Repair the Patient Protection and Affordable Care Act.

Public law 111-148, 124 STAT. 119 is amended and all its sections except the following are deleted, these subsequent sections are retained and will remain in effect; Sec. 1201. Pre-existing conditions, Sec. 1311 thru Sec. 1421 Health Insurance Exchanges & tax credits, Sec. 1511. Automatic Enrollment for employees of large employers, Sec. 2701 thru Sec. 2704 Improving the Quality of Medicaid for Patients and Providers, Sec. 2901 and Sec. 2902 Protections for American Indians and Alaska Natives, Sec. 2701 Fair health insurance premium; Sec. 2716. Prohibition of discrimination based on salary, Sec. 2719. Appeals Process, 2951 thru 2952 Maternal and Child Health Services, 2954 thru 2955 Maternal and Child Health education, Sec. 3121.thru Sec. 3129 Rural Protections, Sec. 5301 thru Sec 5311 Enhancing Health Care Workforce Education and Training; unless replaced below all remaining sections are deleted and each deleted section number shall remain in the law, with that section text replaced with the word deleted. The following sections are either added to the law or replace an existing section.

Section 500 Definitions

The following definitions apply to all sections of this act.

Abdominal cavity- is defined as the part of the body between the bottom of the ribs and the top of the thighs, containing most of the digestive and urinary systems along with some reproductive organs.

ABO blood groups- is defined as the system by which human blood is classified, based on proteins occurring on red blood cells; the four classification groups are A, AB, B, and O.

Abortion is defined as the unnatural induced termination of a human pregnancy with planned destruction and/or planned killing of the embryo(s) or fetus(es).

Active enrollee means an individual who is enrolled in the CLASS program in accordance with section 3204 and who has paid any premiums due to maintain such enrollment.

Activities of daily living means each of the following activities specified in section 7702B(c)(2)(B) of the Internal Revenue Code of 1986:

- Eating.
- Toileting.
- Transferring.
- Bathing.
- Dressing.
- Continence.

Air ambulance is defined as an aircraft and especially a helicopter equipped for transporting the injured or sick to carry critically ill or injured patients, whose condition could rapidly change for the worse.

Adjustment amount is defined as the amount used to calculate the annual **Federal poverty level** for a **Calculation District** for a specific **household**; when a household has more or less than four persons.

Ambulance shall be defined as a specially equipped motor vehicle or boat used to transport the sick or injured.

Balance Billing When a **provider** bills you for the difference between the **provider**'s charge and the allowed amount. A **in-network provider** may not balance bill you for covered services.

Basic income level shall be defined as **net medium income** divided by 3.3(three and three tenths)

Basic rent per district shall be defined as each mean average rent for apartments in each **Calculation District**

Biweekly shall be defined as happening once every two weeks.

Boy is defined as a **male** under the age of 18**.**

Business Entity shall be defined as any natural or legal person; business corporation (and any officer, person, or **business entity** that owns or controls 10% or more of the corporation's stock); professional services corporation (and any of its officers or shareholders); limited liability company (and any members); general partnership (and any partners); limited partnership (and any partners); in the case of a sole proprietorship: the proprietor; a business trust, association or any other legal commercial entity organized under the **federal** laws or any **state** or foreign jurisdiction, including its principals, officers, or partners. The definition of a **business entity** also includes (i) all principals who own or control more than 10 percent of the profits or assets of a business entity; (ii) any subsidiaries directly or indirectly controlled by the **business entity**. Including but not limited to any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation. "**Business entity**" includes a for-profit or nonprofit entity.

Calculation District shall be defined as each United States federal judicial district within states. However, each United States territory, possession, and the District of Columbia shall be considered a **Calculation District.** Alaska shall be divided into two **Calculation District**s one for locations south of 63 degrees North Latitude and other for locations at 63 degrees North Latitude or North of it. Montana shall be divided into two **Calculation District**s one locations West of 110 degrees West Longitude and other for locations at 110 degrees West Longitude or East of it.

Cesarean section or Cesarean are defined as a surgical incision through the abdominal wall and uterus, performed to deliver a fetus.

Chiropractic care is defined as a system of noninvasive therapy which holds that certain musculoskeletal disorders result from nervous system dysfunction arising from misalignment of the spine and joints and that focuses treatment especially on the manual adjustment or manipulation of the spinal vertebrae.

Child birth is defined as natural child birth, assisted child birth, or **caesarean section**.

Claim is defined as an application for compensation under the terms of an insurance policy, or an application for reimbursement when a **health insurance** plan has paid for a patient who was in **government** custody and/or imprisonment at the time of treatment, and/or covered under another insurance plan for the treatment.

Co-insurance Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any **deductible**s you owe. The **health insurance** or plan pays the rest of the allowed amount.

Complications of Pregnancy Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency **caesarean section** are not complications of pregnancy.

Co-payment is defined as a fixed amount set in the insurance contract the patient pays for health services it can vary based on type of service and whether the services are **In-network** or **out of network**.

Co-payment In-network A fixed amount set in the insurance contract the patient pays for health services not to exceed two hours employee pay per calendar day you pay for covered health care services to **provider**s who contract with your **health insurance** or plan. For **Hospitalization** a fixed amount not to exceed four hours employee pay per calendar day for covered health care services. If patient is a covered relative of an employee the employee's hourly pay shall be used. All **health insurance** purchased on an exchange or by some other method shall have fixed amount set in the contract.

Co-payment out of network A fixed amount the patient pays for health services not to exceed employee four hours pay per calendar day patient pays for a covered health care service from **provider**s not in your network, usually when you receive the service. The amount can vary by the type of covered health care service. For **Hospitalization** a fixed amount not to exceed six hours employee pay per calendar day for covered health care services. If patient is a covered relative of an employee the employee's hourly pay shall be used. All **health insurance** purchased on an exchange or by some other method shall have fixed amount set in the contract.

COBRA is defined as the Consolidated Omnibus Budget Reconciliation Act of 1985; part 6 of Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (ERISA) (29 U.S.C. 1161-1168 and §§ 54.4980B-1 through 54.4980B-10 as **COBRA** continuation coverage.

Community rated is defined as requiring **health insurance** to offer policies within a given territory at the same price to all persons without medical underwriting, regardless of their health status and prohibits insurance rate variations based on demographic characteristics such as race, national origin, age and/or gender.

Coroner is defined as a public officer whose primary function is to investigate any death thought to be of other than natural causes.

Cosmetic surgery is defined as surgery performed to enhance the appearance of a body part, especially on the face; or Surgery (and related medical treatment) to improve appearance rather than for health reasons; or plastic surgery to remove wrinkles and other signs of aging excluding **Reconstructive Surgery**.

CPI is defined as Consumer Price Index maintained by the United. States Bureau of Labor Statistics for the previous calendar year.

Coverage area refers to the geographic region in which a **health insurance** policy's benefits apply for non-emergency care. It may the same as a **Calculation District,** be smaller than a **Calculation District;** if **coverage area** exists in two or more **Calculation District**s, it shall be considered a different **coverage area** in each **Calculation District**.

Deductible is the annual amount you owe for health care services your **health insurance** or plan covers before your **health insurance** or plan begins to pay. The **deductible** may not apply to all services and/or shall never apply to physicals and/or never apply to **primary care provider**s and/or never apply to primary care services and/or never apply to the services Obstetricians & Gynecologists.

Deformity is defined as a permanent structural deviation, in the human body, from the normal shape, size, or alignment, resulting in disfigurement; may be congenital or acquired.

Diagnostic tests are defined as a generic term for any test used to determine the nature or severity of a particular condition.

Dilation and curettage also known as D & C is defined as a medical procedure in which the uterine cervix is dilated and a curette is inserted into the uterus to scrape away the endometrium curettage to diagnose and treat certain uterine conditions — such as heavy bleeding — or to clear the uterine lining after a **miscarriage**, when a **Fetal heartbeat** is NOT occurring.

DNR is defined as a medical order written by a **Physician**. It instructs health care **provider**s not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

Durable Medical Equipment (DME) Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Ectopic pregnancy is defined as a fertilized egg attaches somewhere outside a women's uterus., in a fallopian tube, an ovary, or somewhere else in a women's abdomen.

ED is defined as United States Department of Education or any successor agency.

Emergency Medical Condition An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation is defined as **Ambulance** services for an emergency medical condition including land or water transportation and/or care by an **EMT**.

Emergency Room Care is defined as Emergency services you get in an emergency room. Emergency Services Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Employment Counselor is defined as a person who advises, coaches, provides information to, and supports clients and helps their clients deal with vocational decisions concerning choice, changes in, or adjustments in order to work.

EMT is defined as a specially trained medical technician certified to provide basic emergency services before and during transportation to a hospital. Also sometimes called a paramedic.

ER is defined as a room in a hospital and/or clinic and/or stand-alone building and/or part of a building staffed and equipped to provide emergency care to persons requiring **Emergency Room Care**.

Excluded Services is defined Health care services that your **health insurance** or plan doesn't pay for or cover**.**

FDA is defined as the United States Food and Drug Administration 21 USC Chapter 9 § 393.

Female is defined as a human bearing two X chromosomes in the cell nuclei and normally but not always having a vagina, a uterus and ovaries, and developing at puberty a relatively rounded body and enlarged breasts.

Fetal heartbeat is defined as cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart or embryo heart within the **gestational sac.**

Federal is defined as United States of America government

Federal poverty level shall be calculated by **HHS** by August 1 of every year, as unique value in each **Calculation District.**

FICA is defined as a federal payroll tax. It stands for the Federal Insurance Contributions Act, 26 USC Chapter 21.

Franchiser is defined as a person/corporation that is a **large employer,** or has more than 100 **Franchisee**s**,** and grants a franchise, to a franchisee, to use the brand's trademark, or trade name, and a business system.

Franchisee is defined as one that has been granted the right by a person/corporation to use the brand's trademark or trade name and a business system to sell its product(s) or service(s) within a particular area and/or a holder of a franchise; a person/corporation who is granted a franchise.

Free informed consent is defined as consent by a person to undergo a medical procedure, or surgical treatment after being counseled by a **provider** and/or lawyer, after receiving all material information regarding risks, benefits, and alternatives. Plus, the person must not be pressured by the threat of loss of employment and/or the threat of imprisonment and/or the threat of longer imprisonment if the person refuses the procedure.

Garnishment of pay is defined as a legal procedure a creditor uses to collect a debt, in the form of wages. Where a third party, such as an employer, withholds wages from an employee. It allows an individual or creditor to collect money owed by the employee before it even reaches them. While the court order affects the employee’s wages, it is the employer who is responsible for garnishing and remitting the payments. are by a creditor, the individual or entity owed money, to collect a debt.

Gestational age is defined age of unborn child as measured as the amount of time that has elapsed from the first day of a woman's last menstrual period.

Gestational Sac is defined as the structure comprising the extraembryonic membranes that envelop the unborn child and that is typically visible by ultrasound after the fourth week of pregnancy.

Girl is defined as a **Female** under the age of 18.

Government aid program is defined as government subsidies for low-income families and individuals. These programs are Temporary Assistance for Needy Families (TANF), **Medicaid,** Supplemental Nutrition Assistance Programs (SNAP or "food stamps"), Supplemental Security Income (SSI), Earned Income Tax Credit (EITC), and Housing assistance.

Grievance is defined as a complaint that you communicate to your health insurer or plan.

Group market means the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by an employer.

Habilitation Services Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn' t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health care proxy is defined as a legal document in which the signer which an adult 18 years of age or over and of sound mind designates another person(s) to make decisions regarding the signer's health care if the signer becomes incapable of making such decisions or the person next of kin if no such document exists.

Health Insurance is defined as a contract with a **Health insurance company** that requires your health insurer to pay some or all of your health care costs in exchange for a premium**.**

Health insurance company is defined as a corporation the is authorized by a **state** and/or **HHS** to provide **Health insurance** to people.

Hermaphrodite is defined as an individual with **hermaphroditism**, A natural born **Hermaphrodite** may be treated as **male** or **female** for health care**.**

Hermaphroditism is defined as a person who was born with the presence of tissue of both male and female gonads; the ovaries and testes may be present as separate organs, or ovarian and testicular tissue may be combined in the same organ (ovotestis). A person born with **Hermaphroditism** is known as a **Hermaphrodite.**

HHS is defined as United States Department of Health and Human Services or any successor department.

Home Health Care Health care services a person receives at home.

Hospitalist is defined as a physician who specializes in providing and managing the care and treatment of hospitalized patients.

Hospice Services is defined as services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization or **Hospitalized** is defined as **c**are in a hospital and/or clinic that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation is still inpatient care. and/or **Hospital Outpatient Care** that takes more than four hours and/or care in a ER.

Hospital Outpatient Care is defined as care in a hospital and/or clinic that doesn't require an overnight stay**.**

Household is defined as all the persons living in a home or apartment, but adult child(ren) (age of 19 and over) living with (step) parent(s) at least one of which is over age 50 shall be considered a separate **Household** from their (step) parent(s).

In-network Co-insurance is defined as you pay only your **Co-payment In-network** to **Preferred Providers** who contract with your **health insurance** or plan. If **hospitalized** in an in-network hospital you pay your only your **Hospitalization** Co-payment In-network

In-patient is defined as a patient who is admitted to a hospital, infirmary or clinic for treatment or surgery and/or a patient who is lodged as well as treated in a hospital, clinic or infirmary.

Individual market means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

Informed consent is defined as consent by a patient or a **health care proxy** if becomes incapable of making such decisions or is a minor, to undergo a medical procedure, participate in a clinical trial, or be counseled by a **provider** or lawyer, after receiving all material information regarding risks, benefits, and alternatives and/or consent by a patient to undergo a medical or surgical treatment or to participate in an experiment after the patient understands the risks involved

IRS is defined as the Internal Revenue Service of the United States Department of the Treasury, or any successor agency.

Laid off is defined as the act of suspending or dismissing an employee, as for lack of work or because of corporate reorganization.

Large group market and small group market mean the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a **large employer** or by a **small employer** respectively.

Large employer means any employer who have gross income more than the **Minimum employer income amount** during their previous fiscal year; If a business using same or similar trade names is divided into two or corporations; the income of all the corporations shall be added to see if they meet the **Minimum employer income amount**. A **large employer** shall also include any **federal**, **state**, public authority, or local government contractor and/or government concessioner, who is fully or partial funded by **Federal** funds even if their have gross income is less than the **Minimum employer income amount.**

Major, college is defined as relating to a subject of academic study chosen as a field of specialization and/or a field of study chosen as an academic specialty.

Male a person bearing an X and Y chromosome pair in the cell nuclei and normally but not always having a penis, scrotum, and testicles.

Malpractice insurance is defined as insurance purchased by **provider**s and hospitals to cover the cost of being sued for malpractice

Man, or **men,** are defined as **Male**(s).

Maximum coverage amount per person is defined as Seven hundred thousand dollars ($700,000) per federal fiscal year on effective date of this act as stated in section 1014; then on every October 1st thereafter the amount shall be increased by multiplying **Maximum coverage amount** for the previous year by the **CPI** and add the result added to the previous year's **Maximum coverage amount** giving the

new **Maximum coverage amount.** Should the **CPI** be negative or zero the **Maximum coverage amount** will remain unchanged.

Maximum parental leave monthly rate is defined as the **Median Individual Income** for the **calculation district** the parent resides in, divided by 24**.** In order to produce a **monthly** rate equal to half pay or less.

Median Household Income is defined as is the income level in the middle of a list of ranked **Household** incomes in a **Calculation District**.

Median Individual Income is defined as is the income level in the middle of a list of ranked individual incomes in a **Calculation District**.

Medicare means the program established under 79 Stat. 286 - Medicare Law - July 30, 1965 et seq.

Medicaid means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

Medical Cost Sharing plan is a group of like-minded individuals that agree to come together and help each other pay their medical expenses everyone pays in a certain monthly share amount, and for your own expenses, you are responsible for covering an annual **personal responsibility**. Then, the rest of your medical expenses are shared among the group from what they have paid in. Since it is not **health insurance** it may refuse people with **pre-existing condition**s other than pregnancy.

Medically Necessary is defined as Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine. A sex change is never **Medically Necessary.**

Medical School is a graduate school, or part of such an educational institution and/or university, that teaches medicine, and awards a professional degree for physicians and surgeons. Such medical degrees include, Doctor of Medicine, or Doctor of Osteopathic Medicine; that allows graduates to be licensed to practice medicine.

