

BALLOT LANGUAGE FOR INITIATIVE NO. 171 (I-171)

INITIATIVE NO. 171

A LAW PROPOSED BY INITIATIVE PETITION

I-171 prohibits the State of Montana and its political subdivisions from using funds, personnel or other resources to administer or enforce the federal Affordable Care Act. I-171 prohibits expansion of the Montana Medicaid program as provided under the Affordable Care Act. I-171 further prohibits the state and its political subdivisions from planning, creating or participating in a health insurance exchange.

The state would save approximately \$1.92 billion in state revenues and lose \$4.75 billion in federal revenues over five years based on an assumption that the federal government would end the state's Medicaid Plan, Children's Health Insurance Plan, and several other programs due to noncompliance with the Affordable Care Act.

YES on Initiative I-171

NO on Initiative I-171

THE COMPLETE TEXT OF INITIATIVE NO. 171 (I-171)

BE IT ENACTED BY THE PEOPLE OF THE STATE OF MONTANA:

NEW SECTION. Section 1. Short title. [Sections 1 through 9] may be cited as "An Act Prohibiting the Use of Montana Resources to Administer or Enforce the Affordable Care Act".

NEW SECTION. Section 2. Findings. The people of the state of Montana find that:

(1) On March 23, 2010, President Barack Obama signed the Affordable Care Act. President Obama repeatedly promised that under the Affordable Care Act, "If you like your health care plan, you can keep it." These promises were false.

(2) In November 2012, Montana voters overwhelmingly approved (by 67% to 33%) the Montana Health Care Freedom Act, which prohibits the imposition of "a penalty, tax, fee, or fine of any type if a person or entity declines to purchase health insurance coverage" pursuant to the Affordable Care Act's mandates.

(3) Despite the clear opposition of Montana voters, the Internal Revenue Code imposes a penalty on Montanans who refuse to comply with the Affordable Care Act's mandates.

(4) The federal government expects to utilize personnel, funds, and other resources of the state of Montana to administer and enforce the Affordable Care Act.

(5) Montanans oppose state resources being commandeered for this purpose.

(6) Montanans have successfully resisted other efforts by the federal government to commandeer state personnel and resources to administer and enforce federal regulations. For example, former Ravalli county sheriff Jay Printz sued the federal government when it attempted to force him and his deputies to perform background checks on persons purchasing firearms. In applying the 10th amendment to the Constitution of the United States, the United States supreme court ruled in favor of Sheriff Printz and held that the "Federal Government may neither issue directives requiring the States to address particular problems, nor command the States' officers, or those of their political subdivisions, to administer or enforce a federal regulatory program." *Printz v. United States*, 521 U.S. 898, 935 (1997).

(7) Montanans agree with the United States supreme court's ruling in the Printz case and intend to apply the 10th amendment to the federal government's efforts to use Montana resources to administer and enforce the Affordable Care Act's provisions and to penalize Montanans who refuse to comply with the Affordable Care Act's mandates.

NEW SECTION. Section 3. Definitions. For the purposes of [this act], the following definitions apply:

(1) "Affordable Care Act" means the Patient Protection and Affordable Care Act, Public Law 111-148, as amended by Public Law 111-152.

(2) "Political subdivision" means any county, city, municipal corporation, school district, special improvement or taxing district, or other political subdivision or public

corporation.

(3) "State" means the state of Montana or any office, department, agency, authority, commission, board, institution, hospital, college, university, or other instrumentality of the state.

NEW SECTION. Section 4. Prohibition on use of personnel, funds, and resources. The state or a political subdivision may not use personnel, funds, or other resources to administer or enforce the Affordable Care Act or any other federal act, law, order, rule, or regulation implementing the Affordable Care Act.

NEW SECTION. Section 5. Prohibition on expansion of medicaid. Eligibility for the Montana medicaid program may not be expanded as provided under the Affordable Care Act, 42 U.S.C. 1396a(a)(10)(A)(i)(VIII).

NEW SECTION. Section 6. Prohibition on establishing an exchange. The state or a political subdivision may not plan, create, participate in, enable, or contract for an exchange for health insurance.

NEW SECTION. Section 7. Codification instruction. [Sections 3 through 6] are intended to be codified as an integral part of Title 50, chapter 4, and the provisions of Title 50, chapter 4, apply to [sections 3 through 6].

NEW SECTION. Section 8. Severability. If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

NEW SECTION. Section 9. Effective date. If approved by the electorate, [this act] is effective January 1, 2015.

NEW SECTION. Section 10. Applicability. [This act] applies to tax years beginning after December 31, 2014.