department of justice.
- Elise Stefanik voted for the American Health Care Act
- Elise Stefanik took actions to make the Affordable Care Act less effective and accessible.
  - Stefanik voted against auto-enrollment for the Affordable Care Act.
  - Stefanik voted against Affordable Care Act expansion through health insurance and Medicaid.
  - Stefanik voted against the MORE Health Education Act which revoked a Trump Era rule that targeted pre-existing conditions under the Affordable Care Act.
  - Stefanik voted twice against legislation that promoted the Affordable Care Act.
  - Stefanik voted to remove the individual mandate which increased insurance coverage.
  - Stefanik voted to remove some employees from Affordable Care Act coverage through the employer mandate.
  - Stefanik voted to cut funding for a navigator program that helped consumers navigate the Affordable Care Act Health Place Market.
  - Stefanik voted against extending federal tax subsidies to prevent Affordable Care Act health insurance premium increases.
  - Stefanik voted several times to delay a health insurance tax fee applied to the health industry through the Affordable Care Act.
- Elise Stefanik took steps that would cut funding for the Affordable Care Act.
  - Stefanik voted to delay and repeal the Affordable Care Act Cadillac Tax which would eliminate funding for the Act.

## Stefanik Voted Multiple Times To Repeal The Affordable Care Act

### **2019: STEFANIK VOTED AGAINST A RESOLUTION WHICH WOULD HAVE DIRECTED THE GENERAL COUNSEL OF THE HOUSE TO REPRESENT THE AFFORDABLE CARE ACT IN COURT**

**2019: Stefanik Voted Against Directing The Office Of The General Counsel Of The House To Represent The House In A Texas Case Which Overturned The Entire Affordable Care Act.** In January 2019, Stefanik voted against rules for the 116th Congress. According to Congressional Quarterly, "Adoption of the resolution that would establish the rules of the House for the 116th Congress. Title III of the resolution would authorize the speaker, on behalf of the House of Representatives, to intervene in the Texas court case that found the 2010 healthcare law unconstitutional and other cases

related to the law. It would also direct the Office of General Counsel to represent the House in any such litigation.” The House passed the resolution by a vote of 235 to 192. [House Vote 19, [1/9/19](#); Congressional Quarterly, [1/9/19](#); Congressional Actions, [H. Res. 6](#)]

- **A Federal Judge Overturned The Entire Affordable Care Act Due To The 2017 Tax Law.** According to Congressional Quarterly, “The House adopted on Wednesday, 235-192, a resolution to intervene in a lawsuit challenging the 2010 health care law, although Democrats already filed a motion last week to do just that. The resolution (H Res 6) would allow lawyers for the House to join a coalition of Democratic state attorneys general in defending the health care law (PL 111-148, PL 111-152) in a lawsuit brought by Texas and other conservative state officials. The Democrats are essentially repeating action they took last week in an effort to emphasize their support of the pre-existing condition protections in the health law. Wednesday’s vote on Title III of the resolution, the House Democrats’ rules package for this Congress, follows votes last week to approve the other parts of the rules package. The third section of the rules package is similar to another resolution (H Res 14) by freshman Rep. Colin Allred, D-Texas. Another part of the resolution, which the House adopted last week, authorized the House general counsel to file to become a party in the case. The vote Wednesday on the third section, which includes additional justification for why the House should intervene and background on the case, offers Democrats another chance to put Republicans on record voting against the popular pre-existing condition protections. The Trump administration declined to defend those protections. A federal judge ruled in favor of the conservative states last month, saying the law should fall after Republicans acted in 2017 to end the penalty for not having insurance coverage. California Attorney General Xavier Becerra filed an appeal to the Fifth Circuit Court of Appeals last week.” [Congressional Quarterly, [1/9/19](#)]

## **2017: STEFANIK VOTED FOR A BUDGET RESOLUTION DESIGNED TO BEGIN THE PROCESS OF REPEALING THE AFFORDABLE CARE ACT**

**2017: Stefanik Voted For A Budget Resolution Designed To Begin The Process Of Repealing The Affordable Care Act.** In January 2017, Stefanik voted for a budget resolution designed to begin reconciliation instructions to repeal the Affordable Care Act. According to Congressional Quarterly, “the proposed 10-year spending framework culminates in a \$1 trillion annual deficit and adds about \$9 trillion to the national debt.” The vote was on passage. The House passed the budget resolution by a vote of 227 to 198. The Senate had already passed the resolution. [House Vote 58, [1/13/17](#); Congressional Quarterly, [1/4/17](#); Congressional Actions, [S. Con. Res. 3](#)]

## **2016: STEFANIK VOTED TO OVERRIDE PRESIDENT OBAMA’S VETO OF A BILL THAT REPEALED PORTIONS OF THE AFFORDABLE CARE ACT**

**2016: Stefanik Voted To Override President Obama’s Veto Of A Bill That Repealed Portions Of The Affordable Care Act.** In February 2016, Stefanik voted to override President Obama’s veto of a bill that according to Congressional Quarterly, would have “scrap[ed] in 2018 the law’s Medicaid expansion, as well as subsidies to help individuals buy coverage through the insurance exchanges.” Additionally, according to Congressional Quarterly the bill would have “repeal[ed] portions of the 2010 health care law and block[ed] federal funding for Planned Parenthood for one year. As amended, the bill would zero-out the law’s penalties for noncompliance with the law’s requirements for most individuals to obtain health coverage and employers to offer health insurance.” The vote was on a veto override, which required a two-thirds majority in both the Senate and the House, which was 285 in the House. The House rejected the veto override by a vote of 241 to 186. [House Vote 53, [2/2/16](#); Congressional Quarterly, [12/3/15](#); Real Clear Politics, [12/4/15](#); Congressional Quarterly, [2/2/16](#); NBC News, [1/8/15](#); Congressional Actions, [H.R. 3762](#)]

## **2016: STEFANIK VOTED FOR A BILL THAT REPEALED PORTIONS OF THE AFFORDABLE CARE ACT**

**2016: Stefanik Voted For A Bill That Repealed Portions Of The Affordable Care Act.** In January 2016, Stefanik voted for a bill that according to Congressional Quarterly, would have “scrap[ed] in 2018 the law’s Medicaid expansion, as well as subsidies to help individuals buy coverage through the insurance exchanges.” Additionally, according to Congressional Quarterly the bill would have “repeal[ed] portions of the 2010 health care law and block[ed] federal funding for Planned Parenthood for one year. As amended, the bill would zero-out the law’s penalties for noncompliance with the law’s requirements for most individuals to obtain health coverage and employers to offer health insurance.” The vote was on a motion to concur with the Senate amendment which indicated final passage. The House approved the bill by a vote of 240 to 181. The Senate had already passed the measure. President Obama vetoed the legislation, which the House failed to override.

[House Vote 6, [1/8/16](#); Congressional Quarterly, [12/3/15](#); Real Clear Politics, [12/4/15](#); NBC News, [1/8/15](#); Congressional Actions, [H.R. 3762](#)]

## **2015: STEFANIK VOTED TO REPEAL PORTIONS OF THE AFFORDABLE CARE ACT THROUGH A RECONCILIATION BILL**

**2015: Stefanik Voted To Repeal Portions Of The Affordable Care Act Through A Reconciliation Bill.** In October 2015, Stefanik voted to repeal portions of the Affordable Care Act through a reconciliation bill. According to Congressional Quarterly, the reconciliation bill would have “repeal[ed] portions of the 2010 health care law, including: the requirements for most individuals to have health insurance and employers with more than 50 employees to offer it or face penalties, the 2.3 percent tax on the sale of medical devices, the tax on certain high-value employer-sponsored health insurance plans, and the Prevention and Public Health Fund. The measure also would block, for one year, federal funding for Planned Parenthood and would increase funding for community health centers by \$235 million in both fiscal 2016 and 2017.” The vote was on passage. The House passed the bill by a vote of 240 to 189. The Senate later passed a different version of the legislation, which the president vetoed, which failed to be overridden in the House. [House Vote 568, [10/23/15](#); Congressional Quarterly, [10/23/15](#); Congressional Actions, [H.R. 3762](#)]

## **2015: STEFANIK VOTED TO REPEAL THE AFFORDABLE CARE ACT, AS PART OF THE FY 2016 CONFERENCE REPORT BUDGET RESOLUTION**