Medical Procedures are procedures employed by medical or dental practitioners**.**

Minimum employer income amount is defined as a gross income of five million dollars ($5,000,000) per fiscal year on effective date of this act as stated in section 1014; then on every October 1st thereafter the amount shall be increased by multiplying **Minimum employer income amount** for the previous fiscal year by the **CPI** and add the result added to the previous year's **Minimum employer income amount** giving the new **Minimum business earnings amount.** Should the **CPI** be negative or zero the **Minimum employer income amount** will remain unchanged**.** If a **business entity** is divided into two or more entities/corporations; the income of all the entities/corporations shall be added to see if it reaches the **Minimum employer income amount.**

Minimum primary care amount is defined as thirty-five dollars ($35) on effective date of this act as stated in section 1014; then on every October 1st thereafter the amount shall be increased by multiplying **Minimum primary care amount** for the previous year by the **CPI** and add the result added to the previous year's **Minimum primary care amount giving** the new **Minimum primary care amount.**

Minimum Wage is defined as the lowest hourly remuneration that employers can legally pay their covered nonexempt employees either the amount set **federal** or **state** law whichever is greater shall be

used for calculations in that **State**'s **Calculation District**(s). If there is no **Minimum Wage** amount set in either **federal** law or that **state's** law it shall be calculated in each **Calculation District** as thirty percent of the annual **Median Individual Income** divided by 2,080**.**

Miscarriage is defined as the spontaneous, premature expulsion of a nonviable embryo or fetus from the uterus and/or when an embryo or fetus dies in the uterus.

Monthly is defined as once a calendar month.

Net medium income is defined as annual **Median Household Income** for the United States after the average annual **household** federal payroll are subtracted.

Network is defined as the facilities, **provider**s and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider is defined as A **provider** who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred **provider**. Check your policy to see if you can go to all **provider**s who have contracted with your **health insurance** or plan, or if your **health insurance** or plan has a "tiered" network and you must pay extra to see some **provider**s**.**

Out of network is defined as to physicians, hospitals or other healthcare providers who do not participate in an insurer's provider network. Which means they have not signed a contract agreeing to accept the insurer's negotiated prices.

Out-of-network Co-insurance is defined as the amount not to exceed **Co-payment out of network** you pay of the allowed amount for covered health care services to **provider**s who do not contract with your **health insurance** or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-Pocket Limit is defined as **the** most you pay during a policy period before your **health insurance** or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your **health insurance** or plan doesn't cover. **Health insurance** must count all of your co-payments, **deductible**s, co-insurance payments, out-of-network payments or other medical expenses other than **Excluded Services** toward this limit.

Parental leave is defined as paid maternity, paternity, and/or adoption leave. It will will be up to eighteen months after the date of birth of child(ren), or the date of adoption of child(ren) or when the parent returns to employment whichever occurs first.

Pediatric is defined as patient under the age of eighteen (18).

Personal responsibility is defined as **t**he annual amount you owe for health care services before your **Medical Cost Sharing plan** begins to pay according to the plan's rules.

Physician is defined as a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine).

Physician Services is defined as Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan is defined as a benefit from your employer, **union**, a **Medical Cost Sharing plan, Health Insurance,** or other group sponsor provides to you to help pay for your health care services.

Preauthorization is defined as a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your **health insurance** or plan will cover the cost.

Pre-existing condition is defined as a medical condition that started before a person's health benefits went into effect.

Preferred Provider is defined as a **provider** who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred **provider**s or if your **health insurance** or plan has a "tiered" network and you must pay extra to see some **provider**s. Your **health insurance** or plan may have preferred **provider**s who are also "participating" **provider**s. Participating **provider**s also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium The amount that must be paid for your **health insurance** or plan. You and/or your employer usually pay it weekly, **biweekly**, **monthly**, quarterly or yearly.

Prenatal surgery is a surgical procedure performed on a baby, prior to birth**.**

Prescription Drug Coverage Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs is defined as drugs and medications that by law require a prescription.

Primary Care Physician A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider is defined as A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider is defined as A **physician** (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), or other health care professional, or health care facility licensed, certified or accredited as required by state law.

Private corporation is defined as a corporation with less than 500 owners and/or shareowners.

Public maintenance aid is defined as Temporary Assistance for Needy Families (TANF) 45 CFR Part 260, and/or Supplemental Security Income (SSI) 42 U.S. Code Chapter 7 Subchapter XVI and/or Social Security Disability Insurance 42 U.S. Code § 423 and/or any replacement or successor cash assistance program.

Public corporation is defined as a corporation with 500 or more owners and/or shareowners.

Reconstructive Surgery is defined as surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services is defined as Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Religious employer is defined as an employer which is a non-profit religious organization and/or non-profit religious corporation that declares itself religious and has a statement of religious faith and morals; or a private for-profit sole proprietor business, and/or for-profit partnership business with less than 500 partners and/or for-profit **private corporation** with less than 500 owners and/or shareowners; whose owner(s) and/or board of directors have adopted and published on the corporation's website or business' website a statement of religious faith and morals.

Serious-illness is defined as a condition that carries a high risk of mortality, negatively impacts quality of life and/or daily function, and/or is burdensome in symptoms, and/or treatments.

Skilled Nursing Care Services is defined as care from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home**.**

Small employer means any employer who have gross income less than or equal to the **Minimum employer income amount** during their previous fiscal year.

State is defined as any United States of America State, Commonwealth, possession, territory or the district of Columbia.

STD is defined as sexually transmitted disease that can be transmitted by means of sexual intercourse or by intimate contact with the genitals, mouth, or rectum; also called a venereal disease.

Sterilizing a person is defined as to eliminate the ability of a person to produce offspring, as by altering, or removing healthy reproductive organs and/or removing, or shorting a healthy penis and/or removing, or altering a healthy vagina and/or removing and/or altering a healthy clitoris and/or drugs given to stop puberty.

Specialist A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Telemedicine is defined as medical care provided remotely to a patient in a separate location using two-way voice and/or visual communication (as by computer or cell phone); and/or the use of telecommunications technology to provide, enhance, or expedite health care services, as by accessing offsite databases, linking clinics or physicians' offices to central hospitals, or transmitting x-rays or other diagnostic images for examination at another site; and/or the transfer of medical information via telecommunication technologies for the purpose of consulting or for remote medical procedures or examinations.

The Grange is the National Grange of the Order of Patrons of Husbandry.

The Secretary is defined as the secretary of United States Department of Health and Human Services or any successor department.

Transgender is defined as Identifying as having undergone medical treatment to become a member of the opposite sex and/or having a sex change surgery; having changed and/or wanting to change, gender identity from male to female, or from female to male.

Transgender procedure is defined as having undergone or currently undergoing medical treatment to become a member of the opposite sex and/or having a sex change surgery, and/or taken drug(s) to create the physical appearance of the opposite sex, and/or taken drug(s to stop puberty and/or a female having healthy breast(s) removed and/or a male having female breast(s) created and/or removing healthy reproductive organs and/or in a male removing, or shorting a healthy penis and/or in a male creating a vagina and/or in a female creating a penis and/or in a female creating a scrotum and/or in a female removing, or altering a healthy vagina.

Workers' compensation is defined as a form of insurance providing wage replacement and medical benefits to employees injured in the course of employment. 5 U.S.C. Chapter 81.

Woman, or **women,** are defined as **Female**(s).

UCR (Usual, Customary and Reasonable) The amount paid for a medical service in a geographic area based on what **provider**s in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Unemployment, also called unemployment benefits refer to insurance programs administered by the United States and/or **state** governments which replace a portion of wages for individuals during unemployment. 26 U.S.C. § 85.

Union is defined as an organization of workers formed for the purpose of serving the members' interests with respect to wages and working conditions; and/or a continuous association of wage-earners for the purpose of maintaining or improving the conditions of their employment; and/or a trade union; and/or an organization of employees formed to bargain with the employer.

University is an institution of higher education and research, which awards academic degrees in various academic disciplines. Universities typically provide undergraduate education and postgraduate education.

Urgent Care is defined as care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **Emergency Room Care**.

U.S. shall mean United States.

U.S.C. shall mean United States Code.

Section 1000 Health Insurance.

A. All **health insurance** purchased from a on an exchange and/or employer **health insurance** plan will continue cover **pre-existing condition**s; and the person/family **Deductible** and/or **out-of-pocket limit** shall not exceed Sixty (60) times the **Minimum Wage** annually. Plans sold of exchanges run by states must meet the coverage standards set by state law. Plans sold on exchanges run by the federal government must meet the same coverage standards for Employer Insurance Coverage. **Premium**s for insurance sold on an exchange shall be regulated by the state

for exchanges run by states and by the Bureau of Health Insurance Assistance for exchanges run by the federal government.

B. All **health insurance** plans, **Medicare**, and **Medical Cost Sharing plan**s shall send via U.S. mail to the people they cover, proof of coverage, when they signup and every January and July.

C. All **health insurance** plans' **Premium**s shall be **Community rated.** Between the fifteenth day of August and the fifteenth September of every year, a person/family/married couple with **health insurance** may change **health insurance** plans with the change effective the first day of October. The **Premium** for one adult and their spouse shall not exceed 175 percent of the **Premium** for one adult. The **Premium** for one adult and their minor child(ren) and/or their minor step child(ren) and/or minor child(ren) they are the guardian of, and/or their minor adopted child(ren) shall not exceed 175 percent of the **Premium** for one adult; notwithstanding the number of children. The **Premium** for one adult, their spouse, and their minor child(ren) and/or their minor step child(ren) and/or minor child(ren) they are the guardian of, and/or their minor adopted child(ren) shall not exceed 300 percent of the **Premium** for one adult; notwithstanding the number of children. Minor for this section shall mean under age 19. If a person is assigned a job under section 1003 E and 1003F; the employer's **health insurance** shall allow such person to be enrolled 2 business days after being hired.

D. This act does not affect **health insurance** offered by **state** and local governments, other than **Medicaid**. **Health insurance** for United States civilian employees, and/or provided by United States to veterans or the postal service shall be subject to this act.

E. Whenever a person lacks **health insurance** coverage for any reason that person may purchase **health insurance** on the exchange at any time; the coverage to take effect on the first of the next month. A person may change **health insurance** coverage purchased on an exchange but must give both plans three months' notice.

F. Every **health insurance** plan shall have at least ten percent of hospitals **in-network**, at least ten percent **Urgent Care** locations **in-network**, at least seven percent of **Primary Care Provider**s **in-network**, at least five percent of the gynecologists **in-network,** and at least five percent of the obstetricians **in-network**, in each **Calculation District,** or each **coverage area**, that the **health insurance** plan is offered for enrollment; if a **coverage area** is smaller than a **Calculation District** it shall meet these requirements within the **coverage area**. If there are no hospitals in a **coverage area**, it still must have at least one nearby hospital that is **in-network.** Every **health insurance** plan shall make available lists of **in-network** hospitals, **Primary Care Provider**s, gynecologists, obstetricians, **Specialist**s, and **Urgent Care** locations in each calculation district it serves on its public website. Every **health insurance** plan shall have an **air ambulance in-network** in each **Calculation District**(s) that **health insurance** plan is offered for enrollment or may operate its own **air ambulance** service. All **in-network** contracts may start on any date but may only expire on 30th day of September of any year. If any **in-network** contract that is set to expire on 30th day of September of the current year has not been renewed by 10th day of August of the current year, a letter shall be mailed by the **plan** forthwith to any **plan** member in that **Provider, Specialist, Urgent Care,** or hospital informing the **plan** members in that **Calculation District** that they may be giving up their **in-network** status.

G. **Medicaid, Medicare**, **health insurance plans,** and **Medical Cost Sharing plan**s may not require anyone to undergo any medical treatment and/or medical procedure and/or take medication and/or vaccination in order to be covered by the insurance/**Medical Cost Sharing plan**, or being paid as a **provider** and/or **Specialist** by the insurance/**Medical Cost Sharing plan**.

H. The **secretary** by regulation shall define what nearby means for this act.

Section 1003 Medicaid changes, Medicare changes, and non-employer private health insurance.

A. Whenever a person who is covered under an their employer's **health insurance**, or a **Health Insurance** plan purchased on an exchange, or purchased non-employer private **health insurance** and/or their covered spouse and/or a covered child have health costs paid by their **health insurance** plan exceeding the **Maximum coverage amount per person,** during a federal fiscal year the **health insurance** carrier shall apply on behalf of that person to their state's **Medicaid** program for emergency coverage which will cover them and take over their coverage for the rest of the federal fiscal year regardless of their income. **Health insurance** will still pay the **Minimum primary care amount** and pay for visits to **primary care provider**(s) even after **Medicaid** emergency coverage takes over all other payments. However, if a person covered by a **Health Insurance** plan purchased on an exchange, or an employer **health insurance** has attained the age of 65 years and has health costs exceeding the **Maximum coverage amount per person,** during a federal fiscal year the **health insurance** carrier shall apply on behalf of that person to the federal **Medicare** program which will take over all their coverage and cover them. The plan must notify the person by certified United States mail of this action when their coverage is transferred.

B. 1) **Medicare** shall arrange to create for all persons born after January 1, 1965 and covered by **Medicare** insurance a plastic insurance card with their photo of their face on it. All such cards shall have a **Medicare** assigned id number on it; Social Security numbers shall not be used.
2) **Medicaid** and/or the **state** partner shall arrange to create for all persons born after January 1, 1965 and over age 18, and covered by **Medicaid** insurance a plastic insurance card with their photo of their face on it. Those under age 18 shall have a plastic insurance card with their name and date of birth on it, or have the minor's name listed on their parent's or guardian's card. All such cards shall have a state assigned id number on it; Social Security numbers shall not be used.
3) If the person is a nursing home, and/or group home and/or other type of care home arrangements shall be made to have the photo taken at the home.
4) **Medicare** and **Medicaid** should use the same photo whenever possible. The photo must be updated every eight years. These plastic cards with a photo shall be accepted as Id whenever an Id is required for voting.
5) Social Security numbers shall not be used on any documents by any **health insurance**, **or Medical Cost Sharing plan. Health insurance** and **Medical Cost Sharing plan**s must assign their own id numbers and provide each person age 18 or over covered a plastic insurance card; children under age 18 can have their names listed on their parent's or guardian's card.
6) Should a minor have a disability as defined by regulations issued by the **Secretary** or by law; that minor shall be eligible for **Medicare** coverage; any health insurance the covers the minor, any **Medical cost sharing plan** that has the minor as a member, or the minor's parent and/or guardian may apply for **Medicare** on the minors behalf; the **Medicare** coverage for that minor shall last till the minor obtains the age of 21.

C. Gifts from relatives or friends, valued under 500 times the **minimum wage** annually, shall not be considered income for **Medicaid** or housing **assistance** entitlement purposes.

D. All persons in a **household** that in any calendar month has income as calculated in section 1004 **which is** under twenty percent above the **monthly Federal poverty level** for that **household** in that **calculation district** as calculated in section 1004 shall be entitled to apply and receive **Medicaid health insurance** and continue to receive it for the of remainder federal fiscal year or until they are covered under other health insurance or a **Medical Cost Sharing plan,** whichever occurs first. All persons obtained the age of 65 that apply for **Medicaid** shall also automatically apply for **Medicare** if they are not already covered by **Medicare**.

E. This subsection applies to any unemployed person, or a person that is employed less than 20 hours a week, who is not a full-time student; is over age of 18 and under age of 62; and has **Medicaid** health insurance, which is NOT **Medicaid** emergency coverage, is hereafter known as such person. Such contractor is fully defined in subsection 1003 F.

