

\$105 Billion FAQ

Aren't the automatic appropriations made in ObamaCare considered mandatory funds, meaning that we cannot shut them off through the Continuing Resolution (CR)?

This claim is totally wrong. If the rule waives points of order, then ANYTHING can be included in an appropriations measure. The rule for considering the CR waives all points of order. No matter what you label the spending--automatic, mandatory, or anything else--the legislation CAN reach all past, present and future funding for ObamaCare. It can be changed, reduced, rescinded, or whatever we have the determination to pursue. There is no merit to claiming we "cannot" defund ObamaCare via the CR, whether in full or in part. We have constitutional authority to package legislation however we wish to do so. Article I, Section 5, Clause 2 of the Constitution states that "Each House may determine the rules of its proceedings." Furthermore, our procedure permits us to waive rules, which is done frequently and indeed is done for the pending CR. We should not try to hide behind our rules to create excuses for not defunding ObamaCare, especially when we're already waiving those very rules.

Putting aside future funding, how much money is already being spent on ObamaCare?

\$23.6 billion of this overall \$105.5 billion was appropriated for FY10 and FY11 and is already being spent by the Obama Administration through the Department of HHS. The longer we wait, the more of this money is being spent and obligated. So far, we have not touched it via any of our spending bills.

Aren't some of the appropriations in ObamaCare for items like Children's Health Insurance Program (CHIP)? That isn't a new ObamaCare program, right?

The \$105.5 billion in automatic appropriations does include funding for continuation of the CHIP program for FY14 and FY15. This was done because the two year extension of the CHIP program is an integral component of the preparation for and implementation of ObamaCare. Without ObamaCare, funding for CHIP will end in FY13. Knowing this, the Pelosi-Reid Congress intentionally provided automatic funding for CHIP for only FY14 and FY15 because it is their intention to then roll CHIP beneficiaries into ObamaCare's exchanges (which by then will be up and running at full steam, given the requirement that each state have an exchange set up by January 1, 2014). As such, the ultimate goal of the CHIP extension is to increase the number of Americans who will be dependent upon the continuation of the law and its programs into the future. Much as we might like to, we cannot pick and choose the parts of ObamaCare to repeal and defund. Every Republican voted to completely repeal ObamaCare when they voted on H.R. 2. This was an important vote because it demonstrated our recognition of the fact that in order to move beyond ObamaCare in any constructive way, we had to do away with it completely. The American people understand this. They know that ObamaCare is a tangled web of interdependent provisions. If we allow ourselves to be divided by efforts to preserve any part of the law, we will never accomplish that which the American people gave us a majority in the House to do: pull ObamaCare out completely, by its roots.

Don't the automatic appropriations include funding for things like high risk pools that Republicans support? We don't want to get rid of that, right?

The \$105.5 billion does include \$5 billion for the establishment of a high risk pool program. However, as with the funding provided for CHIP, the high risk pool program is another integral piece of ObamaCare's implementation. The high risk pool program funded by ObamaCare's automatic appropriations expires on January 1, 2014 - the date on which many of ObamaCare's most objectionable policies and programs take effect. The reason for this, again, is that the Pelosi-Reid Congress intended the high risk pool program to be used to shepherd Americans into the ObamaCare era and increase the number of Americans who will be dependent upon the continuation of the law and its programs into the future. While some Republicans have argued that high risk pools could be used to help address the issues faced by those with pre-existing conditions, we have repeatedly and correctly made the case that such reforms can only be instituted once ObamaCare is no more.

Some have argued that, in the grand strategy to do away with ObamaCare, the CR isn't important. They maintain that we should instead wait for some other opportunity to push for defunding ObamaCare. Aren't they right? Isn't the CR a bad place draw the line in the sand and get tough on the issue?

The success of our effort to shut off funding for ObamaCare will hinge on the leverage points of this first session of the 112th Congress - namely the CR, which expires on March 18th, and the vote on raising the debt ceiling. If we do not stand our ground on the CR, leverage it as the "must pass bill" that it is, and use it to stop the \$105.5 billion in automatically appropriated funds, we will have conceded a significant amount of ground on this issue and will find it difficult, if not impossible, to regain the strategic advantage in future legislative vehicles.

62% FAVOR REPEAL OF OBAMACARE

Support for repeal of ObamaCare has reached its highest level since May 2010.

62 percent favor repeal, including 51 percent who “strongly favor” repeal.

61 percent of those who responded believe the law will cause health care costs to go up (only 17 percent expect costs to go down).

54 percent think it will be bad for the country.

In the 52 times Rasmussen has polled on the health care law since March 22, 2010, the lowest support for repeal was 50 percent. However, since October 2010, support for repeal has not been below 53 percent.

Rasmussen Reports (3/14/11)