**2015: Stefanik Voted To Repeal The Affordable Care Act, As Part Of The FY 2016 Conference Report Budget Resolution.** In April 2015, Stefanik voted to repeal the Affordable Care Act as part of the FY 2016 Conference Report budget resolution. According to Congressional Quarterly, “Adoption of the conference report on the concurrent resolution that would reduce spending by \$5.3 trillion over the next 10 years, including \$2 trillion in reductions from repeal of the 2010 health care overhaul.” The vote was on the Conference Report; the Conference Report passed by a vote of 226 to 197. The Senate also passed the budget resolution. [House Vote 183, [4/30/15](#); Congressional Quarterly, [5/5/15](#); Congressional Actions, [S. Con. Res. 11](#)]

- **The Budget Included Reconciliation Language To Repeal The Affordable Care Act.** According to Congressional Quarterly, “The budget contains reconciliation instructions directing the committees with jurisdiction over taxes and health care to draw up legislation to repeal the health care law and deliver their recommendations to the Budget committees by July 24.” [Congressional Quarterly, [5/5/15](#)]
- **Center For Budget And Policy Priorities: The FY 2016 Conference Report Budget Would Have Eliminated Health Coverage For Millions Of Americans.** According to the Center for Budget and Policy Priorities, “The House-passed budget agreement that the Senate will consider next week would repeal health reform and cut Medicaid over the coming decade by roughly half a trillion dollars on top, making tens of millions more Americans uninsured.” [Center for Budget and Policy Priorities, [5/1/15](#)]

## **2015: STEFANIK VOTED FOR THE FY 2016 BUDGET RESOLUTION WHICH CALLED FOR REPEALING MOST OF THE AFFORDABLE CARE ACT**

**2015: Stefanik Voted For The FY 2016 Budget Resolution Which Called For Repealing Most Of The Affordable Care Act.** In March 2015, Stefanik voted for the FY 2016 budget resolution which called for repealing most of the Affordable Care Act. According to Congressional Quarterly, the resolution, “assumes [...] that the 2010 health care overhaul is repealed — including its expansion of Medicaid to cover more Americans under the program.” In addition, also according to Congressional Quarterly, the budget resolution calls for the “repeal the Independent Payment Advisory Board. [...] In repealing the health care law, however, the budget assumes that the reductions made to Medicare by that law would not be repealed; instead, those savings and others would be retained, with the budget calling for them to be used to shore up Medicare rather than ‘paying for new entitlements.’” The vote was on the budget resolution. The House passed the resolution 228 to 199. The budget resolution died in the Senate, but a similar concurrent resolution did pass both Houses. [House Vote 142, [3/25/15](#); Congressional Quarterly, [3/23/15](#); Congressional Actions, [S. Con. Res. 11](#); Congressional Actions, [H. Con. Res. 27](#)]

**2015: Stefanik Voted For A FY 2016 Budget Resolution Which Called For Repealing Most Of The Affordable Care Act.** In March 2015, Stefanik voted for a FY 2016 Budget Resolution which called for repealing most of the Affordable Care Act. According to Congressional Quarterly, the resolution, “assumes [...] that the 2010 health care overhaul is repealed — including its expansion of Medicaid to cover more Americans under the program.” In addition, also according to Congressional Quarterly, the budget resolution calls for the “repeal the Independent Payment Advisory Board. [...] In repealing the health care law, however, the budget assumes that the reductions made to Medicare by that law would not be repealed; instead, those savings and others would be retained, with the budget calling for them to be used to shore up Medicare rather than ‘paying for new entitlements.’” The vote was on adopting the substitute amendment. The House passed the amendment 219 to 208 and later passed the budget resolution. The budget resolution died in the Senate, but a similar concurrent resolution did pass both Houses. [House Vote 141, [3/25/15](#); Congressional Quarterly, [3/23/15](#); Congressional Actions, [S. Con. Res. 11](#); Congressional Actions, [H. Amdt. 86](#); Congressional Actions, [H. Con. Res. 27](#)]

## **2015: STEFANIK VOTED FOR A BILL REPEALING THE AFFORDABLE CARE ACT AND REQUIRING CONGRESSIONAL COMMITTEES TO COME UP WITH A REPLACEMENT IN NO SPECIFIED TIME**

**2015: Stefanik Voted For A Bill Repealing The Affordable Care Act And Requiring Congressional Committees To Come Up With A Replacement In No Specified Time.** In February 2015, Stefanik voted for a bill repealing the Affordable Care Act and directing four Congressional Committees to come up with a replacement, without specifying when this must be done. According to Congressional Quarterly, “this bill repeals the 2010 health care overhaul [...] and requires House committees to report legislation to replace the health care law. Under the measure, the repeal would be effective 180 days after enactment (rather than retroactively repealed to a date in 2010, as in the introduced version), and it provides that the provisions of law that were amended or repealed by the health care overhaul would be restored or revived as if the overhaul had not been enacted. [...] The bill requires four House committees to report legislation within each of their jurisdictions to replace the 2010 health care overhaul: Education and the Workforce, Energy and Commerce, Judiciary, and Ways and Means. It does not, however, specify a time frame or deadline for those committees to act.” The vote was on passage. The House passed the bill 239 to 186. The Senate took no substantive action on the legislation. [House Vote 58, [2/3/15](#); Congressional Quarterly, [1/30/15](#); Congressional Quarterly, [Accessed 10/1/15](#); Congressional Actions, [H.R. 596](#)]

## **STEFANIK VOTED TWICE AGAINST PROTECTING THE AFFORDABLE CARE ACT FROM CONSTITUTIONALITY CHALLENGES FROM THE DEPARTMENT OF JUSTICE**

**2020: Stefanik Voted Against An Amendment That Prevented The Justice Department From Bringing Suit Against The Affordable Care Act.** In July 2020, Stefanik voted against an amendment to the FY 2021 six-bill appropriations package that would, according to Congressional Quarterly, “prohibit the use of funds provided by the bill for the Justice Department to argue in any litigation that the provisions of the 2010 health care law and certain related provisions are unconstitutional or invalid on any grounds.” The vote was on adoption. The House adopted the amendment by a vote of 234-181. [House Vote 175, [7/30/20](#); Congressional Quarterly, [7/30/20](#); Congressional Quarterly, [H.Amdt.865](#); Congressional Actions, [H.R.7617](#)]

**2019: Stefanik Voted Against Prohibiting The Justice Department To Challenge The Constitutionality Of The Affordable Care Act.** In June 2019, Stefanik voted against an amendment that would, according to Congressional Quarterly, “prohibit the use of funds provided by the bill for the Justice Department to argue that the Patient Protection and Affordable Care Act is unconstitutional or invalid in any litigation to which the U.S. is a party.” The vote was on adoption. The House adopted the amendment by a vote of 238-194. [House Vote 374, [6/20/19](#); Congressional Quarterly, [6/18/19](#); Congressional Actions, [H.Amdt.424](#); Congressional Actions, [H.R.3055](#)]

## **Stefanik Voted For The American Health Care Act**

### **STEFANIK VOTED FOR THE AMERICAN HEALTH CARE ACT, WHICH REPEALED PARTS OF THE AFFORDABLE CARE ACT**

**2017: Stefanik Voted For The American Health Care Act, Which Repealed Parts Of The Affordable Care Act.** In May 2017, Stefanik voted for the American Health Care Act which would have significantly repealed portions of the Affordable Care Act by cutting Medicaid, cutting taxes on the rich, removing safeguard for pre-existing conditions and defunding Planned Parenthood. The overall legislation would have in part, also according to Congressional Quarterly, “ma[d]e extensive changes

to the 2010 health care overhaul law, by effectively repealing the individual and employer mandates as well as most of the taxes that finance the current system. It would [have], in 2020, convert[ed] Medicaid into a capped entitlement that would provide[d] fixed federal payments to states and end[ed] additional federal funding for the 2010 law's joint federal-state Medicaid expansion. It would prohibit federal funding to any entity, such as Planned Parenthood, that performs abortions and receives more than \$350 million a year in Medicaid funds. [...] It would [have] allow[ed] states to receive waivers to exempt insurers from having to provide certain minimum benefits." The vote was on passage. The House passed the bill by a vote of 217 to 213. The bill, in modified forms, died in the Senate. [House Vote 256, [5/4/17](#); Congressional Quarterly, [5/4/17](#); Kaiser Family Foundation, [5/17](#); Congressional Actions, [H.R. 1628](#)]

### **The American Health Care Act Would Have Resulted In 23 Million Fewer Americans With Health Insurance By 2026 By Repealing Parts Of The Affordable Care Act**

**The Legislation Would Have Resulted In 14 Million Additional Uninsured Americans In 2018, Rising To 23 Million In 2026.** According to the New York Times, "A bill to dismantle the Affordable Care Act that narrowly passed the House this month would leave 14 million more people uninsured next year than under President Barack Obama's health law — and 23 million more in 2026, the Congressional Budget Office said Wednesday. Some of the nation's sickest would pay much more for health care. Under the House bill, the number of uninsured would be slightly lower, but deficits would be somewhat higher, than the budget office estimated before Republican leaders made a series of changes to win enough votes for passage. Beneath the headline-grabbing numbers, those legislative tweaks would bring huge changes to the American health care system." [New York Times, [5/24/17](#)]