1) Any such person to remain on **Medicaid** must agree to meet with an **Employment Counselor** that works with such person's **state**'s **Medicaid** agency, or the Bureau of Health Insurance Assistance, and be assigned by that **Employment Counselor** to work for a **federal**, **state**, public authority, or local government such contractor for at least 40 hours a week job that provides employee **health insurance** or a **Medical Cost Sharing plan** and shall remain on **Medicaid** only until the enrollment in the contractor health insurance or **Medical Cost Sharing plan** takes effect; any pay deduction for such coverage shall never exceed ten percent of person's 40 hours earnings from the contractor. If that that **state**'s **Medicaid** agency has opted out of job assignment by state law, or for any other reason fails within three months, to setup a meeting with an **Employment Counselor** to find a such contractor to assign such person for work; the Bureau of Health Insurance Assistance shall setup a meeting with an **Employment Counselor** to assign that person to a such contractor. However, any such person with custody of child(ren) under age of 18, where visitation rights exist and/or such person has visitation rights of child(ren) under age of 18 or is the spouse of such person with custody or visitation rights, shall not be assigned to a work location more than 20 miles from their home address, unless such person requests family relocation under section 1003 E 5 below and the relocation will not adversely affect existing custody or visitation rights. If a married couple are both on **Medicaid** any jobs, they are assigned must be within 20 miles of each other. Once assigned to a such contractor such person shall not be reassigned unless the person requests it or the employment ends while still on **Medicaid.** The such contractor shall pay each such person the same mean average wage and/or salary that other employees performing the same or similar duties receive.

2) Any such person who says they have physical and/or mental limitations and/or currently pregnant must agree and have a physical performed and scheduled, by the **state**'s **Medicaid** agency or by the Bureau of Health Insurance Assistance, to determine what jobs they can perform and then be assigned an appropriate job. If they are found unable to work, for a period that will last over a year, an application for such person for Social Security Disability Insurance, and/or Supplemental Security Income will be prepared.

3) Any such person that has custody of child(ren) and/or is the guardian of any child(ren) that are below age of 19; their child(ren)'s **health insurance** or **medical cost sharing plan** shall receive payments of the child(ren)'s share of the **premium,** or **personal responsibility,** as defined in Section 1120 for at least six months, or the rest of the federal fiscal year, whichever is longer; after such person goes on their employer's **health insurance** or **medical cost sharing plan**. Daycare must be provided by such contractor when needed to allow the person to work. The daycare services shall remain for up to five years, even after such person is transferred to

their employer's **health insurance** or **medical cost sharing plan**.

4) Any such person that lacks an automobile, van, or truck and lives more than one and half miles from mass transportation and/or the assigned work site is more than one and half miles from mass transportation, then transportation must be provided by the such contractor, any pay deduction for such transportation shall never exceed five percent of person's 40 hours earnings from the such contractor for the daily commute. If the job assigned is greater than 30 miles and less than 120 miles away from such persons home address then a weekly commute will be setup; if the job assigned is over 120 miles away from such persons home address once every six weeks commute will be setup; either non-daily commute will be arranged by the such contractor with housing near the job site; any pay deduction for such transportation and housing shall never exceed thirty-five percent of person's 40 hours earnings from the contractor the rest of the rent if any shall be paid under 42 U.S. Code § 1437f; either such person or the such contractor, may request a relocation under section 1003 E 5. The commuting services shall remain for up to five years, even after such person is transferred to their employer's **health insurance** unless they relocated under section 1003 E 5.

5) If the assigned job to any such person is more than 30 miles away from their home address; the Bureau of Health Insurance Assistance will offer, the person and any family member(s) they live with the option of relocating within 15 miles of the job location at **HHS** expense at the time the job is assigned; this option to relocate at **HHS** expense shall remain available for up to five years after such person is transferred to their employer's **health insurance** or **medical cost sharing plan**. After any relocation the Department of Housing and Urban Development, shall provide via 42 U.S. Code § 1437f unless the secretary of Department of Housing and Urban Development shall select a different aid program to insure the rent at new location shall not be more than 30 percent of household **monthly** income.

6) If such person is on parole and/or probation then that **state**'s **Medicaid** agency and/or the Bureau of Health Insurance Assistance shall notify the person's parole and/or probation officer in writing of the job assignment; if parole and/or probation officer blocks the assignment he/she shall reply to the notice in writing with ten days; if he/she fails to reply and/or **state**'s **Medicaid** agency or the Bureau of Health Insurance Assistance does not agree with the decision either may appeal thru the appropriate court system.

7) If any such person refuses to accept or repeatedly fails to show up for an assigned job and are dismissed from their job for this just cause; **HHS** shall reduce any cash assistance it provides to such person; if such person had employer's **health insurance** or **medical cost sharing plan** it will be handled the same as any other dismissal in this act; however if such person finds their own job which employs such person more than 20 hours a week no penalty can be imposed.

F. **Medicaid** work requirement any **federal** contractor, **state** contractor, public authority, contractor or local government contractor and/or government concessioner, who is fully or partial funded by **Federal** funds shall set a side at least ten percent of its jobs to be assigned by a **State**'s **Medicaid** agency or the Bureau of Health Insurance Assistance, in order to fill the **Medicaid** work requirement as defined in this act; is hereby known as such contractor(s) in this act. Sub-contractors who are contracted directly or indirectly by such contactors and that part of their business that is paid by federal funds for such contactors shall be included in the assigned jobs system to fill the **Medicaid** work requirement; and shall also be known as such contractor(s) in this act. Business that buyout or merge with such contractors and keep the contract and/or concession shall also be known as such contractor(s) in this act. All such contractors shall be

treated as **large employers** when it comes to **health insurance** or **medical cost sharing plan**; the waiting period to enroll in any such contractors' sponsored **health insurance** or **medical cost sharing plan** shall not exceed 2 business days**.**

1) However, such contractors for the National Park Service and all other Department of Interior agencies, and/or the Department of Housing and Urban Development and its agencies, and/or **HHS** and its agencies, the Department of Energy and its agencies, shall require at least twenty percent of their contractors' employees being assigned.

2) Businesses that lease or rent space including even a sub-lease or sub-rental at an any airport, any train station, other publicly owned building built with some Federal funding, or park built with some **Federal** funding, shall be treated as such contractors, under this act; even if they do not directly receive **federal** funds and are actually a **state** contractor, **state** or local public authority contractor, and/or local government contractor; and set aside at least ten percent of their jobs for assignment as defined in this act; all such contractors shall be treated as **large employers** when it comes to **health insurance** or **medical cost sharing plan;** the waiting period to enroll in any such contractors' sponsored **health insurance** or **medical cost sharing plan** shall not exceed 2 business days**.**

3) In calculating the percentage of jobs that must be available for assignment only jobs related to the contract and/or lease or rental are included and each such contractor may reduce the total by including any person assigned in the last ten years that is still employed and excluding any jobs that require college training, and/or a security clearance, and/or foreign travel, and/or use of a firearm, and/or professional license, and/or training as a plumber and/or training as an electrician and/or training as a diver and/or training as a welder; however if an assignee has those qualifications he or she may be assigned to those jobs.

4) **State** and local governments may decide which other contractors that do not receive federal funds are covered by this act and may set a percentage higher than ten percent of jobs to be assigned to fill the Medicaid work requirement in their contracts or leases.

5) Airlines, bus companies, space transport, railroads, hospitals, medical offices, medical clinics, dentist offices, motor vehicle rental, and funeral homes are exempt from accepting assigned employees.

6) All such contractors shall provide each May to the Bureau of Health Insurance Assistance a list of all sub-contractors that are indirectly paid with **federal** funds and their estimate of the total number of jobs they created directly or via sub-contractors due to their **federal** funded contracts; seasonal and temporary jobs must be included in the estimate.

7) The requirement of such contractors to accept assigned workers for employment and only dismiss them for just cause or lack of work shall be implied in all contracts and leases signed and/or amended and/or updated after this act is signed into law; whether it applies to pre-existing contracts or leases will depend on the text of those contracts and/or leases. Should a such contractor repeatedly dismiss people who have been assigned jobs within the last ten years with such contractor without just cause or lack of work, and/or repeatedly not supply the option of 40 hours of work to people who have been assigned jobs within the last ten years and/or refuse to accept assigned workers for employment; the Bureau of Health Insurance Assistance shall take action in U.S. district court to have the contract and/or government concession, and/or lease terminated. **The secretary** shall adopt rules to enforce job assignment, define what is just cause or lack of work for dismissal for the **Medicaid** work requirement, and calculate the number of jobs available for assignment.

8) **The secretary** shall adopt rules on how to negotiate for office space for **Employment Counselor**s which should be provided by a **State**'s Medicaid agency, or a **State**'s Department of Labor, and which shall be provided the United States Department of Labor, the United States Postal Service at Post Offices, and local Bureau of Health Insurance Assistance offices; define the minimum number of **Employment Counselor**s, in each **calculation district,** that shall be employed by the United States Department of Labor and/or a **State**'s Department of Labor; using Section 1011 revenue to pay the **Employment Counselor**s' salaries, based on the population and geographic size of each **calculation district** the minimum number shall be high enough that no one has to wait more than four weeks for an appointment with an **Employment Counselor,** and how far and often **Employment Counselor**s must travel to provide in person service. These **Employment Counselor**s can also handle Social Security Disability Insurance cases, and/or Supplemental Security Income cases, and/or **unemployment** cases. The Bureau of Health Insurance Assistance when not enough jobs are available to be assigned shall create waiting lists for assigned jobs.

G. Non-employer private **health insurance**: Employees employed by businesses who earned equal or less than **Minimum employer income amount** during their businesses previous fiscal year and do not offer **health insurance**, the self-employed and anyone who wishes can buy **health insurance** on the exchanges. In addition, those employees without **health insurance** and the self-employed must be allowed buy **health insurance** even if not a member from any nearby Chamber of Commerce, **the Grange**, or other not for profit that chooses to sell **health insurance** to members; these groups may decide to follow the insurance standards in this act or their state standards; no state shall compel these groups to follow state standards; if it is a religious organization it can exempt from any standard that conflicts with its religion; these groups may setup their own health insurance company.

H. If a person is on Social Security Disability Insurance 42 U.S. Code § 423 or receiving Supplemental Security Income 42 U.S. Code Chapter 7 Subchapter XVI; and is also receiving **Medicare** coverage and is currently between the ages of 18 and 55 they must be revaluated by a **Provider** and a Department of Labor's **Employment Counselor** every five years, starting in the same month five years after their first disability payment, by a to see if what jobs on the existing job list(if any) they could be trained to perform with their disability; the cost of the training shall be provided by Social Security Disability Insurance or Supplemental Security Income. The job list is a list of existing jobs in the United States shall be a combined list created, by the **secretary,** annually each October 1st of occupations obtained from Secretary of Labor, and the occupations listed tax returns obtained from the **IRS,** it shall include jobs that may be done entirely on the internet and/or by phone from a person's own home; the person must agree to be trained in one or more of the skills and agree to be placed in a job if possible. If they receive a job, they are still entitled to receive **Medicare** Coverage for life. The person may decline without penalty any job that pays less than the Social Security Disability Insurance or Supplemental Security Income benefits he/she currently receive otherwise such benefits will end when employment starts; **HHS** shall by regulation set the financial penalty for refusing a job or training. If a marriage occurs after the start date of receiving Social Security Disability Insurance or Supplemental Security Income benefits it shall NOT decrease the Security Disability Insurance benefit amount, or Supplemental Security Income benefit amount.

I. Due to the Supreme Court ruling in National Federation of Independent Business v. Sebelius, 567 U.S. 519 any state may opt out of these **Medicaid** requirements by passing a state law

opting out of any part of these changes. If the state does not pass a law to opt out all these changes will take effect of the effective date of this act in that state and remain in effect in that state till an opt out law takes effect. If a state opts out of the **Medicaid** emergency coverage takeover after reaching the **Maximum coverage amount per person** for **Health Insurance** in that state **health insurance** must cover everyone till the amount paid equals three times the **Maximum coverage amount per person** and may increase their premiums accordingly, and double maximum **Co-payment In-network** and **Co-payment out of network** to help cover the cost; and shall notify every affected **household** every January via a letter sent by U.S. mail why the premiums and co-pays are higher and providing the title and section number of the state opt out law; the failure to send this letter to a **household** shall require a fifty percent reduction in that **household**'s **Co-payment In-network** for six months.

J. **Health insurance** may not require anyone to undergo any medical treatment and/or any medical procedure and/or take any medication and/or have any vaccination in order to be covered by the insurance or being paid as a **provider** by the insurance.

K. **Health insurance, Medicaid** and **Medicare** shall pay **provider**(s) and/or clinics and/or hospitals within ninety days of a service being billed, for a covered patient, up to the limits set by the contract or law, or interest can be charged by the **provider**(s) and/or clinics and/or hospitals; however, **Health insurance, Medicaid** and **Medicare** may delay payment without an interest charge for large amounts; if the patient, or the patient's guardian when patient is unable to care for themselves, or is a minor, refuses to confirm the procedure was done after being notified by U.S. certified mail. **The secretary** shall by regulation setup the exact procedure, that needs to be followed to prove the service was provided, decide what is a large amount, and what interest rate to use.

Section 1004 Calculating the Federal poverty level per household.

A. Each June the **IRS** shall calculate the following from the previous calendar years data. Then publish that information in the federal register 44 USC Ch. 15 and give it to **HHS**, by July 1st of every year.
   1) The mode average annual rent for apartments for each **Calculation District.**
   2) The **median Individual Income** for each **Calculation District**.
   3) The **median household Income** for each **Calculation District**.

B. **HHS** shall take the **IRS** and the Bureau of Health Insurance data and do the following calculations annually. The new values will take effect on Oct 1st of every year.
   1) Divide **net medium income** for each **Calculation District** by 3.3(three and three tenths) giving **Basic income level**. The **net medium income** for each **calculation district** is calculated from the **median household Income** by the Bureau of Health Insurance Assistance.
   2) Divide each mode average rent for apartments in each **Calculation District** by 1.5 (one and five tenths) giving **Basic rent per district**.
   3) Add the **Basic income level** plus the **Basic rent per district** giving the annual **Federal poverty level** for that **Calculation District** for a **household** of four. If **household** has more than four persons the **Federal poverty level** for that **household** shall be increased by adding the **adjustment amount** multiplied by the number of additional persons over four. If **household** has three persons the **Federal poverty level** for that **household** shall be decreased by subtracting the **adjustment amount.** If **household** has two persons the **Federal poverty level** for that

household shall be decreased by subtracting two times the **adjustment amount.** If **household** has one person the **Federal poverty level** for that **household** shall be decreased by subtracting three times the **adjustment amount. The Secretary** shall issue rules on how **monthly Federal poverty level**s are calculated.

4) Adult for this section shall mean over age 19. Parent(s) and/or step parent(s) at least one who is over age 50, and/or their spouse and/or their non-adult (step) child(ren) living with their **a**dult child(ren) or adult step child(ren), shall be considered a separate **household** from their oldest **a**dult (step) child's **household**. Anyone other than the(step) Parent(s) and/or their spouse and/or non-adult (step) **c**hild(ren) residing at the home will be considered part of the oldest adult (step) child's **household.** However, **the secretary** shall by regulations handle the special cases where more than one set of (step) parent(s) at least one who is over age 50, of an adult step child(ren), are living at the same home and decide who should be a member of each household.

C. **HHS** shall calculate the **adjustment amount** for each **Calculation District** by dividing the annual **Federal poverty level** for that **Calculation District** by 4**. HHS** shall calculate the **monthly Federal poverty level** for each **Calculation District** by dividing the annual **Federal poverty level** for each **Calculation District** for a **household** of four by 12. **HHS** shall calculate the **monthly adjustment amount** by dividing the **adjustment amount** by 12**.**

D. A household's monthly income shall be calculated as the sum any income from any source, other than income from a **government aid program,** earned by any or all member(s) of that **household** in the previous calendar month, subtracting any **monthly garnishment of pay** for any member of that **household** in that month. If **monthly** income amounts for all household members are not available for the previous calendar month, the previous calendar year's income calculated as the sum any income from any source, other than income from a **government aid program,** earned by any or all member(s) of that **household,** subtracting any **garnishment of pay** for any member of that **household** in that year, divided by 12 shall be used for **monthly** income.

Section 1005 Health insurance Minimum essential coverage.

All **Health insurance, Medicaid,** and **Medicare** shall cover at least these things.

A. Primary care given to an outpatient by a general health care provider, especially a family physician, internist, or pediatrician, usually as part of regular, nonemergency care.

1) Health insurance shall pay each month to each covered person's **primary care provider** or person's primary care corporation the **minimum primary care amount** each month. **Primary care provider** may charge a **co-payment** for their services. In order to qualify for the **minimum primary care amount** payments a **primary care provider** must done a full physical of the person within the last 16 months. A person may change **primary care provider**s at any time by notifying their **Health insurance**. No new physical is required to change **primary care provider**s and transfer the payments to the new provider; if a physical was done within one year.

2) Primary care providers may still negotiate with **health insurance** companies' payment amounts for covered patient visits and physicals.

3) The following will be covered for physicals. The **primary care provider**s shall have a check list of these items to enter into the patient's medical record At least 45 minutes shall be set aside

for a physical. Physicals for adults shall include the following actions: **Primary care provider** and any addition in their professional judgement need to be the looked at:

- Review of medical history.
- Vital Signs. Blood pressure, Heart rate, Respiration rate, Temperature.
- Also, a review of the patient's General Appearance, Heart Exam, Lung Exam, Head and Neck Exam, Abdominal Exam, Neurological Exam, Dermatological Exam, and Extremities Exam, Ears Exam.
- When a **primary care provider** does an adult patent's physical the **primary care provider** or their staff shall request a copy of the patient's **health care proxy** if the patent states there has been no change, or it does not exist, they shall note that in the patient's medical record.
- Any things listed in Section 7213 that the **primary care provider** reasonably feels are medically necessary during the physical.
- For patients over age 35 an Electrocardiogram (EKG),
- For male patients over age of 13 Testicular exam, Hernia exam, Penis exam, if over age of 40, Prostate exam.
- For female patients over age of 10, Breast exam, Pap test, Vagina, Pelvic exam but the patient can be referred to a Gynecologist for all or part of the Pelvic exam and Vagina exam.
- For **Pediatric** Physicals should follow accepted medical standards as set by **HHS** regulations
- Laboratory tests.

4) When a **primary care provider**'s patient is **Hospitalized** the **Specialist** or other **Provider**s caring for the patient shall at least once a day email or fax the patient's **Hospitalization** medical records to the patient's **primary care provider** to obtain their professional recommendation on the patient care plan which will be recorded in the **Hospitalization** medical records. If the **Specialist** or other **Provider**s decide to not to follow **primary care provider** medical recommendations, they shall enter in the **Hospitalization** medical record why they did not follow the recommendations. The **primary care provider** can collect from the **health insurance** agreed upon price for one patient visit per calendar day for one or more emails or faxes on the **Hospitalized** patient's care that a recommendation was given.

5) When a patient is **Hospitalized** the **Specialist** or other **Provider**s caring for the patient while **hospitalized** must bill the hospital and/or clinic and may not charge the patient nor the patient's **health insurance** nor the patient's **Medical Cost Sharing plan** and/or the patient's directly; only the hospital and/or clinic may bill the patient, and/or the patient's **Medical Cost Sharing plan** and/or the patient's **health insurance,** directly**.** This shall not apply to **primary care provider**s who the patent employed prior to being **Hospitalized.**

B. General essential coverage.

1) All **health insurance** plans and **Medicare** shall at least cover the items listed below when they are **Medically Necessary**

- **Complications of Pregnancy.**
- **Child birth** At least 48 hours of **Hospitalization** must be covered for natural child birth or assisted child birth; and at least 96 hours of **Hospitalization** must be covered for a

caesarean section with no **deductible** amount and/or **co-payment** being charged to the patient.

- **Emergency Medical Condition,** and **Emergency Room Care**
- **Emergency Medical Transportation** an **EMT** when available with **Emergency Medical Transportation** must confirm that an **Emergency Medical Condition** exists for the transportation to be covered; otherwise, an **ER** must confirm it.
- **Air ambulance** an **EMT** when available must confirm an extremely critical medical problem exists that does not allow the use of **Emergency Medical Transportation** to require its use; otherwise, an **ER** must confirm it.
- **Durable Medical Equipment (DME)**
- Anesthetics
- **Hospitalization**
- **Chiropractic care**
- **Diagnostic Tests** and **Medical Procedures**: Abdominal CT Scan (Computed Tomography Scan), Abdominal Ultrasound, Acupuncture, Allergy Shots (Allergen Immunotherapy), Allergy Tests, Angioplasty, Anoscopy, Arterial Blood Flow Studies of the Legs (Segmental Doppler Pressures), Arthroscopic Surgery, Back X-Rays (Spine X-Rays), Barium Enema, Barium Swallow (Upper Gastrointestinal Series or Upper GI Series), Biofeedback, Bionic eye, Biopsy, Biopsy of the Prostate and Transrectal Ultrasound, Blood Testing, Bone Density Test, Bone Marrow Biopsy, Bone Marrow Transplant, Bone Scan, Breast Ultrasound, Bronchoscopy, **Caesarean Section**, Cardiac Catheterization, Carotid Ultrasound (Carotid Doppler), Chemotherapy, Chest X-Ray, Cholecystectomy, Chorionic Villus Sampling, Colonoscopy, Colposcopy, Colposcopy and Cervical Biopsy, Computed Tomography (CT Scan) for Back Problems, Computed Tomography (CT), Corneal Transplant, Coronary Artery Bypass Surgery, Cystoscopy, Cystourethrogram, Digital Rectal Exam, Echocardiogram, Electrocardiogram (EKG), Electroencephalogram (EEG), Electromyography and Nerve Conduction Studies (EMG), Electrophysiological Testing of the Heart, Endometrial Biopsy, Endoscopic Retrograde Cholangiopancreatography (ERCP), Endoscopy, Excisional Biopsy of the Breast, Fecal Occult Blood Test, Fetal Ultrasound, Fluorescein Angiography (Test for Diabetic Retinopathy), Foot X-Ray, Heart Transplant, Heart-Lung Transplant, Heart Valve Replacement, Hernia Repair, Holter Monitor and Event Monitor, Hysterectomy, Hysterosalpingogram, Hysteroscopy, Immunotherapy, Implantable Cardioverter Defibrillator (ICD), Kidney Transplant, Large Core Needle Biopsy of the Breast, LASIK, Liver Biopsy, Lumbar Puncture (or Spinal Tap), Lung Transplant, Magnetic Resonance Imaging (MRI), Mammography, Mediastinoscopy, Myelography (Myelogram), Nephrectomy, Oxygen Saturation Test, Pacemaker, Pap Test (Papanicolaou Smear), Pelvic Ultrasound and Transvaginal Ultrasound, Percutaneous Transhepatic Cholangiography (PTCA), Pleural Fluid Sampling (or Thoracentesis), Pneumonectomy, Positron Emission Tomography (PET Scan), **Prenatal surgery**, Prostate-Specific Antigen Blood Test (PSA Test), Pulmonary Function Testing, Radiation Therapy, Radionuclide Scanning, Rapid Strep Test, Scratch Test for Allergies, Screening for treatable Birth Defects in late Pregnancy, Sigmoidoscopy, Skin Biopsy, Snellen Test for Visual Acuity, Sputum Evaluation (and Sputum Induction), Stereotactic Biopsy of the Breast, Sutures, TB (Tuberculosis) Skin Test, Testing for Vaginitis (Yeast Infections, Trichomonas, and Gardnerella), Throat Culture, Thyroid Nuclear Medicine Tests (Thyroid

Scan and Uptake), Thyroidectomy, Tonometry, Treatment to reverse spinal paralysis, Ultrasound, Upper Endoscopy (Esophagogastroduodenoscopy or EGD), Urinalysis, Urinary Catheterization, Vasectomy, Ventilation-Perfusion Scan or V-Q Scan, Video-Assisted Thoracic Surgery, Wire Localization Biopsy of the Breast, and/or X-Rays.

- Restoring by surgery or another procedure the genitals to as normal as possible after they have been altered by accident or by surgery done when the patient was a minor, or without informed consent.
- **Habilitation Services,** and **Home Health Care** up to twelve hours per weekday.
- **Hermaphroditism**
- **Hospice Services**
- **Hospitalization (Provider**s and **Specialist**s shall only bill the hospital and/or clinic for services provided in a hospital and/or clinic not the patient or the patient's **health insurance**)
- Tattoo removal
- **Telemedicine**
- Surgery or other treatment to correct gynecomastia in males.
- **Hospital Outpatient Care, Reconstructive Surgery, Rehabilitation Services,** and **Skilled Nursing Care.**
- **Prescription Drug Coverage,** all drugs and medications on the **Medicare** formulary must be covered.
- Insulin and diabetic testing kits and supplies must be fully covered at no charge to patient.
- Vaccines **Pediatric**: Diphtheria, acellular pertussis, polio, measles, tetanus, rotavirus, mumps, & rubella (no more than three vaccines may be covered and/or paid for in any six consecutive month period).
- Vaccines Adult Flu, Diphtheria, acellular pertussis, polio, measles, mumps, rubella, Hepatitis A, Hepatitis B, Pneumococcal, Haemophilus B, & Tetanus.
- Newborns and newly adopted children of a covered person must automatically be added to the **health insurance** plan with no increase in **Premium** for two years.
- **Specialist**s
- Treatments for disease, Cancer, and Surgery At least 36 hours of **Hospitalization** must be covered for **in-patient** surgery.
- Common Procedures & Surgeries see section 1150 for list
- **Urgent Care.**
- **Prescription Drugs** that are included in the list covered by **Medicare**.
- Treatment for a **miscarriage,** a **dilation and curettage** when a **fetal heartbeat** is not occurring**,** or ending an **ectopic pregnancy**.
- At least two hundred hours of mental health care including but not limited to mental help therapy.

C. **Health insurance, Medicaid,** and **Medicare** shall pay the **UCR (Usual, Customary and Reasonable)** amounts for covered services.

D. The following will be the primary insurance, if a medical condition should be covered by **Workers' compensation, malpractice insurance,** automotive insurance and/or other accident insurance, and/or the person was in **government** custody and/or imprisonment at the time of treatment. The patient's **health insurance** provider, **Medical Cost Sharing plan, Medicare,** or **Medicaid** may file a **claim** and if **claim** is not paid within three months, then take action in

United states district court where the patient was treated to seek reimbursement for benefits paid on behalf of the patient against any and/or all listed in this paragraph that apply; and shall be intitled to reasonable attorney fees and court costs if court action is taken and they substantially prevail; the claim should be filed against **Workers' compensation** if the medical problem is work related; the claim should be filed against **malpractice insurance** if the medical problem is the result of malpractice**,** the claim should be filed against automotive insurance and/or other accident insurance, if the medical problem is caused by an accident. A victim of malpractice, a victim of an accident, or a patient covered by **Workers' compensation** may still use any **providers** or hospitals under the terms of their own **health insurance or Medical Cost Sharing plan**. The **government** level who holds a person imprisoned whether that person was convicted, or held for lack of bail is responsible for their medical bills while imprisoned. The **government** level that has arrested a person or otherwise held a person in custody is responsible for their medical bills that occur while in custody until they are arraigned before a court and/or released.

E. **Excluded Services** the following elective services shall not be paid for by **health Insurance** and/or **Medical Cost Sharing plan** and/or **Medicare** and/or **Medicaid**.
    - reproductive sterilization (except to cure a disease) however a person who has attained the age of 30 years shall be considered old enough to consent to reproductive sterilization and then may be covered at the **Plan'**s option.
    - Any surgery that alters the genitals in any way and/or removes reproductive organs, and/or a female breast and/or stop a female breast from growing (except if is **medically necessary** to cure a **Serious-illness**, and/or a **deformity,** then it may not be excluded)
    - Any sex change surgery or any **Prescription Drugs** prescribed for a sex change including puberty blockers and/or **transgender procedure**.
    - Assisted Suicide, Euthanasia.
    - In vitro fertilization.
    - **Abortion** or **abortion** inducing drugs.
    - **Cosmetic surgery** (except surgery to cure a **deformity** may not be excluded).

F. **Health Insurance** and/or **Medical Cost Sharing plan** and/or **Medicare** and/or **Medicaid** may cover more things than listed here and provide greater coverage than required here, but may not cover **Excluded Services.**

G. This section may not be altered by regulations except to better explain **Medically Necessary, UCR (Usual, Customary and Reasonable)** amounts, and update the list of **Prescription Drugs** that must be covered**.**

Section 1007 Medical Cost Sharing plans.

A. **Medical Cost Sharing plan**s may be operated by religious organizations or other not for profit groups all such plans must be registered with **HHS,** to be offered**.** Those who are covered by **a Medical Cost Sharing plan** shall be known as **Medical Cost Sharing plan** members. A **Medical Cost Sharing plan** means members share other members health care costs according to the plan's rules. If a person is assigned a job under section 1003 E and 1003F; the employer's **Medical Cost Sharing plan** shall allow such person to be enrolled 2 business days after being hired.

B. **Medical Cost Sharing plan**s must cover the same thing listed in Section 1005 for **Health insurance** coverage when any medical expenses have not yet exceeded the member's **personal responsibility,** but anything that violates the plan's religion may be excluded, however Pregnancy must always be covered by a **Medical Cost Sharing plan** used by a for-profit employer. Every plan member contributes a **monthly** contribution to support the **Medical Cost Sharing plan** in a manner set by plan rules. A member's **personal responsibility** shall not exceed twenty (20) times the **Minimum Wage** in any calendar month.

C. If a **Medical Cost Sharing plan** member has health costs exceeding the **Maximum coverage amount per person,** during a federal fiscal year the **Medical Cost Sharing plan** may either continue to cover them, or notify the Bureau of Health Insurance Assistance, a copy of that notification shall be sent by certified U.S. mail to the director of Bureau of Health Insurance Assistance, then the Bureau of Health Insurance shall purchase **health insurance** for the member on the exchange as if it were **COBRA** as stated in section 1120G retroactive to the date of the notice. However, if a person covered by a **Medical Cost Sharing plan** has attained the age of 65 years and has health costs exceeding the **Maximum coverage amount per person,** during a federal fiscal year the Bureau of Health Insurance Assistance, shall apply on behalf of that person to the federal **Medicare** program which will take over all their coverage and cover them, retroactive to the date of the notice. The **health insurance** plan purchased shall not count any funds paid by **Medical Cost Sharing plan** toward the **Maximum coverage amount per person.** The **Medical Cost Sharing plan** must notify the member by certified United States mail of this action when their coverage is transferred.

D. A person or family applying for a **Medical Cost Sharing plan** must list on the application all the **pre-existing condition**s other than pregnancy and occupation(s) of all the people who are joining and the plan may decide to reject the membership due to the **pre-existing condition**(s) or an occupation. Should a known **pre-existing condition and/**or occupation be left off the application form or the plan is not notified of a change in occupation; the plan on discovering the mistake may purchase **health insurance** on the exchange for the affected member paying the first month **Premium** and then cancel the membership when the insurance takes effect; the plan must notify the member by certified United States mail of this action. A pre-existing Pregnancy must always be covered. In the event an employee and/or family membership in a **religious employer'**s **Medical Cost Sharing plan** be rejected and/or membership cancelled for any reason; the **religious employer** shall give the employee a **monthly** voucher equal to amount the **religious employer** usually pays toward **Medical Cost Sharing plan** for the employee which can only be used by employee and/or family to help cover the cost of health **insurance** on the exchange**.**

E. Any injuries or conditions associated with dangerous occupations (which the plan was not aware of), dangerous hobbies, or dangerous activities. These include but are not limited to car racing, a motorcycle stuntman, motorcycle accidents/hobbies, motor vehicle accidents/hobbies, tree/rock climbing, hiking, hazardous waste hauling and/or any cosmetic procedures, including refractive eye surgery, e.g. Lasik, Illnesses due to the use of tobacco, injuries or conditions caused by or associated with, the use of alcohol or drugs and/or Tattoo removal. When coverage is denied or limited for these injuries or conditions the plan shall offer the member the option of having the plan purchase **health insurance** on the exchange for the affected member paying the first month **Premium** and cancel the membership when the insurance takes effect;

the plan must notify the member by certified United States mail of this option. The plan's rules may also set a limit on how much it will pay for the medical costs for such injuries or conditions.