**The Legislation Replaced The Individual Mandate With A Potential 12-Month 30% Premium Surcharge For Those Who Were Without Coverage For Longer Than 63 Days.** According to Vox, "Unlike Obamacare, the AHCA does not mandate that all Americans be covered by health insurance or pay a fee. It repeals the individual mandate, which was one of Obamacare's least popular provisions. Instead, it has a different way of penalizing people who decide to remain uninsured: requiring those who don't maintain 'continuous coverage' to pay a hefty fine when they want to reenter the insurance market. This continuous coverage policy has shown up a lot in Republican replacement plans. It was part of Speaker Ryan's A Better Way proposal and Rep. Tom Price's Empowering Patients First Act. Here's how it works: If a worker goes straight from insurance at work to her own policy, her insurer has to charge her a standard rate — it can't take the cost of her condition into account. But if said worker had a lapse in coverage longer than 63 days — perhaps she couldn't afford a new plan between jobs — and went to the individual market later, insurers could charge her a 30 percent premium surcharge. She would need to pay that higher premium for a full year before returning to the standard rate." [Vox, [5/4/17](#)]

### **The American Health Care Act Would Have Cut Taxes By Billions, Mostly For The Wealthiest Americans**

**The Legislation Would Have Cut Taxes By \$662 Billion, Mostly For The Wealthy.** According to Vox, "The House bill would also cut taxes by \$662 billion over the next decade, according to a separate analysis released Wednesday by the Joint Committee on Taxation, mostly by repealing Obamacare taxes on the wealthy and health care industries." [Vox, [5/24/17](#)]

### **The American Health Care Act Would Have Repealed A Limitation On How Much Insurance Companies Could Have Deducted Executive Pay As A Business Expense**

**The Legislation Would Have Repealed A Limitation On How Much Insurance Companies Can Deduct Executive Pay As A Business Expense.** According to CNBC, "The proposed tax break, buried in cryptic language in the Republican plan, would allow health insurers to more fully deduct the value of their executives' compensation on their taxes. That compensation can be as high as tens of millions of dollars, in the case of CEOs of insurers. Those deductions currently are sharply limited by the Affordable Care Act, which caps at a maximum of \$500,000 the amount of an individual executive's compensation that an insurer could deduct as a business expense. The cap applies to any executive, not just to CEOs." [CNBC, [3/8/17](#)]

### **STEFANIK WAS CRITICIZED BY HER CONSTITUENTS FOR HER VOTE FOR THE AMERICAN HEALTH CARE ACT**

**Stefanik's Constituents Criticized Her Vote For The American Health Care Act.** According to Politico, "Rep. Elise Stefanik received an earful Monday from constituents in the 21st Congressional District who questioned her vote to repeal and

replace Obamacare. During a televised discussion with roughly 100 constituents at Mountain Lakes PBS in Plattsburgh, several people criticized Stefanik for voting to cut more than \$800 billion from the Medicaid program. [...] The crowd was relatively respectful, occasionally booing or giggling at one of Stefanik's responses. There was none of the hostility that has characterized other town halls around the country. Instead, the tone was one of bewilderment as constituents told Stefanik about how they or a family member gained insurance coverage through the Affordable Care Act, and how they feared what might happen if the law were repealed without an adequate replacement." [Politico, [5/8/17](#)]

### **Stefanik Defended Her Vote**

**Stefanik Said That The American Health Care Act Provided More Choices And Better Options As She Defended Her Herself To The Constituents.** According to Politico, "Stefanik insisted the measure would provide states with greater flexibility. The congresswoman gamely stuck to her talking points, insisting that the American Health Care Act provided more choices and better options. 'I think we deserve better health care,' the North Country Republican said, noting that there are 'price increases on the [health] exchange' and that insurers are leaving the marketplace." [Politico, [5/8/17](#)]

## **Stefanik Took Actions To Make The Affordable Care Act Less Effective And Accessible**

### **STEFANIK VOTED AGAINST AUTO-ENROLLMENT FOR THE AFFORDABLE CARE ACT**

**2015: Stefanik Voted To Repeal The Auto-Enrollment Mandate From The Affordable Care Act As Part Of The Bipartisan Budget Act Of 2015.** In October 2015, Stefanik voted to repeal the Affordable Care Act's auto-enrollment mandate. According to Congressional Quarterly, "The bill repeals the requirement in the health care overhaul (PL 111-148; PL 111-152) that employers with 200 or more full-time employees automatically enroll new full-time employees into employer-sponsored health care coverage and continue that coverage, unless the employee opts out within 90 days. [...] CBO estimates that repeal would reduce deficits by \$7.9 billion over 10 years, increasing revenues by \$12.2 billion while spending increases by \$4.3 billion." The measure was part of the Bipartisan Budget Act of 2015, which also "would suspend the debt limit until March 15, 2017 and increase[d] the discretionary spending cap for fiscal 2016 by \$50 billion and for fiscal 2017 by \$30 billion, with the increases split equally between defense and non-defense spending" among other provisions." The vote was on a motion to concur in the Senate amendment with an amendment. The House agreed to the motion by a vote of 266 to 167. The Senate later passed the bill and the president later signed it into law. [House Vote 579, [10/30/15](#); Congressional Quarterly, [10/30/15](#); Congressional Quarterly, [10/27/15](#); Congressional Actions, [H.R. 1314](#)]

### **STEFANIK VOTED AGAINST AFFORDABLE CARE ACT EXPANSION THROUGH HEALTH INSURANCE AND MEDICAID**

**2020: Stefanik Voted Against Strengthening The Affordable Care Act By Expanding Access To Health Insurance And Medicaid.** In June 2020, Stefanik voted against the Patient Protection and Affordable Care Enhancement Act that would, according to Congressional Quarterly, "include a number of provisions to expand enrollment in and reduce consumer costs for state- and federally-operated Affordable Care Act health insurance marketplaces; incentivize Medicaid expansion by states; and authorize maximum price negotiations for prescription drugs under Medicare. Title I of the bill would expand eligibility for federal tax subsidies toward insurance premiums and increase the percentage of premiums such subsidies would cover. It would provide \$10 billion annually beginning in fiscal 2022 to help states lower costs of ACA plans, including to provide reinsurance payments to health insurance issuers and subsidies to individuals. It would provide \$200 million for grants to states to establish and operate state-based ACA health insurance marketplaces; \$100 million annually for Health and Human Services Department consumer outreach related to ACA marketplace plans; \$100 million annually for the HHS "navigator" program, which helps individuals enroll in qualified plans; and \$200 million annually through fiscal 2024 for grants to states to encourage plan enrollment. It would also prohibit implementation of August 2018 regulations related to health insurance plans that are not required to meet ACA patient protection requirements, including short-term, limited-duration plans. Title II of the bill would provide for full federal reimbursement of state Medicaid expansion costs for new enrollees for three years, then gradually decrease the federal medical assistance cost-share to 90% for those enrollees." The vote was on passage. The House passed the bill by a vote of 234-179. [House Vote 124, [6/29/20](#); Congressional Quarterly, [6/29/20](#); Congressional Actions, [H.R.1425](#)]

- **The Bill Would Have Expanded Affordable Care Act Eligibility and Incentivized States To Expand Medicaid.** According to Congressional Quarterly, “The bill would make more people eligible for federal financial assistance to purchase health insurance, incentivize states to expand Medicaid eligibility and allow Medicare to negotiate drug prices. It is not expected to be taken up in the Republican-controlled Senate.” [Congressional Quarterly, [6/29/20](#)]

## **STEFANIK VOTED AGAINST THE MORE HEALTH EDUCATION ACT**

**2019: Stefanik Voted Against The MORE Health Education Act** In May 2019, Stefanik voted against the MORE Health Education Act. According to Congressional Quarterly, “[t]his bill includes a number of provisions intended to lower the price of prescription drugs by helping to bring generic and biosimilar drugs to market more quickly, and it seeks to bolster enrollment in Affordable Care Act marketplaces by restoring funding to promote ACA health plans and help individuals find affordable plans while also providing funding for states to establish their own state-operated health insurance marketplaces (rather than relying on the existing federal marketplace). In addition, it revokes a Trump administration rule that expands the availability of short-term health plans that don’t have to comply with ACA consumer protections, such as protections for individuals with preexisting conditions.” The vote was on passage. The House passed the bill by a vote of 234 to 183. [House Vote 214, [5/16/19](#); Congressional Quarterly, [5/10/19](#); Congressional Actions, [H.R. 987](#)]

### **The Legislation Would Have Protected Against Short-Term Insurance Plans That Did Not Have To Comply With ACA Requirements On Things Like Protections For People With Pre-Existing Conditions**

**The Legislation Would Have Protected Against Short-Term Insurance Plans That Did Not Have To Comply With Affordable Care Act Requirements, Such As Protections For People With Pre-Existing Conditions.** According to Congressional Quarterly, “The bill prohibits the Health and Human Services, Treasury and Labor departments from taking any action to implement, enforce or otherwise give effect to the regulation entitled ‘Short-Term, Limited Duration Insurance’ that was issued by the Centers for Medicare and Medicaid on August 1, 2018, and it prohibits the departments from developing any substantially similar rule. Short-term, limited duration insurance plans are outside the ACA and do not have to comply with the ACA’s patient protection requirements. Consequently, insurers selling such plans may charge higher premiums based on health status or other factors such as gender or age, may exclude coverage for preexisting conditions and for other categories of benefits such as prescription drugs, and may impose annual or lifetime limits on benefits. Such plans traditionally have been considered emergency health insurance intended to provide coverage for periods when an individual might be between jobs or recently unemployed. The Obama administration in 2016 issued a rule that limited the duration of such plans to three months, but the Trump administration’s August 2018 rule allows that insurance to be effective for almost one year — with such coverage eligible to be extended for up to 3 years total.” [Congressional Quarterly, [5/10/19](#)]

### **The Legislation Would Have Promoted ACA Plans And Allowed States Funds To Create Their Own Exchanges**

**The Legislation Was Designed To Promote Affordable Care Act Plans, And Fund States To Create Their Own State-Based Affordable Care Act Exchanges.** According to Congressional Quarterly, “This bill includes a number of provisions intended to lower the price of prescription drugs by helping to bring generic and biosimilar drugs to market more quickly, and it seeks to bolster enrollment in Affordable Care Act marketplaces by restoring funding to promote ACA health plans and help individuals find affordable plans while also providing funding for states to establish their own state-operated health insurance marketplaces (rather than relying on the existing federal marketplace). In addition, it revokes a Trump administration rule that expands the availability of short-term health plans that don’t have to comply with ACA consumer protections, such as protections for individuals with preexisting conditions.” [House Vote 214, [5/16/19](#); Congressional Quarterly, [5/10/19](#); Congressional Actions, [H.R. 987](#)]

- **The Trump Administration Has Significantly Cut Funding For Affordable Care Act Navigators – Individuals Who Would Help People Find Affordable Care Act Coverage; The Legislation Appropriated \$100 Million Per Year For Navigators.** According to Congressional Quarterly, “Starting in 2017, as part of an effort to dismantle and replace the ACA, the Trump administration reduced funding for the navigators and shortened the amount of time the health insurance exchanges were open for annual enrollment and re-enrollment. The administration also reduced advertising of the open enrollment period. That funding was further reduced in 2018, with \$10 million being provided for navigators (versus \$63 million in 2016) and \$10 million for public education and outreach (versus \$100 million in 2016). The bill provides \$100 million per year for the ACA navigator program, starting FY 2020 (with the funds to be obligated

from amounts collected through the user fees from participating health insurance providers), and it appropriates \$100 million a year for consumer outreach and education activities.” [Congressional Quarterly, [5/10/19](#)]

- **Funding For States To Set Up Their Own ACA Exchanges Expired In 2014, While The Legislation Would Give Grants Through 2022.** According to Congressional Quarterly, “The bill appropriates \$200 million to allow states to establish their own state-based health insurance exchanges (prior federal funding under the ACA for states to establish their own exchanges ended after 2014). The funding would be provided to states in the form of grants for a period of two years; grants could not be renewed, and no grant could be awarded after Dec. 31, 2022. Grants can only be made to states that do not yet have a state-based exchange, and states must ensure that exchanges are self-sustaining starting Jan. 1, 2024. State-based exchanges could charge assessments or user fees to participating health insurance issuers (currently, health insurers offering plans through an exchange are charged a user fee of 3% on state exchanges and 3.5% on the federal exchange).” [Congressional Quarterly, [5/10/19](#)]

## **2019: STEFANIK VOTED AGAINST RESTORING FUNDING FOR AFFORDABLE CARE ACT MARKETPLACE PROMOTION AND FUNDING FOR STATES TO CREATE STATE-BASED EXCHANGES**

**2019: Stefanik Voted Against Restoring Funding For Affordable Care Act Marketplace Promotion And Funding For States To Create State-Based Exchanges.** In May 2019, Stefanik voted for an amendment that would have, according to Congressional Quarterly, “remove[d] from the bill Title II, which contains several provisions that would facilitate enrollment in and support Affordable Care Act health insurance marketplaces.” Also according to Congressional Quarterly, “[t]he bill includes a number of provisions that seek to bolster enrollment in Affordable Care Act marketplaces by restoring funding to promote ACA health plans and help individuals find affordable health care plans, while also providing funding for states to establish their own state-operated health insurance marketplaces (rather than relying on the existing federal marketplace). It also revokes a Trump administration rule that expands the availability of short-term health plans that don’t have to comply with ACA consumer protections, such as protections for individuals with preexisting conditions. Increasing the number of individuals who purchase ACA-compliant plans through the ACA’s state exchanges would broaden the insurance risk pool and help reduce the cost of ACA health insurance.” The underlying legislation included provisions designed to lower prescription drugs and shored up the ACA. The vote was on the amendment. The House rejected the amendment by a vote of 189 to 230. [House Vote 210, [5/16/19](#); Congressional Quarterly, [5/16/19](#); Congressional Quarterly, [5/10/19](#); Congressional Actions, [H. Amdt. 221](#); Congressional Actions, [H.R. 987](#)]

## **STEFANIK VOTED TO REMOVE SOME EMPLOYEES FROM AFFORDABLE CARE ACT COVERAGE THROUGH THE EMPLOYER MANDATE**

**2015: Stefanik Voted For Modifying The Definition Of A Full-Time Worker Defined In The Affordable Care Act From 30 To 40 Hours Per Week.** In January 2015, Stefanik voted for modifying the so-called “employer-mandate” from the Affordable Care Act from full time work defined as 30 to 40 hours worked per week. According to Congressional Quarterly, “This bill modifies the definition of who is a full-time employee for purposes of the employer mandate in the 2010 health care law, repealing the 30-hour-a-week threshold and replacing it with 40 hours a week. Consequently, only employees who work an average of 40 hours a week would be considered full-time workers and count toward the 50-employee threshold that triggers the requirement under the 2010 law (PL 111-148; PL 111-152) that businesses offer affordable health coverage to their employees or pay a tax penalty.” The vote was on passage. The House passed the bill 252 to 172. The Senate took no substantive action on the legislation. [House Vote 14, [1/8/15](#); Congressional Quarterly, [Accessed 9/29/15](#); Congressional Quarterly, [1/5/15](#); Congressional Actions, [H.R. 30](#)]

- **Bill Would Have Resulted In 1 Million Fewer People Receiving Health Insurance From Employment, Increase Of Nearly 500,000 Uninsured.** According to Congressional Quarterly, “CBO and JCT have estimated that similar bills would result in 1 million fewer people receiving health coverage from their employer; between 500,000 and 1 million people having to move to Medicaid, the Children’s Health Insurance Program or the health insurance exchanges to get health coverage; and almost 500,000 becoming uninsured.” [Congressional Quarterly, [1/5/15](#)]

## **Stefanik Voted To Limit Some Veterans Labeled As Employees Needed To Trigger The Affordable Care Act Employer Mandate**



**2015: Stefanik Voted For Exempting Veterans Who Already Receive Health Insurance Through The VA From Being Counted Toward The Number Of Employees That Triggers The Affordable Care Act's Employer Mandate.** In July 2015, Stefanik voted for the Hire More Heroes Act as part of a larger bill that included a 3-month extension of surface transportation funding. According to Congressional Quarterly, the bill included a measure that would have “allow[ed] the Veterans Affairs Department (VA) to use \$3.4 billion from the Veterans Choice Fund to pay for care provided - from May 1 to Oct. 1, 2015 - to veteran patients by non-VA providers under VA Care in the Community programs. It also would exempt veterans who already receive health insurance through the VA or reservists covered under Tricare from being counted toward the number of employees that triggers the employer mandate under the 2010 health care overhaul.” Also according to Congressional Quarterly, the bill [...] would extend the authorization for federal-aid highway and transit programs through Oct. 29, 2015. Authority to spend money from the Highway Trust Fund would also be extended through that date. The bill would transfer \$8.1 billion from the Treasury to replenish the Highway Trust Fund and cover projected shortfalls so that construction projects could continue to be fully funded during that time (the amount transferred would cover projected trust fund shortfalls through the end of the year).” The vote was on passage of the bill. The House passed the bill by a vote of 385 to 34. The Senate later passed the bill and it was later signed by the President on 7/31/15. [House Vote 486, [7/29/15](#); Congressional Quarterly, [7/30/15](#); Congressional Quarterly, [Accessed 8/25/15](#); Congressional Actions, [H.R. 3236](#)]