F. A **Medical Cost Sharing plan** may cancel a membership for any reason listed in the plan's rules. Whenever a **Medical Cost Sharing plan** involuntarily cancels a membership, without six months' notice by certified mail the person(s) being canceled, unless otherwise stated in this act, the plan shall purchase **health insurance** for the member on the exchange paying the first three months **Premium**s and cancel the membership when the insurance takes effect. The plan must notify the member by certified United States mail of this action.
G. Whenever a person who is covered under their **Medical Cost Sharing plan** is dismissed or resigns from their employer and applies for **unemployment**. **Unemployment** shall notify the Bureau of Health Insurance Assistance created Section 1120 to start payments for the **Medical Cost Sharing plan**'s **monthly** contribution for the ex-employee, a covered spouse and/or covered children for up to limits set in section 1120; even if their application for **unemployment** benefits is denied. No unemployment funds may be used to cover **Medical Cost Sharing plan**'s monthly contributions; instead, some of the revenue produced by Section 1011 shall cover this **Medical Cost Sharing plan**'s **monthly** contributions.
H. A religious **Medical Cost Sharing plan** may require a plan member to be a member of that religion as long as that plan is not offered by a for-profit **religious employer**.
I. Whenever a person who is covered under their employer's **Medical Cost Sharing plan** is dismissed or resigns; their former employer shall notify the Bureau of Health Insurance Assistance created in Section 1120 to start payments for the **Medical Cost plan**'s **monthly** contribution for the ex-employee, a covered spouse and/or covered children for up to limits set in Section 1120.
J. **Medical Cost Sharing plan** shall for a member pay **provider**(s) and/or clinics and/or hospitals within ninety days of a service being billed up to the limits set by law or the rules of the plan.

Section 1008 Penalties.

A. **The Secretary** shall assess a penalty fee against a **plan**, employer, **Primary Care Provider, Provider,** or that has failed to comply with this act; A penalty fee shall be $50 per violation per week.
B. **The Secretary** shall seek a court order in U.S. district court to force compliance with this act in cases of repeated violators.
C. The **health insurance** and/or a **Medical Cost Sharing plan** and/or individual paying for care during **hospitalization** shall receive a ten percent refund/discount from those charging for the service(s); If any of the limits or procedures outlined in this act are not followed. If they were not allowed to be charged a one hundred and ten percent refund is required. If a demand for the discount/refund when required is not honored within ninety days of the demand letter being received; this may be enforced by filing suit in the U.S. District Court where they reside as provided in Americans with 42 USC 12101 Disabilities Act of 1990 even if their medical condition does not qualify as a disability.
D. A person guilty of a misdemeanor listed in this act shall serve at least 10 days in jail, but no more than 364 days in jail; and be banned from serving as officer and/or director of any public corporation for two years from the date of conviction and/or banned from serving as officer and/or director of any private corporation that has more than 100 employees for two years from the date of conviction.

E. Should any Employer and/or **Franchiser** that is required to provide **health insurance** fail to enroll an employee, who has not provided proof of other **health insurance or** membership in a **Medical Cost Sharing plan**; or fail to notify the Bureau of Health Insurance Assistance, that a person ceased to an employee within ten days after the person ceased to an employee; the employer and/or **Franchiser** will be directly liable for that employee's or ex- employee's **Medically Necessary** costs, until such notification is sent**.**

F. Should any college and/or university that is required to provide **health insurance** to students fail to enroll a student, who has not provided proof of other **health insurance or** membership in a **Medical Cost Sharing plan**; or fail to notify Bureau of Health Insurance Assistance that a student ceased to be a student, within ten days after the person ceased to be a student; the college and/or university will be directly liable for that student's or ex- student's **Medically Necessary** costs, until they are enrolled or Bureau of Health Insurance Assistance is notified**.**

G. Should any religious employer that is required to provide **health insurance** and/or a **Medical Cost Sharing plan** fail to enroll a current employee, who has not provided proof of other **health insurance or** membership in a **Medical Cost Sharing plan**; the religious employer will be directly liable for that employee's **Medically Necessary** costs, until they are enrolled**.**

H. If a violation or civil offense of section 1009 occurs in addition to **the secretary** seeking penalties in this Section the person directly affected, their guardian. their executor or executrix may file suit in the U.S. District Court where they reside as provided in Americans with 42 USC 12101 Disabilities Act of 1990 even if their medical condition does not qualify as a disability for damages including punitive damages and reasonable attorney's fees should they prevail. A suit on behalf of a minor or an unborn child may be filed by their parent, their guardian, or their executor or executrix. If the person directly affected, is mentally incompetent, or has passed away the suit may be filed by their relative(s).

I. If a violation of the **Specialist** or other **Provider**s billing the **hospitalized** patient and/or the patient's **health insurance** directly; instead of billing the hospital and/or clinic which may then bill the patient, and/or the patient's **Medical Cost Sharing plan** and/or the patient's **health insurance; occurs** the patient, the patient's **Medical Cost Sharing plan,** or patient's **health insurance** may charge the **Specialist** or other **Provider**s double the amount billed and take court action to collect it**.** This shall not apply to **primary care provider**s who the patent employed prior to being **Hospitalized** who still may directly bill the patient.

J. Whenever the Bureau of Health Insurance Assistance is required to be notified it shall be done either by certified U.S. mail to its director, or a webform set in regulations and provided to those who need it.

K. **The secretary** shall adopt regulations to enforce this section.

Section 1009 Patent rights, provider rights, and privacy.

A. A **plan**, employer, **Primary Care Provider, Provider** shall protect civil rights by keeping all Patient's medical information private disclosing it only those who need it to treat a patient, to file a health insurance claim, to warn a person, employer, school, and/or college of possible exposure to a contagious disease, update a next of kin and/or health care proxy, and/or power of attorney with health care rights of health issues(s), or under a court order.

B. An employer is only entitled to medical information if an employee is unfit to perform their job duties after providing a **Primary Care Provider,** and/or **Provider** a list employee's job duties, or if the employee has been exposed or contracted a contagious disease; it shall be civil offense for

an employer to request any more medical information. A school, college or university is only entitled to know if the student is medically fit to attend classes, or if the student has been exposed or contracted a contagious disease; it shall be civil offense for a school, college or university to request any more medical information; however, if treatment is needed for a student while at school, or on campus such medical information may be provided, and keep on file, by the school, college or university. A school, college or university may have vaccine requirements but must allow sincere religious exceptions to any or all vaccine requirements; if a student or their parent/guardian submits a copy of a letter from their clergy in support of the exception the sincerity of the religious objection shall not be challenged and the exception granted. An employer may not have any vaccine requirements of its employees, but may suggest vaccines. However, if a reasonable accommodation under Americans with 42 USC 12101 Disabilities Act of 1990 is requested medical information and medical documentation related to it may be requested. The U.S. miliary may have vaccine requirements, but must allow sincere religious exceptions to any or all vaccine requirements; if member of the military submits a copy of a letter from their clergy in support of the exception the sincerity of the religious objection shall not be challenged and the exception granted.

C. Any school, college or university that receives **federal** funds must allow sincere religious exceptions to vaccine requirements or they must return half the last fiscal year funds they received and not accept any more unless that organization agrees to comply with this act. If the student or employee submits a copy of a letter from their clergy in support of the exception the sincerity of the religious objection shall not be challenged and the exception granted. In addition to **the secretary** requiring return of the funds the school, college or university may be sued under 31 U.S. Code § 3729 - False claims act.
D. **Provider** conscience protections No individual health care **provider** or health care facility may be discriminated against because of a willingness or an unwillingness, if doing so is contrary to the religious or moral beliefs of the **provider** or facility, to provide, pay for, provide coverage of, or refer for birth control**, Transgender procedure**, **abortion**s or euthanasia.
E. A patient giving consent for a **DNR** must be audio and video recorded in front of a **physician** and the patient not coerced to consent. However, if three **physician**s find in a notarized statement a patent is unconscious and cannot be awakened and/or is mentally incompetent, and/or unable to communicate their wishes; the person named in the patient's health care proxy, and/or power of attorney with health care rights, or if no such document exists the next of kin, may be audio/video recorded for the **DNR** consent in front of a **physician.** A copy of the video must be kept by the **physician**(s) for twenty years. Failure to follow these **DNR** rules will mean the patient's death will be treated as an assisted suicide.
F. Application of **state** and **federal** laws regarding **transgender,** and/or **abortion** and/or euthanasia (1) When **state** laws regarding **transgender,** and/or **abortion** and/or euthanasia conflict with **federal** laws; the more restrictive law shall apply in that **state**. Nothing in this Act shall be construed to preempt State laws regarding the prohibition of coverage, funding, or procedural requirements on **transgender,** and/or **abortion**s and/or euthanasia, including parental notification or consent for the performance of an **abortion** on a minor. Euthanasia shall remain illegal in all places covered by the **federal** laws against it. Once a **Fetal heartbeat** starts occurring the unborn child(ren) are person(s) under the fourteenth article of amendment, but if continuing the pregnancy puts a mother-to-be at a much higher risk of death than a normal pregnancy, she still has a right of self-defense to obtain medical help to end the pregnancy.

(2) Any person may file a private civil action in United States district court where an assisted suicide occurred, or the human remains were found, or where the person last resided when alive, against any adult person(s) who assisted the suicide in any manner up to twenty years after the death is first recorded in government records; if the plaintiff can prove the defendant(s) knowingly engaged in conduct that aids or abets the performance or inducement of an assisted suicide, including paying for or reimbursing the costs of an assisted suicide through insurance or otherwise, regardless of whether the person knew or should have known that the assisted suicide would be performed in violation of this paragraph; the plaintiff shall be awarded all court costs, all legal fees, and at least ten thousand dollars or 1,370 times the **Minimum Wage** whichever is greater. If the defendant(s) cannot give to the court an audio and video recording of the person giving consent to Euthanasia, any award shall be tripled. Should the plaintiff substantially prevail the court shall also grant injunctive relief sufficient to prevent the defendant(s) from violating this paragraph or engaging in acts that aid or abet violations of this paragraph.

(3) Any person may file a private civil action in United States district court where an **abortion** occurred, or where the female who had the abortion currently lives, when the action is filed; against anyone who performed or induced the abortion in violation of this paragraph, other than the female who had the **abortion**; and/or against any adult person(s), other than the female who had the **abortion,** who knowingly engages in conduct that aids or abets the performance or inducement of an **abortion**, including paying for or reimbursing the costs of an abortion through insurance or otherwise, if the **abortion** is performed or induced in violation of this paragraph, regardless of whether the person knew or should have known that the **abortion** would be performed or induced in violation of this paragraph. The action can be filed up to twenty years after the **abortion** occurred; if the plaintiff can prove they assisted and/or performed and/or induced the **abortion** in any way; the plaintiff shall be awarded all court costs, all legal fees, and at least ten thousand dollars or 1,370 times the **Minimum Wage** whichever is greater. However, if the defendant(s) can provide clear and convincing evidence to the court, that remains of the fetus(es) and/or embryo(s) and/or baby/babies were turned over to the government official(s) that have **coroner**'s duties, and that the mother-to-be's life was at a much higher risk of death than a normal pregnancy by continuing the pregnancy to term, and/or it was an **ectopic pregnancy** and/or **dilation and curettage** was needed due to a **miscarriage**, and/or a **Fetal heartbeat** was not occurring at the time the abortion was performed then the case shall be dismissed. Should the plaintiff substantially prevail the court shall also grant injunctive relief sufficient to prevent the defendant(s) from violating this paragraph or engaging in acts that aid or abet violations of this paragraph.

(4) Any person may file a private civil action in United States district court where a **Transgender procedure** occurred, or is occurring, or where the victim of the **Transgender procedure** currently lives, when the action is filed; if the **Transgender procedure** was or is being performed on someone below the age of 21 or age 21 or over without their **free informed consent**, against any adult person(s), other than the person who had the **Transgender procedure;** who assisted or performed the **Transgender procedure** in any manner and/or granted permission, and/or asked a court for permission to perform a **Transgender procedure.** The action can be filed until the person who had a **transgender procedure** performed on him/her is over the age of 45 or within twenty years of the date of the procedure whichever is later. If the plaintiff can prove the defendant(s) knowingly engaged in conduct that aids or abets

the performance or inducement of an **Transgender procedure**, including paying for or reimbursing the costs of an **Transgender procedure** through insurance or otherwise, regardless of whether the person knew or should have known that the **Transgender procedure** would be performed in violation of this paragraph; the plaintiff shall be awarded all court costs, all legal fees, and at least ten thousand dollars or 1,370 times the **Minimum Wage** whichever is greater. If the plaintiff is also the person the **Transgender procedure** was performed on, any award shall be tripled. Should the plaintiff substantially prevail the court shall also grant injunctive relief sufficient to prevent the defendant(s) from violating this paragraph or engaging in acts that aid or abet violations of this paragraph.

(5) Any person may file a private civil action in United States district court where the **sterilizing a person** procedure occurred or is occurring, or where the victim of the **sterilizing a person** procedure currently lives, when the action is filed; if the **sterilizing a person** procedure was or is being performed on someone below the age of 25, or age 25 or over without their **free informed consent**, except in those cases where the reproductive organs and/or penis and/or clitoris and/or vagina are diseased and/or damaged and must be removed to save a person's life and/or stop constant severe pain, against any adult person(s), other than the person who had the **sterilizing a person** procedure**;** who assisted or performed the **sterilizing a person** procedure in any manner and/or granted permission, and/or asked a court for permission to perform a **sterilizing a person** procedure**.** The action can be filed until the person who had a **sterilizing a person** procedure performed on him/her is over the age of 45 or within twenty years of the date of the procedure whichever is later. If the plaintiff can prove the defendant(s) knowingly engaged in conduct that aids or abets the performance or inducement of **sterilizing a person** procedure**;** including paying for or reimbursing the costs of an **sterilizing a person** procedure through insurance or otherwise, regardless of whether the person knew or should have known that the **sterilizing a person** procedure would be performed in violation of this paragraph; the plaintiff shall be awarded all court costs, all legal fees, and at least ten thousand dollars or 1,370 times the **Minimum Wage** whichever is greater. If the plaintiff is also the person who had the **sterilizing a person** procedure, any award shall be tripled. Should the plaintiff substantially prevail the court shall also grant injunctive relief sufficient to prevent the defendant(s) from violating this paragraph or engaging in acts that aid or abet violations of this paragraph.

(6) If the plaintiff only needs a preponderous of evidence to prevail in either paragraph 2, 3, 4 or 5 above. If the defendant in either paragraph 2, 3, 4 or 5 above demonstrates that the defendant previously paid the full amount of statutory damages under paragraph 2, 3, 4 or 5 in a previous action for that particular **abortion** performed or induced in violation of this section, that particular **transgender procedure,** for that particular **sterilizing a person** procedure or that particular assisted suicide; the new case filed under paragraph 2, 3, 4 or 5 will be dismissed; nevertheless the case shall not be dismissed if a person who had a **transgender procedure or sterilizing a person** procedure performed on themselves before the age of 21 and/or performed without their **free informed consent**, and if that person was not the one to collect damages in any previous action, and that person can still file an action before they reach the age of 45**.** Any judge or justice who issues' a ruling allowing the actions described in paragraph 2, 3, 4 or 5 forfeits judicial immunity and may also be sued personally.

G. No effect on Federal Laws regarding **abortion** and/or **transgender,** and/or euthanasia and

(a) In general nothing in this Act shall be construed to have any effect on Federal laws regarding

(i) conscience protection;
(ii) willingness or refusal to provide **abortion** and/or **transgender,** and/or euthanasia; and
(iii) discrimination on the basis of the willingness
or refusal to provide, pay for, cover, or refer for **abortion** and/or **transgender,** and/or euthanasia or to provide or participate in training to provide **abortion** and/or **transgender,** and/or euthanasia.

H. No Effect on **Federal** Civil Rights law —Nothing in this subsection shall alter the rights and obligations of employees and employers under title VII of the Civil Rights Act of 1964.

I. Application of emergency services laws —Nothing in this Act shall be construed to relieve any health care **provider** from providing emergency services as required by **State** or **Federal** law, including section 1867 of the Social Security Act 42 U.S. Code Chapter 7 (popularly known as ''EMTALA'').

J. Any female who is incarcerated and more than six weeks pregnant shall be held in a hospital ward; with delivery rooms within five thousand feet of that hospital ward; until one these occurs, she is released from custody, she is no longer pregnant, or two weeks after she gives birth. These delivery rooms must be regularly used by those who are not incarcerated, and available for use by the inmate when needed. A violation of this paragraph harms the civil rights both the mother and her unborn child(ren); if necessary, the U.S. District Court having jurisdiction shall issue a court order to ensure the unborn child(ren) are protected in a hospital ward, until unborn child(ren)'s mother-to-be is released from custody, is no longer pregnant, or two weeks after she gives birth, whichever occurs first. A unborn child of a United States citizen mother shall be a citizen when the child's heart starts beating.