## **STEFANIK VOTED TO CUT FUNDING FOR A NAVIGATOR PROGRAM THAT HELPED CONSUMERS NAVIGATE THE AFFORDABLE CARE ACT HEALTH PLACE MARKET**

**2019: Stefanik Voted For An Amendment To The FY 2020 Minibus That Would Have Cut Funding To Health Insurance Navigators To Help Eligible Consumers Look For Plans That Suit Them.** In June 2019, Stefanik voted for a bill that would, according to Congressional Quarterly, “strike from the bill the requirement that the Health and Human Services secretary obligate \$100 million in fiscal 2020 for a health insurance marketplace navigator program, including specified obligation for advertising.” The vote was on adoption of the amendment. The House rejected the amendment by a vote of 186-237. [House Vote 284, [6/13/19](#); Congressional Quarterly, [6/13/19](#); Congressional Actions, [H.Amdt. 301](#); Congressional Actions, [H.R. 2740](#)]

## **STEFANIK VOTED TO PREVENT FUNDS FOR RISK CORRIDORS THAT HELPED BUSINESSES THAT OFFERED HEALTH INSURANCE TO PEOPLE WITH PRE-EXISTING CONDITIONS**

**2015: Stefanik Voted To Continue To Prohibit Funding The Center For Medicare & Medicaid Services From Moving Money To Pay For Extra Risk Corridor Expenses As Part Of The FY 2016 Omnibus.** In December 2015, Stefanik voted for a bill that according to Congressional Quarterly would be, “continuati[ng] [the] FY 2015 policy [which][...] prohibits the use of any funds from the Federal Hospital Insurance Trust Fund or Federal Supplemental Medical Insurance Trust Fund, or funds transferred from other accounts, for the risk corridor program. That program was designed to protect health insurance providers from sustaining excessive losses due to unbalanced risk pools on insurance exchanges. It would limit any payout to fees paid into the program.” The legislation was, according to Congressional Quarterly, a FY 2016 Omnibus Appropriations bill. The vote was on a motion to concur in the Senate amendment to the bill with an amendment. The House agreed to the motion by a vote of 316 to 113. The legislation was later combined with a tax extender bill. The Senate passed the larger measure and the president signed it. [House Vote 705, [12/18/15](#); Congressional Quarterly, [12/18/15](#); Congressional Quarterly, [12/15/15](#); Congressional Quarterly, [12/17/15](#); Congressional Actions, [H.R. 2029](#)]

- **PolitiFact: The Risk Corridor Program Was Set Up By The Affordable Care Act To Help Companies Stay Solvent As They Began To Sell Insurance To People With Pre-Existing Conditions.** According to PolitiFact, “To set the table, we need to take a deep breath and go over a provision of the Affordable Care Act known as ‘risk corridors.’ The ACA upended the traditional health insurance model of selling mostly to healthy people, mandating that insurers must provide policies to everyone, regardless of health or pre-existing conditions. That presented a problem for the companies, which didn’t know how much they would need to charge in premiums in order to cover their expenses for all the new policies. To help companies stay solvent as they adjusted their rates to proper levels, the law provided a three-year period in which the government would spread the risk among all insurers in ACA marketplaces. This program, set to last between 2014-16, is known as risk corridors. If some insurers are successful in setting their marketplace rates properly and make more than a certain amount, Washington gets some of that extra money, referred to as user fees. Companies that don’t do well have a portion of their losses covered by the government.” [PolitiFact, [12/7/15](#)]

## **STEFANIK VOTED AGAINST EXTENDING FEDERAL TAX SUBSIDIES TO PREVENT AFFORDABLE CARE ACT HEALTH INSURANCE PREMIUM INCREASES**

**2022: Stefanik Voted Against Extending Tax Subsidies Toward Affordable Care Act Insurance Premiums For Eligible Individuals Through 2025.** In August 2022, according to Congressional Quarterly, Stefanik voted against concurring in the Senate amendment to the Inflation Reduction Act of 2022, which would “extend through 2025 tax subsidies toward Affordable Care Act marketplace insurance premiums for individuals under a certain income level.” The vote was on a motion to concur. The House concurred with the Senate by a vote 220-207, thus the bill was sent to President Biden for final signage. President Biden signed the bill and it ultimately became law. [House Vote 420, [8/12/22](#); Congressional Quarterly, [8/12/22](#); Congressional Actions, [H.R. 5376](#)]

- **The Inflation Reduction Act Included \$64 Billion To Prevent Health Insurance Premium Increases For Approximately 13 Million Americans Who Purchased Policies Through The Affordable Care Act Marketplace.** According to the Washington Post, “The bill also includes \$64 billion to stave off health insurance premium increases for about 13 million Americans who buy coverage through state and federal exchanges under the Affordable Care Act.” [Washington Post, [8/7/22](#)]
- **Individuals Covered Under The Affordable Care Act Received A Discounted Price Under A Coronavirus-Era Program, Which Was Expected To Expire In Late 2022.** According to the Washington Post, “These beneficiaries currently receive discounted coverage under a coronavirus-era program set to expire this year, threatening them with premium increases into hundreds of dollars next month.” [Washington Post, [8/7/22](#)]
- **The Inflation Reduction Act Provided A Three-Year Extension On Federal Health Care Subsidies In The Affordable Care Act, Which Retained Premiums At \$10 Per Month Or Less For The Majority Of The People Covered By The ACA.** According to NPR, “There’s also a three-year extension on healthcare subsidies in the Affordable Care Act originally passed in a pandemic relief bill last year, estimated by the government to have kept premiums at \$10 per month or lower for the vast majority of people covered through the federal health insurance exchange. That helps millions of Americans avoid spikes in their health care costs.” [NPR, [8/7/22](#)]

## **2021: Stefanik Voted Against The Build Back Better Act, Which Would Have Expanded Eligibility For Tax Credits Through 2025 For Affordable Care Act Marketplace Insurance Premiums**

**2021: Stefanik Voted Against Extending Expanded Eligibility For Tax Credits Through 2025 For Affordable Care Act Marketplace Insurance Premiums.** In November 2021, Stefanik voted against the Build Back Better Act which would have, according to Congressional Quarterly, “establish[ed] or extend[ed] expanded eligibility for certain tax credits toward Affordable Care Act marketplace insurance premiums through 2025.” The vote was on passage. The House passed the bill by a vote of 220-213. [House Vote 385, [11/19/21](#); Congressional Quarterly, [11/19/21](#); Congressional Actions, [H.R. 5376](#)]

## **2021: Stefanik Voted Against The American Rescue Plan Act Of 2021, Which Expanded Eligibility For Insurance Premium Tax Subsidies For The Affordable Care Act**

**2021: Stefanik Voted Against The American Rescue Plan Act Of 2021, Which Expanded Eligibility For Insurance Premium Tax Subsidies In 2021 And 2022, Including Covering Premium Costs For People Earning Up To 150% Above The Federal Poverty Level And Capping Premiums At 8.5% Of Household Income.** In March 2021, Stefanik voted against concurring in the Senate amendment to the American Rescue Plan Act of 2021 which would, according to Congressional Quarterly, “expand eligibility in 2021 and 2022 for federal tax subsidies toward Affordable Care Act marketplace insurance premiums, including to fully cover premium costs for individuals earning up to 150% of the federal poverty level and cap premiums at 8.5% of household income.” The vote was on concurring in the Senate amendment to the bill. The House concurred with the Senate by a vote of 220-211 and sent to the President and ultimately the bill became law. [House Vote 72, [3/10/21](#); Congressional Quarterly, [3/10/21](#); Congressional Actions, [H.R. 1319](#)]

- **The American Rescue Plan Expanded Eligibility For Federal Subsidies To Purchases Health Insurance Through The Affordable Care Act, Which Was A Controversial Provision For Republicans Who Opposed The Legislation.** According to CBS News, “The measure expands eligibility for subsidies to purchase health insurance to people of all incomes under the Affordable Care Act (ACA), a provision that was particularly controversial for Republicans who oppose the bill.” [CBS News, [3/12/21](#)]