K. In order to make it easier to obtain medical services. Any high school that receives **federal** funds shall ensure any student over age of 16 obtains a non-drivers id before their 17th birthday; unless they already have a driver's license.

L. If a person's medical information is posted online it is an invasion of privacy and shall be deleted forthwith upon demand of that person to the website owner; if the person is a minor and/or incompetent their guardian or parent can demand the removal of that person's medical information by website owner; once the medical information has been deleted the website owner shall take reasonable steps to ensure it is not reposted. This paragraph shall not be construed to prevent a **provider** from sharing medical information on a secured website and/or via email with the consent of the patient, or if the patient is a minor and/or incompetent with the consent of their guardian, parent, or next of kin.

M. No hospital or **provider** shall deny **Medically Necessary** care do the refusal of a patient to be vaccinated.

Section 1010 Changes to FDA.

A. The **FDA** shall contract with United States owned and located businesses to do quality tests of certain drugs and vaccines within the United States; there shall be a least 300 such contracts to cover all drugs and vaccines approved for use in the United States. No business may have more than 3 such contracts. The **FDA** shall assign certain drugs and/or vaccines to each contractor. Each company that produces the drug shall provide samples of the drug from every 20 batches of the drug and two doses of vaccines from every batch of vaccine to assigned contracted quality test business to the testing and the company that produces the drug or vaccine shall pay

the **FDA** for the costs of the testing. The quality tests shall compare list of and amount of ingredients to what is in the actually in drug and vaccine and place the test results on that quality test businesses' website and at same time transmit the test results to the **FDA**. If the ingredients do not match(other than an acceptable error margin) the **FDA** shall order a recall and shall notify by United States certified mail anyone who may have already taken the drug or received vaccine of the recall; the company that produced the drug or vaccine shall pay the cost of the recall.

B. It shall be a misdemeanor for any company who products are regulated by the **FDA** and/or its officers and/or directors to own stock in a company contracted by the **FDA** to do quality tests; any such stock must be sold within ninety days of the contact bid is announced. and/or be employed and/or a director of a company contracted by the **FDA** to do quality tests. It shall be a misdemeanor for any person who is an officer and/or director and/or employee of a company who products are regulated by the **FDA** and/or be also be an official, employed, and/or a director of a company contracted within 90 days after a bid on contract with the FDA to do quality tests is announced.

Section 1011 Revenue to support this act.

A. A balance of trade tariff will be levied on imports from all nations with a trade deficit with the United States, except Canada, United Mexican States and any island nation in the Caribbean.
1) At end of each calendar year the Secretary of the Department of Commerce shall calculate the difference between the monetary value of exports and imports with each nation the United States traded with during the calendar year and determine whether there was a trade surplus a positive balance of trade or a trade deficit an excess of imports over exports, with each nation. Self-governing and geographically separate parts of a nation may be treated as if they were a different nation for this calculation, at the president's option. If there is a trade deficit the percentage of the trade deficit for that nation shall be calculated by dividing monetary value of exports by the monetary value of imports and multiplying the result by 100 giving the trade deficit percentage for that nation. For this section 1011 island nation in the Caribbean shall include island nations in the Gulf of Mexico and any island nation in the North Atlantic within 500 miles of United States territory.
2) At start of each federal fiscal year a tariff rate will be imposed equal to one half the trade deficit percentage for that nation for the previous calendar year, on all manufactured products, drugs, and software based, on the estimated retail value of the import(s) from that nation imported during that federal fiscal year. If manufactured products, drugs, or software that are made Canada, United Mexican States or any island nation in the Caribbean contain parts came from a nation(s) subject to this tariff and those parts exceed three percent of total parts of that manufactured product, drug, or software the whole product or software will be taxed at highest rate of the tariff of nation(s) supplying those part(s); the three percent shall be calculated by either weight of the part(s) or value of the part(s) that come from a nation subject to this tariff. The President may by executive order decrease the percentage of a tariff up to 50 percent for a specific nation(s) up to the rest of the federal fiscal year; all such executive orders shall expire at the end of the federal fiscal year unless reissued. The tariff is due on the date the manufactured goods and/or software in imported, fines shall be imposed for each day the payment is late; if it is paid more than ten days late. This will supersede any treaties that are in effect.

B. A tax of five (5) dollars an ounce shall be levied on Marijuana in those states where any type of use is legal. The tax shall be proportional to weigh of the Marijuana being taxed.
C. The **IRS** shall issue regulations to support the collection of revenue required by this section.

Section 1012 Debt.

A. Add this paragraph (D) to 11 U.S. Code § 507 1 (a) (1) Government or civil debt: Any money owed to the United States government, any state government, any local government, any government agency, any government authority, and/or any government owned corporation including fines, court judgements, and/or private party civil court judgements and/or settlements no matter what the reason the money is owed. All of the above in this paragraph shall be considered an unsecured debt; except in cases of court judgements and/or settlements involving the death of a human being and/or eliminating the ability of a human being to produce offspring, where the debt shall be considered a secured debt. This paragraph shall supersede any part of U.S. Code: Title 11 that conflicts with it.
B. Add this paragraph (E) to 11 U.S. Code § 507 1 (a) (1) Student loans: Ten years after a student ceased attending college classes that allow a deferment on payments. Any remaining student loan balances, including those with a co-signer, shall be considered an unsecured debt. Ten years after any type of parental student loans have been taken out any remaining loan balances shall be considered an unsecured debt. This paragraph shall supersede any part of U.S. Code: Title 11 that conflicts with it.
C. Add this paragraph (11) to 11 U.S. Code § 507 1 (a) All unsecured debt defined 11 U.S. Code § 507 1 (a) that is not erased under 11 U.S. Code chapter 7 shall be reduced to an amount that can be reasonably repaid within five years based on the debtor's current income and/or assets and/or remaining debts. This paragraph shall supersede any part of U.S. Code: Title 11 that conflicts with it.

Section 1013 This act is authorized by the constitution

This act is authorized under Article I Section 8 of the constitution regulate Commerce with among the several States, the fourteenth article of amendment, and Preamble to promote the general Welfare.

Section 1014 Effective date, regulations and severability

A. **the Secretary** may adopt or repeal regulations to enforce this act in a manner set by law, but any regulations so adopted shall expire on the first day of October ten years after taking effect. New regulations may be adopted with the same text as ones set to expire. All new or amended regulations shall take effect on first day of October after being adopted, however any regulations adopted between the first day of July and the Third day of October shall take effect on the first day of October of the following calendar year. Amending a regulation does NOT and cannot change its expiration date. All regulations adopted for Public Law 111 – 148 before January 21, 2025 shall expire on effective date of this act as stated in Paragraph D of this section.
B. If any part of this law is found to be unconstitutional by a court of competent jurisdiction the remainder shall remain in effect**.** Should any court of competent jurisdiction rule that any part of **Excluded Services** must be covered an automatic appeal to the United States supreme court

shall occur; any United States citizen may notify United States supreme court in writing that an automatic appeal has occurred.

C. Any part of the sections numbered lower than 1300 shall be supreme if they conflict with any of the sections of previous existing law that were not deleted.

D. The effective date of this act shall be October 1, 2027. Employers shall have their polices take effect on that date unless they already provide **health insurance**. However, Section 5212 will take effect as soon as this act becomes law.

Section 1100 miscellaneous.

A. A Self-employed person who has been found by a **physician** to be unfit for work may apply to the Bureau of Health Insurance Assistance created in Section 1120 to have the payments for the person's existing **health insurance**'s **premium**s or **medical cost sharing plan monthly** contributions, including those for any covered spouse and/or covered children continued by the Bureau of Health Insurance Assistance created in Section 1120 for up to limits set in section 1120. No unemployment funds may be used to cover **health insurance**'s **premium**s or **medical cost sharing plan monthly** contributions; instead, some of the revenue produced by Section 1011 shall cover this **health insurance**'s **premium**s or **medical cost sharing plan monthly** contributions.

B. Add this paragraph to 9 U.S.C. § 10 (5) where the signatures on the original agreement were not notarized with all parties present before the same notary public at the same time within the last seven years. Add this paragraph to 9 U.S.C. § 10 (6) where the case involves, the criminal killing of a human being, and/or use or display of a weapon in a threatening manner, and/or sexual assault, and/or rape, and/or or sodomy and/or sexual harassment, and/or libel.

C. Add this paragraph U.S. Code § (vii) to 42 U.S. Code § 411 (a)(16) in the case of any civilian employee born on or after January 1, 1985 who is employed by an employer that is exempt from paying the Federal Insurance Contributions Act, 26 USC Chapter 21 hereafter known as **FICA** and such employer chooses not to voluntarily pay and collect **FICA**; the employer shall deduct from the employee's pay the Self Employment Tax as if the employee was a self-employed individual. The employee will then receive the benefits granted by paying the Self Employment tax.

D. Add to 29 U.S. Code § 206 (a)(1)(D) Beginning on October 1, after this paragraph is added to this law, then on every October 1st thereafter the amount of the **minimum wage** shall be increased by multiplying the current **minimum wage** by the **CPI** (defined as the Consumer Price Index maintained by the United. States Bureau of Labor Statistics for the previous calendar year) and the result being rounded upward to the nearest amount evenly divisible by five cents, then that amount shall be added to the current **minimum wage** giving the new **minimum wage.** Should the **CPI** be negative or zero the **minimum wage** will remain unchanged**.** Add to 29 U.S. Code § 206 (a)(1)(E) Employee(s) who do not have health insurance thru their employer shall be entitled to be paid at least twenty percent higher than the **minimum wage** calculated in the clause (1) (D) of this subsection.

E. Add to 28 U.S. Code § 547 (6) At least two Assistant United States attorneys in each district shall be assigned by the United States attorney for that district to exclusively only prosecute misdemeanors under 42 USC 18001, and/or the crimes of mail fraud and Health care fraud under 18 USC Part 1 Chapter 63, and/or the crimes of theft or receipt of stolen mail matter generally 18 USC § 1708, and/or if there is extra work time, other United States misdemeanors. Each United States attorney shall notify the Attorney General, the Postmaster General and the

Director of Bureau of Health Insurance Assistance in writing via United States certified mail, every January the names of Assistant United States attorneys assigned to these duties or within thirty days of when changes in occur in those assigned, and post on their website; the names of the Assistant United States attorneys who are assigned to these duties. Any United States attorney who willful and/or negligently violates this subsection shall be considered to have resigned their office.

F. Change to 26 U.S. Code § 4968 (a) "1.4" shall be replaced with"8.2". Plus add this paragraph 26 U.S. Code § 4968 (a)1 However any such applicable educational institution that has used at least 35 percent of such net income for the taxable year to provide full scholarships to undergraduate students whose declared **major**(A field of study chosen as an academic specialty) is Biology, Chemistry, Earth Science, Microbiology, Medicine, Mineralogy, Neuroscience, Nursing, Seismology, Space Science, Technology, Engineering, Mathematics ,Health Care, and/or for post graduate Medical Students shall be exempt from this excise tax. The Department of Education shall issue rules to better define these **major**s.

G. Add this paragraph to 29 U.S.C. § 207 (c) Beginning on January 1, 2027. Any large employer as defined in Patient Protection and Affordable Care Act Public Law 111 – 148 42 USC 18001 as amended, that employs any of his/her employees during the days and hours listed below in this paragraph that are engaged in commerce or in the production of goods for commerce, or is employed in an enterprise engaged in commerce, or in the production of goods for commerce, or engaged in retail; and all or part of the employee(s)'worktime the is between the hours of 4AM and noon on Christmas Day, on Independence Day, or on any Sunday, such employee(s) shall receive compensation for his/her employment for all time worked on the days listed, in this paragraph, at a rate not less than one and one-half times the regular hourly rate at which that employee normally receives. This paragraph shall not apply to employees of the government at any level, and/or government run public agencies, and/or hospitals and/or medical facilities, and/or establishments engaged in care of sick, and/or engaged in care those over age 65, and/or engaged in care mentally ill and/or engaged in care physically or mentally disabled, and/or not for profit religious employers, and/or agriculture employers and/or attorneys at law.

H. Add this subsection to 49 U.S. Code § 26106 (e) (2) (C) (iii) Grants for these priority high-speed rail projects shall be funded by transferring an amount equivalent to seven percent of the income from all tariffs each fiscal year to these projects

(I) which will use and/or roughly follow the post road right of ways also known as interstate highways listed below unless a state requests the option to have the new high speed rail next built next to an existing Amtrak route for a fixed distance to allow connections to existing rail stations. The funds may also be used to upgrade and/or repair and/or operate, new or existing high-speed rail, or purchase cars and/or engines. Whenever one these high-speed rail lines comes within 30 miles of an existing or new Amtrak rail station, the high-speed rail line shall have a checked baggage transfer and passenger transfer (via rail, bus or van) at new rail station and/or existing rail station. All high-speed rail-lines shall have checked baggage cars(s) and a snack/fast food car. All high-speed cars shall be designed so they can use existing tracks when needed. All high-speed rail-lines that take more than 7 hours to reach from one end of line to the other end shall also have dining car(s) and cars with sleeper compartments. Of course, trains can run all or part of these routes, trains can combine routes, and tracks can be in and/or near the cities or places listed. Amtrak shall plan and issue contracts to install rails, build new stations

if needed, negotiate land sales and/or purchase land via eminent domain and/or negotiate right-of-way access with toll roads and/or be granted land by the secretary of transportation; next to but within an interstate's right of way; for these high-speed rail construction projects below; in the order Amtrak decides it would be best for them to be built:

a) Washington, DC to Orlando FL and to Miami, FL roughly parallel to Interstate 95 road right of way with a direct direction to the existing high-speed rail that runs from Washington, DC to Boston MA.

b) Miami, FL to Cheboygan, MI roughly parallel to interstate 75 road right of way.

c) Boston, MA North station to Seattle, WA roughly parallel to interstate 90 road right of way.

d) Boston, MA North station to Houlton ME roughly parallel to interstate 95 road right of way.

e) Seattle, WA to San Diego, CA roughly parallel to Interstate 5 road right of way.

f) Baltimore, MD to Los Angeles, CA**:** Baltimore, MD to Cove Fort, UT roughly parallel to Interstate 70 road right of way, and Cove Fort, UT to Los Angeles, CA roughly parallel to Interstate 15 road right of way using same tracks as route m.

g) Los Angeles, CA to Jacksonville, FL roughly parallel to Interstate 10 road right of way

h) Chicago, IL to Oakland, CA roughly parallel to Interstate 80 road right of way.

i) San Antonio, TX to ST Paul MN roughly parallel the Interstates 35 and 35E roads right of way.

j) Dallas TX to Houston TX roughly parallel to Interstate 45 road right of way.

k) Chicago, IL to New Orleans, LA roughly parallel to Interstate 55 road right of way.

l) Fairbanks AK to Anchorage AK roughly parallel to Interstates A-3 and A-1 roads right of way.

m) Sunburst MT to Los Angeles, CA roughly parallel to Interstate 15 road right of way.

n) Salt Lake City UT to Portland OR roughly parallel to Interstate 84 road right of way.

o) Los Cruces NM to Buffalo WY roughly parallel to Interstate 25 road right of way.

p) Florence SC to Los Angeles, CA**:** Florence SC to Scroggins Draw TX roughly parallel to Interstate 20 road right of way, and Scroggins Draw TX to Los Angeles, CA roughly parallel to Interstate 10 road right of way using same tracks as route g; it shall be an Auto Train from Florence SC to Los Angeles, CA but vehicles can only be added or removed at some stations; at Florence SC station vehicles may be transferred, to or from, the existing Florida bound Auto Train or Virginia bound Auto Train.

q) Willington NC to Los Angeles, CA**:** Willington NC to Barstow CA roughly parallel to Interstate 40 road right of way, and Barstow CA to Los Angeles, CA roughly parallel to Interstate 15 road right of way using same tracks as route m.

r) Dallas TX to Chicago, IL**:** Dallas TX to Little Rock AR roughly parallel to Interstate 30 road right of way, Little Rock AR to Memphis TN roughly parallel to Interstate 40 road right of way using same tracks as route q, and Memphis TN to Chicago, IL roughly parallel to Interstate 55 road right of way using same tracks as route k.

s) Newport News VA to New Orleans, LA**:** Newport News VA to Louisville KY roughly parallel to Interstate 64 road right of way, Louisville KY to Mobile AL roughly parallel to interstate 65 road right of way and Mobile AL to New Orleans, LA roughly parallel to interstate 10 road right of way using same tracks as route g.

t) Scranton PA to New York NY or Washington DC: Scranton PA to Allentown PA roughly parallel to Interstate 476 road right of way, Allentown PA to Newark, NJ roughly parallel to Interstate 78

road right of way; near the Newark, NJ station the train cars may divide or combine, to continue traveling to or from, New York NY or Washington DC using the existing high-speed track.
(II) When a nearby interstate road right of way is needed to connect to an existing station Amtrak shall be granted land next to but within the that interstate right of way by the Secretary of Transportation. If a public airport is within 20 miles of an Amtrak train station, Amtrak will staff booths at needed times at these airports and provide a shuttle van and/or bus to take passengers to and from the train station.