- **The American Rescue Plan Expanded Health Insurance Tax Credits To Middle-Class People Who Usually Do Not Qualify For Premium Assistance, Including Self-Employed Individuals And Business Owners Who Did Not Qualify For Affordable Care Act Benefits But Were Hit With Higher Premiums.** According to the Associated Press, “In a politically significant change, the bill would provide health insurance tax credits to people with solid middle-class incomes who don’t now qualify for help with their premiums. That’s a demographic that includes many self-employed people and business owners who were hit with higher premiums as a result of the ACA, but cut out of the benefits.” [Associated Press, [3/9/21](#)]
- **The American Rescue Plan Permitted Individuals Who Have Collected Unemployment Checks To Qualify For Affordable Care Act Tax Credits And Reductions In Copays And Deductibles.** According to the Associated Press, “Another inducement is aimed at people who have lost jobs. Those who collect unemployment this year, if even for one week, would qualify for the most generous ACA tax credits as well as its biggest reductions in copays and deductibles.” [Associated Press, [3/9/21](#)]

### **2021: Stefanik Voted Against The American Rescue Plan Act Of 2021, Which Expanded Eligibility For Insurance Premium Tax Subsidies For The Affordable Care Act**

**2021: Stefanik Voted Against The American Rescue Plan Of 2021, Which Would Expand Eligibility For Federal Tax Subsidies In 2021 And 2022 For Marketplace Insurance Premiums, Including Coverage For Those Earning 150% Above The Poverty Level And Capping Premiums At 8.5%.** In February 2021, Stefanik voted against the American Rescue Plan Act of 2021 which would, according to Congressional Quarterly, “expand eligibility in 2021 and 2022 for federal tax subsidies toward Affordable Care Act marketplace insurance premiums, including to fully cover premium costs for individuals earning up to 150% of the federal poverty level and cap premiums at 8.5% of household income.” The vote was on passage. The House passed the bill by a vote of 219-212, sent to the Senate and President, and the Senate version ultimately became law. [House Vote 49, [2/27/21](#); Congressional Quarterly, [2/27/21](#); Congressional Actions, [H.R. 1319](#)]

### **STEFANIK VOTED SEVERAL TIMES TO DELAY A HEALTH INSURANCE TAX FEE APPLIED TO THE HEALTH INDUSTRY THROUGH THE AFFORDABLE CARE ACT**

#### **2018: Stefanik Voted For A \$100 Billion Tax Bill That Delayed Affordable Care Act Taxes Until 2022**

**2018: Stefanik Voted For A \$100 Billion Tax Bill That Delayed Affordable Care Act Taxes.** In December 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] tax relief to individuals and businesses who have been harmed by certain natural disasters during 2018 and [...] [made] it easier for small businesses to offer retirement savings plans for their employees while also giving individuals greater flexibility to contribute to and use funds from their retirement accounts. It also allow[ed] churches and other non-profits to become politically active while maintaining their tax-exempt status; delay[ed] or repeal[ed] four taxes created by the 2010 health care overhaul to finance that law; [made] certain modifications and technical corrections to the 2017 tax overhaul; and modernize[d] the IRS to improve customer service and help prevent identity theft and tax return fraud.” The vote was on a motion to concur in the Senate amendment with a further House amendment. The House agreed to the motion, thereby passing the bill, by a vote of 220 to 183. The bill died in the Senate. [House Vote 470, [12/20/18](#); Congressional Quarterly, [12/19/18](#); Congressional Actions, [H.R. 88](#)]

- **The ACA’s Health Insurance Fee, Which Was Set To Return In 2020, Would Have Instead Been Suspended Until 2022 Under The Bill.** According to Congressional Quarterly, “The 2010 law imposed an annual flat fee on the health insurance industry, starting at \$8 billion in 2014 and growing to \$14.3 billion in 2018, after which it would be adjusted by the same rate as the growth in health insurance premiums. Fees on individual insurers are based on the net amount of premiums written the year before, as well as the insurers’ market share. The fee was imposed for 2014, 2015 and 2016 but it was suspended for calendar year 2017 by the December 2015 omnibus/tax extenders package. After being imposed again in 2018, Congress through the January 2018 CR suspended it for calendar year 2019. It is currently set to return for calendar year 2020. The measure suspends the annual fee on health insurance providers for an additional two years — for calendar years 2020 and 2021 — so that it wouldn’t return until 2022.” [Congressional Quarterly, [12/19/18](#)]

#### **2018: Stefanik Voted For An FY 2018 Continuing Resolution That Delayed The Health Insurance Fee For One Year**

### **2018: Stefanik Voted For An FY 2018 Continuing Resolution That Delayed The Health Insurance Fee For One Year.**

In January 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] funding for federal government operations and services at current levels through Feb. 8, 2018. The measure would [have] fund[ed] the state Children’s Health and Insurance Programs at \$21.5 billion annually starting in fiscal 2018 and would gradually increase the funding annually through fiscal 2023.” In addition, also according to Congressional Quarterly, “The bill also suspends or delays for one or two years three health-related taxes that were enacted as part of the 2010 health care overhaul to help finance the law — the medical device tax, the tax on high-value employer-sponsored health insurance plans (the so-called ‘Cadillac’ tax), and annual fees on health insurance companies.” The vote was on passage. The House passed the bill by a vote of 266 to 150. The Senate had already agreed to the version of the bill. President Trump later signed it into law. [House Vote 44, [1/22/18](#); Congressional Quarterly, [1/22/18](#); Congressional Quarterly, [1/22/18](#); CBS, [1/23/18](#); Congressional Actions, [H.R. 195](#)]

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In January 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] funding for federal government operations and services at current levels through Feb. 16, 2018, at an annualized rate of \$1.23 trillion for federal departments and agencies covered by the 12 unfinished fiscal 2018 spending bills, of which an annualized rate of \$621.5 billion would be designated for defense and an annualized rate of \$511 billion for nondefense discretionary spending. The measure would [have] fund[ed] the state Children’s Health and Insurance Programs at \$21.5 billion annually starting in fiscal 2018 and would gradually increase the funding annually through fiscal 2023.” In addition, also according to Congressional Quarterly, “The bill suspends or delays three health-related taxes that were enacted as part of the 2010 health care overhaul to help finance the law — the medical device tax, the tax on high-value employer-sponsored health insurance plans (the so-called ‘Cadillac’ tax), and annual fees on health insurance companies.” The vote was on passage. The House passed the bill by a vote of 230 to 197. The Senate later blocked the bill, shutting down the government for three days. A revised version of the legislation, funding the government through February 8th was later signed into law. [House Vote 33, [1/18/18](#); Congressional Quarterly, [1/18/18](#); Congressional Quarterly, [1/17/18](#); Congressional Quarterly, [1/22/18](#); CBS, [1/23/18](#); Congressional Actions, [H.R. 195](#)]

### **2015: Stefanik Voted To Suspend The Fee Annual On Health Insurance As Part Of The FY 2016 Omnibus**

**2015: Stefanik Voted To Suspend The Fee Annual On Health Insurance As Part Of The FY 2016 Omnibus.** In December 2015, Stefanik voted for the Affordable Care Act’s fee on health insurance. According to Congressional Quarterly, the measure would have “suspend[ed] for 2017 the health care law’s annual fee on health insurers. JCT estimates this provision would reduce revenue by \$12.2 billion over 10 years.” The legislation was, according to Congressional Quarterly, a FY 2016 Omnibus Appropriations bill. The vote was on a motion to concur in the Senate amendment to the bill with an amendment. The House agreed to the motion by a vote of 316 to 113. The legislation was later combined with a tax extender bill. The Senate passed the larger measure and the president signed it. [House Vote 705, [12/18/15](#); Congressional Quarterly, [12/18/15](#); Congressional Quarterly, [12/15/15](#); Congressional Quarterly, [12/17/15](#); Congressional Actions, [H.R. 2029](#)]

### **STEFANIK VOTED TO DELAY TAXES ON MEDICAL DEVICES SOLD BY MANUFACTURERS WHO SAW THEIR MARKET EXPAND THROUGH THE AFFORDABLE CARE ACT**

### **2018: Stefanik Voted To Delay Medical Device Taxes Imposed On The Sale Of Devices In The United States By The Manufacturer Or Producer, Or By The Importer For Foreign-Made Devices Until 2024**