I. Add this paragraph to 49 U.S. Code § 26106 (b) (7) Sleeper Compartments – rooms on a train car that allow bed(s) for two and/or more passengers, that can be converted into seating for two and/or more passengers. Add this paragraph to 49 U.S. Code § 26106 (b) (8) Auto Train - transports cars, vans, motorcycles, Sport Utility Vehicles, small boats, jet-skis or other recreational vehicles, on train cars, as well as transporting passengers. Add this paragraph to 23 U.S. Code § 106 (g) (4) (C) The Secretary of Transportation shall require states give access to land next to but within interstate right of ways to allow construction of high-speed rail. Add this paragraph to 49 U.S. Code § 47107 (e)(9) If a public airport is within 20 miles of an Amtrak train station an airport owner or operator shall set aside space for an Amtrak booth at no charge near the car rental offices and/or booths in the airport's terminal(s) to allow passengers to get a train ticket(s) when necessary; Amtrak will staff booths at needed times at these airports and provide a shuttle van and/or bus to take passengers to and from the train station.

J. Add this paragraph to 26 U.S. Code § 9503 (b)(1)(F)- An amount equivalent to seven percent of the income from all tariffs shall be given each fiscal year to the Highway Trust Fund.
Replace this section 23 U.S. Code § 153 with the following title it: Priority highway construction, maintenance and other grant projects. (m) Eighty percent of cost of the following highway projects will be paid by the Highway Trust Fund; only twenty percent will need to be paid by the state or local governments; if the route section and at least thirty percent of the right of way access id purchased by January 1, 2050. In urban and suburban areas, the highways should where possible should follow power line right-a-ways or easements, in order to protect current homes and businesses, moving the power lines under the new highway. Below is a list of priority projects.
I) U.S. Rt 4S: Starting as a two lane a limited access road on U.S. Rt 4, just north of NY Rt 43. The limited access part will end on NY Rt 22 south of NY Rt 7; then traveling with NY Rt 7 and VT Rt 279 in VT; then traveling with VT Rt 9. In Marlboro VT it will become a two lane a limited access road North of VT Rt 9, at I-91 exit 3 It will travel over the existing Rt 9 bridge to NH. Then it becomes a two lane a limited access road South of NH Rt 9. It will travel with existing limited access NH Rt 9 near Keene NH until it merges with U.S. Rt 4 near Concord NH.
II) U.S. Rt 7 VT: An extension of the limited access U.S. Rt 7 from where it currently ends at the intersection with VT Rt 7A in Dorset VT to just south of Rutland VT It would run just east of the existing U.S. Rt 7.
III) U.S. Rt 9: A new bridge across the Delaware Bay connecting the two parts of U.S. Rte 9 which are currently connected by a ferry between Cape May NJ and Lewis DE.
IV) U.S. Rt 78: Improving existing alignment or utilizing new alignments to allow higher speed traffic between I-95 and U.S. Rt 1
V) U.S. Rt 93: Improving the existing alignment or utilizing new alignments including widening

some sections (except those that will be replaced by Interstate 11) between Wickenburg AZ & Sun Valley ID.

VI) U.S. Rt 287: Improvements to U.S. 287 through Ellis County, a distance of approximately 32 miles. This would require the construction of continuous, one-way frontage roads, including grade separations and access control to the main highway.

VII) U.S. Rt 380: Including improving the existing alignment or utilizing new alignments of the highway Denton County Line to Hunt County Line so it can handle more traffic. Also Analyze potential roadway alternatives, including the existing alignment and new alignments, for U.S. 380 through Collin County from the Denton County line to the Hunt County line

VIII) Interstate 9: It would travel from Wheeler Ridge CA to Stockton CA The road would run parallel to CA Route 99.

IX) Interstate 11: would travel from Phoenix AZ to Las Vegas NV. The road is planned to run parallel to U.S. Route 60 and then parallel to U.S. Route 93

Interstate 27: A Northern section of Interstate 27 that would have no connection with the existing Texas section. The proposed I27 would start on I70 near Salina KS. and then head northwest to I80. I27 would run with I80 to North Platte NE. Then run parallel to U.S. Route 83 and serve Johnstown NE, Winner SD, Pierre SD, Bismarck ND, and Minot ND. I27 would then continue North to Portal ND and the Canadian border. It would not enter any Reservation land.

X) Interstate 98: The Eastern section of Interstate 98 would connect I-81 in Jefferson County NY with I-89 near Swanton VT using the existing bridges across Lake Champlain. The Road would run parallel to U.S. Rt 11 in New York and the Run parallel to U.S. Route 2 in NY and VT. It would then run parallel to VT Rt 78 ending on I-89 in VT. The Western Section of Interstate 98 would connect I-75 near Rudyard MI with I-15 near Shelby MT. It would run parallel to U.S. Route 2, and serve Marquette MI, Duluth MN, East Grand Forks, MN, Minot ND, & Fairview, MT. It would not enter any Reservation land.

XI) Interstate 91: A new bridge across Long Island Sound connecting it with Interstate 495 on Long Island.

XII) Interstate 99: Complete the unfinished sections of it in PA; then extend it where it currently ends on I76 traveling with I76 to I476 and I95. Then traveling with limited access DE Rt 1, near Dover DE It would run parallel to U.S. Rt 13 thru the rest of the Delmarva Peninsula and then using the existing Chesapeake Bay Bridge–Tunnel; It would pass thru Norfolk VA running with existing interstates where possible. Interstate 99 would continue to run parallel to U.S. Rt 13 until it crosses into NC where it would parallel to U.S. Rt 258 until ending on Interstate 95 in Wilson, NC. This would allow long-distance travelers to bypass the Baltimore-Washington bottleneck.

K. Relabel this subsection 42 U.S. Code § 3535 (f) as 42 U.S. Code § 3535 (f) (1); and add this paragraph to 42 U.S. Code § 3535 (f) (2) An amount equivalent to five percent of the income from all tariffs shall be given each fiscal year to the working capital fund to pay for rental assistance required due to relocations under the Patient Protection and Affordable Care Act public law 111-148, 124 STAT. 119 § 1003 (E) (5).

L. Add 15 U.S. Code § 37a (7) The term “Hospital” shall have the meaning of a place located in one building or closely placed buildings, where medical services, or surgical care, are performed, where ill and wounded people are received and treated and it contains hospital beds; it shall also include the term “Clinic”. Add 15 U.S. Code § 37a (8) The term “Calculation District” shall have the meaning of each United States federal judicial district within states. However, each

United States territory, possession, and the District of Columbia shall be considered a Calculation District. Alaska shall be divided into two Calculation Districts one for locations south of 63 degrees North Latitude and other for locations at 63 degrees North Latitude or North of it. Montana shall be divided into two Calculation Districts one locations West of 110 degrees West Longitude and other for locations at 110 degrees West Longitude or East of it. Add 15 U.S. Code § 37a (9) The term "Hospital bed" shall have the meaning of a bed used for a patient while in a hospital. Add 15 U.S. Code § 37c after January 1, 2030, it shall be a violation of 15 U.S. Code § 2 for any person or persons to own or control, more than ten percent of the hospitals, in a Calculation District, or more ten percent of hospital beds located, in a Calculation District; this shall not include hospitals owned by a state government, local government, United States territory or possession government.

Section 1110 Employer Insurance Coverage

A. All employers who have gross income more than the **Minimum employer income amount** during their previous calendar year shall be considered **large employers;** also any **federal** contractor, **state** contractor, public authority contractor, or local government contractor and/or government concessioner, who is fully or partial funded by **Federal** funds even if their have gross income is less than the **Minimum employer income amount** shall be considered **large employers,** if their contact started or was amended after the effective date listed in section 1014**;** and Businesses that lease or rent space including even a sub-lease or sub-rental at an any airport, any train station, other publicly owned building built with some Federal funding, or park built with some **Federal** funding**,** even if their have gross income is less than the **Minimum employer income amount** shall be considered **large employers,** if their rental and/or lease started or was amended after the effective date listed in section 1014**. Large employers** shall provide access to **health insurance** coverage thru a **Health insurance company** for all their employees who have worked for the employer for more than 30 days and worked for more than fifteen (15) hours per week in any week in the last two months. Only an employee who can provide proof dated within the last seven months that they are covered under other **health Insurance** or on a **Medical Cost Sharing plan** may decline be covered by their employer's **health insurance**; coverage provided by **Medicaid** shall not allow an employee to decline. Employers may deduct from their employees' pay a reasonable amount for the employee's **health insurance** coverage. Employers must offer employees the option of covering their spouse, and/or up to age of 24, their child(ren) and/or their step child(ren) and/or child(ren) they are the guardian of, and/or their adopted child(ren); even if the employee is covered by other insurance; but employers are NOT required to contribute to the cost of coverage of their spouse and/or these children. An employer can contract with a **union**, Chamber of Commerce, or other group sponsor to provide the required **health insurance** and/or negotiate **premium**s. **Small employers** may at their option offer **health Insurance** to employees but a **state** may by law require **small employers** located in the **state** to offer **health Insurance.**

B. If an employee is NOT covered by their employer's **health insurance** plan, a **franchiser**'s **health insurance** plan or **Medical Cost Sharing plan**. Their employer and/or **franchiser** shall request proof an employee is covered under other **Health Insurance**, **Medicare**, or on a **Medical Cost Sharing plan** when an employee is hired and from every such employee each February and August; and if proof is not provided enroll the employee in the employer's and/or **Franchiser**'s

health insurance plan or **Medical Cost Sharing plan**; coverage provided by **Medicaid** shall not allow an employee to decline.

C. Whenever a person who is covered under their employer's **health insurance** is dismissed or resigns and applies for **unemployment**. **Unemployment** shall notify the Bureau of Health Insurance Assistance created in Section 1120 to start **COBRA** payments for the **health insurance**'s **premium**s for the ex-employee, a covered spouse and/or covered children for up to limits set in Section 1120; even if their application for **unemployment** benefits is denied. No unemployment funds may be used to cover **health insurance**'s **COBRA premium**s; instead, some of the revenue produced by Section 1011 shall cover this **health insurance**'s **COBRA premium**s.

D. All **health insurance** will continue cover **pre-existing condition**s. Between the fifteenth day of August and the fifteenth September of every year, if an employer offers more than one **health insurance** option employees may change options effective first day of October. If an employee is over age of 65, they have the option to apply for **Medicare** and their employer shall pay at least the same amount it currently pays for **health insurance** to pay for all or some part of the **Medicare Premiums** but never to exceed the amount of the **Medicare Premiums**.

E. A **religious employer** who is considered **large employer** may at its option to provide a **Medical Cost Sharing plan** instead of **health insurance;** if it elects this option, pregnancy must always be covered and the **religious employer** shall cover the full cost of the **monthly** contribution for its' employees, and give each employee the option of covering their spouse and/or children up to age of 24; but these **religious employer**s are NOT required to contribute to **monthly** contribution of their spouse and/or children.

F. **Small employer**s may if they wish, or if required under state law, provide access to **health insurance** or **Medical Cost Sharing plan** to their employees their spouses and/or children up to age of 24, but **small employer**s are NOT required to contribute to this cost of coverage of their spouse and/or children.

G. When a **franchiser** has **franchisee**s' who are **small employers**; that **franchiser** shall provide access to **health insurance** coverage thru a **Health insurance company** for all their **small employer franchisee**s' employees who have worked for their employer for more than 30 days and worked for more than fifteen (15) hours per week in any week in the last two months. Only an employee who can provide proof dated within the last seven months that they are covered under other **health Insurance** or on a **Medical Cost Sharing plan** may decline be covered by their **franchiser**'s **health insurance. Franchiser**'s must offer these employees the option of covering their spouse and/or children up to age of 24; even if the employee is covered by other insurance; but **Franchiser**s are NOT required to contribute to this cost of coverage of their spouse and/or children. If the **Franchiser** is a **religious employer,** they may offer a **Medical Cost Sharing plan** under the rules of **1110E,** instead of **health insurance.**

H. Whenever a person who is covered under their employer's or **franchiser**'s **health insurance** or **Medical Cost Sharing plan**, is dismissed or resigns; their former employer shall notify the Bureau of Health Insurance Assistance created in Section 1120 to start **COBRA** payments for the **health insurance**'s **premium**s, or **Medical Cost Sharing plan, monthly** contribution payments, for the ex-employee, a covered spouse and/or covered children for up to limits set in Section 1120.

Section 1120 Bureau of Health Insurance Assistance.

A. A Bureau of Health Insurance Assistance **shall** be created in **HHS** at least six months before the effective date of this act. The Director of the Bureau of Health Insurance Assistance shall be appointed by, serve at the pleasure of, and report directly to **the Secretary.**

B. In this section ex-employee refers to a person who was dismissed or resigned from their primary employment or a self-employed person who has been found by a **physician** to be unfit for work. In this section primary employment means their employer but in case where the ex-employee had more than one the employer it is the employer who paid for and/or deducted from the ex-employee's pay the cost of **health insurance** or a **Medical Cost Sharing plan**; however**,** in the case where ex-employee got **health insurance** or a **Medical Cost Sharing plan** on his/her own it is the employer who paid the ex-employee the most in the last full calendar month when he/she was employed by all employers.

C. Whenever an ex-employee who has or recently had **health insurance** or a **Medical Cost Sharing plan** applies for the Bureau of Health Insurance Assistance shall take over the **COBRA** Payments and/or the **Medical Cost Sharing plan**'s **monthly** contribution for the for the ex-employee, a covered spouse and/or covered children using some of revenue produced in section 1011; the Bureau of Health Insurance Assistance shall take over the payments for up to 26 weeks in any consecutive two year period or until the ex-employee's **health insurance** at a new job would be in force whichever occurs first. The ex-employee must agree to search for jobs thru the unemployment office and other sources and file weekly reports on the job search to either to the unemployment office or Bureau of Health Insurance Assistance; in a manner decided by **the Secretary** in adopted regulations. However, if the ex-employee has been found by a **physician** to be unfit for work the payments shall continue for up to two years; and if the ex-employee is found unable to work, for a period that will last over a year, an application for such ex-employee for Social Security Disability Insurance, shall be prepared by the Bureau of Health Insurance Assistance.

D. When an ex-employee who was covered by **health insurance** or a **Medical Cost Sharing plan** applies for **unemployment; unemployment** shall automatically apply to Bureau of Health Insurance Assistance on behalf ex-employee, a covered spouse and/or covered children to take over the **COBRA health insurance** payments and/or payments for the **Medical Cost Sharing plan**'s **monthly** contribution. Even if the ex-employee is denied **unemployment** benefits. An ex-employee may also apply directly to Bureau of Health Insurance Assistance to take over these payments.

E. Whenever a college and/or university notifies the Bureau of Health Insurance Assistance that a student that had its' **health insurance** or a **Medical Cost Sharing plan** has ceased to be a student and will lose coverage; the Bureau of Health Insurance Assistance shall take over the **COBRA** Payments and/or the **Medical Cost Sharing plan**'s **monthly** contribution for the for the ex-student, a covered spouse and/or covered children using some of revenue produced in section 1011; the Bureau of Health Insurance Assistance shall take over the payments for up to 26 weeks in any consecutive two year period or until the ex-student's **health insurance** at a new job would be in force whichever occurs first. The ex-student must agree to search for jobs thru the unemployment office and other sources and file weekly reports on the job search to either to the unemployment office or Bureau of Health Insurance Assistance; in a manner decided by **the Secretary** in adopted regulations.