**2018: Stefanik Voted For A \$100 Billion Tax Bill That Delayed Affordable Care Act Medical Device Taxes.** In December 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] tax relief to individuals and businesses who have been harmed by certain natural disasters during 2018 and [...] [made] it easier for small businesses to offer retirement savings plans for their employees while also giving individuals greater flexibility to contribute to and use funds from their retirement accounts. It also allow[ed] churches and other non-profits to become politically active while maintaining their tax-exempt status; delay[ed] or repeal[ed] four taxes created by the 2010 health care overhaul to finance that law; [made] certain modifications and technical corrections to the 2017 tax overhaul; and modernize[d] the IRS to improve customer service and help prevent identity theft and tax return fraud.” The vote was on a motion to concur in the Senate

amendment with a further House amendment. The House agreed to the motion, thereby passing the bill, by a vote of 220 to 183. The bill died in the Senate. [House Vote 470, [12/20/18](#); Congressional Quarterly, [12/19/18](#); Congressional Actions, [H.R. 88](#)]

- **The Medical Device Tax Would Be Continued To Be Delayed Under The Bill Through 2024.** According to Congressional Quarterly, “The medical device tax imposes a 2.3% excise tax on a wide array of devices that are often used in hospitals and doctors’ offices. The tax is imposed on the sale of devices in the United States by the manufacturer or producer, or by the importer for foreign-made devices. It applies to any device intended for humans — but does not include eyeglasses, contact lenses, hearing aids or other retail devices available for purchase by the general public and not primarily intended for use in a medical institution or office. The tax initially went into effect in 2013 and was suspended for 2016 and 2017 by the FY 2016 omnibus appropriations/tax extenders package enacted in December 2015 (PL 114-113). The Further Appropriations Act for FY 2018 (PL 115-120) enacted in January 2018 suspended the tax for an additional two years, through the end of calendar year 2019. The bill extends the suspension of the medical device excise tax for an additional five years, through the end of calendar year 2024.” [Congressional Quarterly, [12/19/18](#)]
- **The Tax Is Imposed On The Sale Of Devices In The United States By The Manufacturer Or Producer, Or By The Importer For Foreign-Made Devices.** According to Congressional Quarterly, “The medical device tax imposes a 2.3% excise tax on a wide array of devices that are often used in hospitals and doctors’ offices. The tax is imposed on the sale of devices in the United States by the manufacturer or producer, or by the importer for foreign-made devices. It applies to any device intended for humans — but does not include eyeglasses, contact lenses, hearing aids or other retail devices available for purchase by the general public and not primarily intended for use in a medical institution or office. The tax initially went into effect in 2013 and was suspended for 2016 and 2017 by the FY 2016 omnibus appropriations/tax extenders package enacted in December 2015 (PL 114-113). The Further Appropriations Act for FY 2018 (PL 115-120) enacted in January 2018 suspended the tax for an additional two years, through the end of calendar year 2019. The bill extends the suspension of the medical device excise tax for an additional five years, through the end of calendar year 2024.” [Congressional Quarterly, [12/19/18](#)]

### **2018: Stefanik Voted To Repeal The Medical Device Tax Starting In 2020**

**2018: Stefanik Voted To Repeal The Medical Device Tax Starting In 2020.** In July 2018, Stefanik voted for a bill that would have, according to Congressional Quarterly, “fully repeal[ed] the 2.3 percent excise tax on the sale of a medical device by the manufacturer, producer, or importer after Dec. 31, 2019.” The vote was on passage. The House passed the bill by a vote of 283 to 132. The Senate took no substantive action on the legislation. [House Vote 372, [7/24/18](#); Congressional Quarterly, [7/24/18](#); Congressional Actions, [H.R. 184](#)]

**2018: Stefanik Voted For An FY 2018 Continuing Resolution That Delayed The Medical Device Tax For Two Years.** In January 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] funding for federal government operations and services at current levels through Feb. 8, 2018. The measure would [have] fund[ed] the state Children’s Health and Insurance Programs at \$21.5 billion annually starting in fiscal 2018 and would gradually increase the funding annually through fiscal 2023.” In addition, also according to Congressional Quarterly, “The bill also suspends or delays for one or two years three health-related taxes that were enacted as part of the 2010 health care overhaul to help finance the law — the medical device tax, the tax on high-value employer-sponsored health insurance plans (the so-called ‘Cadillac’ tax), and annual fees on health insurance companies.” The vote was on passage. The House passed the bill by a vote of 266 to 150. The Senate had already agreed to the version of the bill. President Trump later signed it into law. [House Vote 44, [1/22/18](#); Congressional Quarterly, [1/22/18](#); Congressional Quarterly, [1/22/18](#); CBS, [1/23/18](#); Congressional Actions, [H.R. 195](#)]

### **2018: Stefanik Voted For An FY 2018 Continuing Resolution That Delayed The Medical Device Tax For Two Years**

**2018: Stefanik Voted For An FY 2018 Continuing Resolution Funding The Government Through February 16 And Delayed The Medical Device Tax For Two Years.** In January 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] funding for federal government operations and services at current levels through Feb. 16, 2018, at an annualized rate of \$1.23 trillion for federal departments and agencies covered by the 12 unfinished fiscal 2018 spending bills, of which an annualized rate of \$621.5 billion would be designated for defense and an annualized rate of \$511 billion for nondefense discretionary spending. The measure would [have] fund[ed] the state Children’s Health and

Insurance Programs at \$21.5 billion annually starting in fiscal 2018 and would gradually increase the funding annually through fiscal 2023.” In addition, also according to Congressional Quarterly, “The bill suspends or delays three health-related taxes that were enacted as part of the 2010 health care overhaul to help finance the law — the medical device tax, the tax on high-value employer-sponsored health insurance plans (the so-called ‘Cadillac’ tax), and annual fees on health insurance companies.” The vote was on passage. The House passed the bill by a vote of 230 to 197. The Senate later blocked the bill, shutting down the government for three days. A revised version of the legislation, funding the government through February 8th was later signed into law. [House Vote 33, [1/18/18](#); Congressional Quarterly, [1/18/18](#); Congressional Quarterly, [1/17/18](#); Congressional Quarterly, [1/22/18](#); CBS, [1/23/18](#); Congressional Actions, [H.R. 195](#)]

### **2015: Stefanik Voted For Suspending The Medical Device Tax For Two Years As Part Of A Larger Tax Extender Passage**

**2015: Stefanik Voted For Suspending The Medical Device Tax For Two Years As Part Of A Larger Tax Extender Passage.** In December 2015, Stefanik voted to suspend the medical device tax for two years. According to Congressional Quarterly, the legislation would have “suspend[ed] for two years, for 2016 and 2017, the 2010 health care law’s 2.3% medical device tax, which went into effect in 2013 and applies to a wide array of devices that are often used in hospitals and doctors’ offices. This provision is estimated to cost \$3.9 billion over 10 years.” The underlying measure would “retroactively [renew] for the current 2015 tax year most of the expired provisions and further extends them for varying periods, including by making more than a dozen permanent and extending most others for two years (2015 and 2016).” The vote was on concurring in the Senate amendment to the bill with an amendment. The House passed the amendment by a vote of 318 to 109. The legislation was later combined with an Omnibus appropriations bill. The Senate passed the larger measure and the president signed it. [House Vote 703, [12/17/15](#); Congressional Quarterly, [12/16/15](#); Congressional Actions, [H.R. 2029](#)]

### **2015: Stefanik Voted For Legislation That Repealed The Medical Device Tax**

**2015: Stefanik Voted For Legislation That Repealed The Medical Device Tax.** In June 2015, Stefanik voted for legislation that repealed the medical device tax. According to Congressional Quarterly, the legislation would have, “repeal[ed] the 2.3% medical device tax included in the 2010 health care overhaul.” The vote was on passage and the House approved the legislation 280 to 140. The Senate took not substantial action on the bill, but continuing resolution that was signed into law in December contained a two year repeal of the tax. [House Vote 375, [6/18/15](#); Congressional Quarterly, [6/18/15](#); Congressional Quarterly, [12/16/15](#); Congressional Actions, [H.R. 2029](#); Congressional Actions, [H.R. 160](#)]

## **Stefanik Took Steps To Cut Funding For The Affordable Care Act**

### **STEFANIK VOTED TO DELAY AND REPEAL THE AFFORDABLE CARE ACT CADILLAC TAX WHICH WOULD ELIMINATE FUNDING FOR THE ACT**

**2019: Stefanik Voted For The FY 2020 Minibus Appropriations Bill, Which Repealed The Cadillac Tax.** In December 2019, Stefanik voted for the FY 2020 minibus spending bill, which represented 8 of the 12 appropriations bills. According to Congressional Quarterly, “The bill permanently repeals three major health industry taxes that were imposed under the 2010 healthcare overhaul to help pay for Obamacare. Specifically, it repeals the so-called ‘Cadillac Tax’ on expensive employer-provided health insurance plans provided by wealthy companies and major labor unions, and also repeals a 2.3% tax on medical devices and an annual health insurance fee.” The vote was a motion to concur in the Senate amendment. The House agreed to the motion by a vote of 297-120. The Senate later passed the bill and the president signed the bill into law. [House Vote 689, [12/17/19](#); Congressional Quarterly, [12/17/19](#); Congressional Actions, [H.R.1865](#)]

- **CBO: The Repeal Of The Cadillac Tax Would Cost \$377 Billion In Lost Revenue Over 10 Years.** According to Congressional Quarterly, “The Cadillac tax in particular was intended both to pay for Obamacare and to help ‘bend the cost curve’ of spiraling healthcare costs by encouraging individuals to insist on lower cost plans. CBO estimates the repeals would cost \$377 billion in lost revenue over ten years.” [Congressional Quarterly, [12/17/19](#)]
- **Politico: Repealing The Cadillac Tax “All But Guts The Funding Provisions” For The ACA.** According to Politico, “Congress preserved a moratorium on the ‘Cadillac’ tax until 2022 [...] The move all but guts the funding provisions for the Affordable Care Act, with the Cadillac tax repeal alone projected to cost nearly \$200 billion.” [Politico, [12/16/19](#)]

**2019: Stefanik Voted For Repealing The “Cadillac Tax.”** In July 2019, Stefanik voted for a bill that would, according to Congressional Quarterly, “repeal the 40 percent excise tax, known as the ‘Cadillac tax’ on the incremental costs of employer-sponsored health care plans above certain thresholds. The tax was imposed by the 2010 health care overhaul and is currently set to take effect at the beginning of 2022.” The vote was on a motion to suspend the rules and pass the bill. The House agreed to the motion by a vote of 419-6. [House Vote 493, [7/17/19](#); Congressional Quarterly, [7/17/19](#); Congressional Actions, [H.R. 748](#)]

**2018: Stefanik Voted For A \$100 Billion Tax Bill That Delayed Affordable Care Act Taxes.** In December 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] tax relief to individuals and businesses who have been harmed by certain natural disasters during 2018 and [...] [made] it easier for small businesses to offer retirement savings plans for their employees while also giving individuals greater flexibility to contribute to and use funds from their retirement accounts. It also allow[ed] churches and other non-profits to become politically active while maintaining their tax-exempt status; delay[ed] or repeal[ed] four taxes created by the 2010 health care overhaul to finance that law; [made] certain modifications and technical corrections to the 2017 tax overhaul; and modernize[d] the IRS to improve customer service and help prevent identity theft and tax return fraud.” The vote was on a motion to concur in the Senate amendment with a further House amendment. The House agreed to the motion, thereby passing the bill, by a vote of 220 to 183. The bill died in the Senate. [House Vote 470, [12/20/18](#); Congressional Quarterly, [12/19/18](#); Congressional Actions, [H.R. 88](#)]

- **The \$100 Billion Tax Bill Delayed The Cadillac Tax For From Starting In 2022 To 2023.** According to Congressional Quarterly, “The [Cadillac] tax was originally to be implemented for calendar year 2018, but like the medical device tax was delayed by the December 2015 omnibus/tax extenders package (for two years) and January 2018 CR and is currently set to begin Jan. 1, 2022. The bill delays the so-called ‘Cadillac tax’ for an additional year, until Jan. 1, 2023.” [Congressional Quarterly, [12/19/18](#)]

### **2018: Stefanik Voted For An FY 2018 Continuing Resolution That Delayed The Cadillac Tax For Two Years**

**2018: Stefanik Voted For An FY 2018 Continuing Resolution Funding That Delayed The Cadillac Tax For Two Years.** In January 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] funding for federal government operations and services at current levels through Feb. 8, 2018. The measure would [have] fund[ed] the state Children’s Health and Insurance Programs at \$21.5 billion annually starting in fiscal 2018 and would gradually increase the funding annually through fiscal 2023.” In addition, also according to Congressional Quarterly, “The bill also suspends or delays for one or two years three health-related taxes that were enacted as part of the 2010 health care overhaul to help finance the law — the medical device tax, the tax on high-value employer-sponsored health insurance plans (the so-called ‘Cadillac’ tax), and annual fees on health insurance companies.” The vote was on passage. The House passed the bill by a vote of 266 to 150. The Senate had already agreed to the version of the bill. President Trump later signed it into law. [House Vote 44, [1/22/18](#); Congressional Quarterly, [1/22/18](#); Congressional Quarterly, [1/22/18](#); CBS, [1/23/18](#); Congressional Actions, [H.R. 195](#)]

**2018: Stefanik Voted For An FY 2018 Continuing Resolution That Delayed The Cadillac Tax For Two Years.** In January 2018, Stefanik voted for legislation that would have, according to Congressional Quarterly, “provide[d] funding for federal government operations and services at current levels through Feb. 16, 2018, at an annualized rate of \$1.23 trillion for federal departments and agencies covered by the 12 unfinished fiscal 2018 spending bills, of which an annualized rate of \$621.5 billion would be designated for defense and an annualized rate of \$511 billion for nondefense discretionary spending. The measure would [have] fund[ed] the state Children’s Health and Insurance Programs at \$21.5 billion annually starting in fiscal 2018 and would gradually increase the funding annually through fiscal 2023.” In addition, also according to Congressional Quarterly, “The bill suspends or delays three health-related taxes that were enacted as part of the 2010 health care overhaul to help finance the law — the medical device tax, the tax on high-value employer-sponsored health insurance plans (the so-called ‘Cadillac’ tax), and annual fees on health insurance companies.” The vote was on passage. The House passed the bill by a vote of 230 to 197. The Senate later blocked the bill, shutting down the government for three days. A revised version of the legislation, funding the government through February 8th was later signed into law. [House Vote 33, [1/18/18](#); Congressional Quarterly, [1/18/18](#); Congressional Quarterly, [1/17/18](#); Congressional Quarterly, [1/22/18](#); CBS, [1/23/18](#); Congressional Actions, [H.R. 195](#)]

- **FY 2018 Continuing Resolution Delayed The Cadillac Tax For Two Years.** According to Congressional Quarterly, “The measure delays for an additional two years, until the start of 2022, the health care law’s tax on certain high-value employer-sponsored health insurance plans. Under the 2010 health care law, that tax was initially scheduled to go into

effect in 2018 but was delayed for two years (until the start of 2020) by the FY 2016 omnibus appropriations/tax extenders package enacted in December 2015.” [Congressional Quarterly, [1/17/18](#)]

### **2015: Stefanik Voted To Delay The Affordable Care Act’s Cadillac Tax For Two Years As Part Of The FY 2016 Omnibus**

**2015: Stefanik Voted To Delay The Affordable Care Act’s So Called ‘Cadillac Tax’ For Two Years As Part Of The FY 2016 Omnibus.** In December 2015, Stefanik voted for delaying the Cadillac Tax for two years and afterwards would allow the tax to be tax deductible. According to Congressional Quarterly, “The measure delays for two years the health care law’s tax on certain high-value employer-sponsored health insurance plans, which is scheduled to go into effect at the start of 2018. It would instead go into effect in 2020. [...] For future years, the agreement makes the Cadillac tax deductible as a business expense. JCT estimates this provisions would cost \$3.9 billion over 10 years.” The legislation was, according to Congressional Quarterly, a FY 2016 Omnibus Appropriations bill. The vote was on a motion to concur in the Senate amendment to the bill with an amendment. The House agreed to the motion by a vote of 316 to 113. The legislation was later combined with a tax extender bill. The Senate passed the larger measure and the president signed it. [House Vote 705, [12/18/15](#); Congressional Quarterly, [12/18/15](#); Congressional Quarterly, [12/15/15](#); Congressional Quarterly, [12/17/15](#); Congressional Actions, [H.R. 2029](#)]

- **The Cadillac Tax Was An Excise Tax Designed To Be A Disincentive For Employers To Offer “Overly Rich Health Benefits.”** According to the Kaiser Family Foundation, “The so-called Cadillac tax is an excise tax on high cost health plans offered by employers. Beginning in 2018, health plans that cost more than \$10,200 for an individual or \$27,500 for a family plan will be subject to the tax, which is 40% of the amount that exceeds those thresholds. For example, if a family plan costs \$30,000, the employer that offers the plan would owe 40% of \$2,500 (\$30,000 minus \$27,500), or \$1,000 for each family it covers under that plan. The tax was intended to be a disincentive for employers to provide overly rich health benefits, and the cost of the health plan is one measure of the level of benefits. However, some plans may cost more because they cover people with higher-than-average health care costs, including retirees, older workers and workers in high-risk occupations. The cost thresholds for plans that cover a significant number of individuals in any of those categories are higher.” [Kaiser Family Foundation, [Accessed 12/7/2015](#)]