F. If a **state**'s **Medicaid** agency fails within three months for any reason to find a contractor to assign **Medicaid** covered adult to for work; the Bureau of Health Insurance Assistance shall assign that person to a contractor according to the procedures and limits set in section 1003 E. The Bureau of Health Insurance shall also pay for the cost of the person assigned a job child(ren)'s **health insurance** or **medical cost sharing plan** according to the limits set in section 1003 E.

G. If the **COBRA health insurance premiums** for an the ex-employee, a covered spouse and/or covered children exceed by more than twenty (20) percent the medium average **health insurance premiums** in the **calculation district** that the ex-employee resides; the Bureau of Health Insurance Assistance shall within two months of starting the **COBRA** payments buy a new **health insurance** plan on an exchange that serves that **calculation district** whose **premium** is between the medium average and twenty (20) percent above the medium average **health insurance premiums** in that **calculation district;** for that ex-employee, a covered spouse and/or covered children and notified them by certified United States Mail of the change of **health insurance** before the change takes effect in a manner decided by **the Secretary** in adopted regulations; Bureau of Health Insurance Assistance shall continue to pay **premium**s according to the rules as if it were **COBRA** in Paragraph C of this section.

H. Bureau of Health Insurance Assistance shall have at least one local office physically located in each **calculation district,** normally open 6 days a week 8 hours a day except Sundays and holidays, to allow people to visit to resolve in person any problems with **health insurance** and/or **Medical Cost Sharing plan** continuation coverage or premiums, and/or **parental leave** and/or others things bureau handles.

I. If a state has opted out of the **Medicaid** emergency coverage takeover after reaching the **Maximum coverage amount per person** for **Health Insurance**; the Bureau of Health Insurance Assistance shall notify affected **household**s and affected **employers** in the first month of every federal fiscal year via a letter sent by U.S. mail why the **premiums** and **Co-payment**s are higher and providing the title and section number of the state opt out law.

J. **Parental leave** shall be paid **monthly** by the Bureau of Health Insurance Assistance to one of the two parents, at rate equal to one-half their most recent average **monthly** rate of pay when last employed, or the annual income reported to the Social Security Administration when they were last employed divided by 24, whichever is greater; but the **monthly** payment shall never to exceed the **maximum parental leave monthly rate** for that **calculation district**; using some of revenue produced in section 1011, for up to eighteen months from the date of birth or date of adoption of the child(ren); in a manner decided by **the Secretary** in adopted regulations. A Parent must apply to the Bureau of Health Insurance Assistance to receive paid **parental leave,** if the parent applying is currently receiving **public maintenance aid** the application shall be rejected**.** All women who give birth are entitled 12 weeks of maternity leave from the date of birth, even if the other parent will be the one on **parental leave,** and have the right to return to their job after the 12 weeks are over**.**

K. The Bureau of Health Insurance Assistance shall calculate annually the **maximum parental leave monthly rate,** the medium average **health insurance premiums,** and the **net medium income** for each **calculation district** for the previous calendar year; and also calculate the **Minimum employer income amount, Minimum primary care amount,** and the **Maximum coverage amount per person** for the previous calendar year**.** The new values shall take effect every October 1st.

L. The Bureau of Health Insurance Assistance shall create and maintain a two standard claim forms. The first must be accepted by all **health insurance** plans and all **Medical Cost Sharing plan**(s). A second form shall be used by **health insurance** plans or **Medical Cost Sharing plan** to file a claim reimbursement from **Workers' compensation, malpractice insurance**, automotive insurance and/or other accident insurance when they should be the primary insurance, and/or from the **government** if the person was in **government** custody and/or imprisonment at the time of treatment. The online forms when printed out must be limited to two legal size pages 8.5 inches × 14.00 inches and one legal size sheet when printed on both sides. The type set must be at least 11 points in both body size and width; one point is 0.013888 inches. The online instructions and code tables for the form may be longer.

M. An unemployed pregnant woman who lacks health insurance may apply to the Bureau of Health Insurance Assistance to have it buy a new **health insurance** plan on an exchange that serves that **calculation district** where she resides whose **premium** is between the medium average and twenty (20) percent above the medium average **health insurance premiums** in that **calculation district;** for the rest of pregnancy and continue until six months after she gives birth.

N. The Bureau of Health Insurance Assistance shall pay part of the regular health insurance **premium** or **monthly** contribution of those under age 20 who are covered under a parent's or a guardian's health insurance plan or **Medical Cost Sharing plan**'s; based on the following formula; if that person is covered under both their parents plans the less expensive **premium** or **monthly** contribution will be subsidized.

   The formula to be used is if that person's household income based of the **Federal poverty level** as calculated in section 1004 is:

   1) at or below the **Federal poverty level** in that **Calculation District** the full amount will be paid by the Bureau of Health Insurance Assistance;

   2) between the **Federal poverty level** in that **Calculation District** and below , five percent above the **Federal poverty level** in that **Calculation District,** ninety percent of the full amount will be paid by the Bureau of Health Insurance Assistance;

   3) between five percent above the **Federal poverty level** in that **Calculation District** and below, ten percent above the **Federal poverty level** in that **Calculation District,** Seventy-five percent of the full amount will be paid by the Bureau of Health Insurance Assistance;

   3) between ten percent above the **Federal poverty level** in that **Calculation District** and below, fifteen percent above the **Federal poverty level** in that **Calculation District,** fifty percent of the full amount will be paid by the Bureau of Health Insurance Assistance;

   4)) between fifteen percent above the **Federal poverty level** in that **Calculation District** and below twenty percent above the **Federal poverty level** in that **Calculation District,** twenty-five percent of the full amount will be paid by the Bureau of Health Insurance Assistance;

   5) above twenty percent above the **Federal poverty level** in that **Calculation District** nothing will be paid by the Bureau of Health Insurance Assistance.

   Either the parent, guardian, or the employer may apply for **premium** or **monthly** contribution to be subsidized.

O. At least an amount equivalent to seven percent (7%) of the amount the Bureau of Health Insurance Assistance gave out to continue and/or pay for **health insurance** premiums and/or **Medical Cost Sharing plan**'s **monthly** contributions during the previous calendar year shall be given to Bureau of Health Insurance Assistance for its budget in next federal fiscal year. The first year **the secretary** shall estimate the amount of the budget needed.

Section 1130 Colleges and Universities Student Health Insurance

A. All Colleges and Universities shall provide access to **health insurance** coverage for their students thru a **Health insurance** company or a **Medical Cost Sharing plan**. Only a student who can provide proof dated within the last seven months that they are covered under other **health Insurance** or on a **Medical Cost Sharing plan** may decline be covered by their college and/or university **health insurance**. Students maybe charged a reasonable amount for the health **insurance** coverage or a **Medical Cost Sharing plan**. Colleges and/or Universities must offer students the option of covering their spouse and/or children up to age of 24; even if the student is covered by other insurance; but College and/or University is NOT required to contribute to this cost of coverage of their spouse and/or children. The student must stay covered until the student ceases to be a student; a summer break or a break between terms or semesters shall not be considered ceasing to be a student.

B. A College and/or University can contract with a **union**, Chamber of Commerce, or other group sponsor to provide the required **health insurance** and/or negotiate **premium**s. If College and/or University decides to use a **Medical Cost Sharing plan** it must pay the students **Personal responsibility** when the student is billed for it.

C. If a student's College and/or University **Health insurance** or a **Medical Cost Sharing Plan** coverage will be stopped for a student ceasing to be a student their college and/or university shall notify both the local and the national offices of the Bureau of Health Insurance Assistance to take over the **COBRA health insurance** payments and/or payments for the **Medical Cost Sharing plan**'s **monthly** contribution at least 60 days before the coverage will end.

Section 1140 Primary care, out of network providers and Hospitals/Clinics

A. All hospitals and clinics shall post prices for all services on their websites any bill listed in excess of the posted prices must be reduced to the posted price. When a patient is **Hospitalized** the **specialist**(s), **hospitalist**(s), or other **provider**(s) caring for the patient while **hospitalized** must bill the hospital and/or clinic, and may not charge the patient's **health insurance** or the patient's **Medical Cost Sharing plan** and/or the patient directly; only the hospital and/or clinic may bill the patient, and/or the patient's **Medical Cost Sharing plan** and/or the patient's **health insurance,** directly. This shall not apply to **primary care provider**(s) who the patent employed prior to being **Hospitalized** who may still bill directly**.**

B. Except in emergencies all **Specialist** or other **Provider**s shall notify the patient both verbally and in writing if they are out-of-network before any services are performed, they shall also include the price for their services. However, if patient is **Hospitalized** since they cannot bill the patient directly this will not apply. Failure to follow these rules means the **Specialist** or other **Provider**s shall accept in-network rates from the patient's **health insurance** or the patient's **Medical Cost Sharing plan** as full payment**.** In case of an emergency medical treatment paragraph C of this section shall apply.

C. Preventing surprise medical bills 42 USC 300gg-111 act remains in effect and this act does not change it.

D. All hospitals and clinics shall notify the patient both verbally and in writing if they are out-of-network before they are admitted and before any services are performed, they shall also include

the price for their services; except in emergencies. Failure to follow these rules means the hospitals and/or clinics shall accept in-network rates from the patient's **health insurance** or the patient's **Medical Cost Sharing plan** as full payment**.** In case of an emergency medical treatment paragraph C of this section shall apply.

E. All hospitals and clinics shall ask a patient, or ask other people when the patient cannot answer, who is the patient's **primary care provider**. When a **primary care provider**'s patient is **Hospitalized** the **specialist(s), hospitalist**(s), or other **provider**(s), caring for the patient shall at least once a day cause an email or fax of the patient's **Hospitalization** medical records and care plan to be sent to the patient's **primary care provider** to obtain their professional recommendation on the patient care plan which will be recorded in the **Hospitalization** medical records. If the **specialist(s), hospitalist**(s), or other **provider**(s), decide to not to follow **primary care provider** medical recommendations, they shall enter in the **Hospitalization** medical record why they did not follow the recommendations.

F. Every time a **primary care provider** does an adult patent's physical the **primary care provider** or their staff shall request a copy of the patient's **health care proxy** if the patent states there has been no change, or it does not exist, they shall note that in the patient's medical record.

G. All hospitals and clinics shall obtain a copy of all adult patient's **health care proxy** from the patient if available and request a copy from the patient's **primary care provider**. If they disagree the most recent dated shall be valid. If the **primary care provider's** is the older one the hospital or clinic shall send certified U.S. mail a copy of it to the patient's **primary care provider.**

Section 1150 Common Procedures & Surgeries

The following shall be covered under section 1105 but **the secretary** may better define these by regulations and additional ones may be included by **the secretary with** regulations as long as they are not included in the **Excluded Services** subsection of section 1105.

1. Common Procedures & Surgeries: Appendectomy, C-Section, CT Scan, Echocardiogram, Heart Bypass Surgery, Hip Replacement Surgery, MRI Upper Endoscopy, X-Ray.
2. Cardiac / Cardiothoracic: Ablation, Aneurysm Repair, Angioplasty & Stent Placement, Aortic Valve Replacements / TAVR, Cardiac Catheterization, Cardioversion, Carotid Surgery, Heart Bypass Surgery, Heart Valve Repair, Left Ventricular Assist Device, Pacemakers, Trans-myocardial Revascularization.
3. General / Miscellaneous: Appendectomy, Continuous Glucose Monitoring, Hernia Surgery, Sleep Study / Polysomnogram (PSG) , Weight Loss Surgery.
4. Neonatal / NICU Procedures: Echocardiogram, EKG / ECG, Ultrasound, X-Ray
5. Neurosurgery & Procedures: Electroencephalogram (EEG), Electromyography (EMG), Epilepsy Surgery , Lumbar Puncture / Spinal Tap.
6. Oncology: Barium Enema, Biopsy, Bone Marrow Aspiration, Bone Scan, Breast MRI, Carcinoembryonic Antigen Test (CEA Test) , Chemotherapy , Colonoscopy , CT Scan , Digital Rectal Exam, Fecal Occult Blood Tests, Liver-Spleen Scan, Lung Biopsy, Mammography , MRI, Pap Test, PET Scan, Proctoscopy , Prostate Biopsy, Prostatectomy, Sigmoidoscopy, Thyroid Biopsy , Tumor Marker Tests , Upper Endoscopy , Virtual Colonoscopy / CT Colonography.
7. Ophthalmology: Cataract Surgery / Refractive Lens Exchange, Diabetic Retinopathy Surgery / Vitrectomy, Laser Surgery for Glaucoma (ALT), LASIK, PRK (Photorefractive Keratectomy).

8. Orthopedic: ACL Reconstruction Surgery, Ankle Replacement Surgery, Arthroscopy, Bone Fracture Repair, Cervical Disc Surgery, Herniated Disk Surgery, Hip Replacement Surgery, Joint Fusion Surgery, Knee Replacement Surgery , Laminectomy , Osteotomy , Rotator Cuff Surgery , Shoulder Replacement Surgery , Spinal Fusion , Tommy John Surgery / UCL Reconstruction , Torn PCL Surgery , Vertebroplasty / Kyphoplasty.
9. Pediatric: Clubfoot Correction, Congenital Heart Defect Surgery.
10. Sports Medicine: ACL Reconstruction Surgery, Bone Fracture Repair, CT Scan, MRI, Physical Therapy, Rotator Cuff Surgery, Tennis Elbow Surgery, Tommy John Surgery / UCL Reconstruction, Torn PCL Surgery, X-Ray.
11. Transplantation: Bone Marrow / Stem Cell Transplant, Cornea Transplant, Heart Transplant, Kidney Transplant, Liver Transplant, Lung Transplant, Pancreas Transplant.

Section 5212 Training more Providers

A. In order to help **Universities** that currently lack a **Medical School** to establish a new **Medical School** any person that gives a donation to the University to establish and support the new **Medical School** and/or endow scholarships for medical students at **Universities** that have a **Medical School** between now and December 31, 2070 shall have those donation(s) be multiply by 1.5 when they deduct it from their income for federal income tax purposes and may deduct it even if they do not itemize their deductions. It shall be tax fraud for a **university** to transfer funds for the **Medical School** to any other unrelated purpose. Should the new **Medical School** be unable to open by September 30, 2050 any money donated for the **Medical School** must be given by the **University** to endow scholarships for medical students at other **Medical School**(s) in the same state or territory; if there is no other **Medical School**s in the same state or territory the **University** shall pick one in another state. The **IRS** shall issue appropriate regulations for enforce this paragraph.

B. The **ED** shall create full scholarships for medical students studying for a degree Doctor of Medicine, or Doctor of Osteopathic Medicine. An amount equivalent to five percent of the income from all tariffs shall be given the Secretary of Education to fund the scholarships. The **ED** shall issue appropriate regulations for enforce this section and decide how to award the scholarships.

Section 5316 Loans

A. Replace this paragraph in 20 U.S. Code § 1091 (a) (1) with the following:
be enrolled or accepted for enrollment in a degree, certificate, or other program (including a program of study abroad approved for credit by the eligible institution at which such student is enrolled) and has declared a **major** recognized at that institution of higher education as an academic specialty and a field of study, chosen when their class schedule is setup, leading to a recognized educational credential at an institution of higher education that is an eligible institution in accordance with the provisions of section 1094 of this title, except as provided in subsections (b)(3) and (b)(4), and not be enrolled in an elementary or secondary school; the list

of **major**s eligible for loans at each institution of higher education shall be posted on the Department of Education website;

B. Replace this paragraph in 20 U.S. Code § 1091 (b)(3)(B) with the following:
is enrolled in a course of study necessary for enrollment in a program leading to a degree or certificate, and the student's declared **major** as stated paragraph (1) of subsection (a), is not covered in subsection (b)(4), and is either in a health care related field, or the **major** must be one which within the last fifteen years, the majority previous graduates of that institution with that **major** have been able to repay all of their student loans, within twelve years after graduation, and the majority of full time students enrolled as freshmen, in that **major** at that institution, must have graduated with one or more of these a certificate in one-year after enrollment, an Associate degree in two-years after enrollment, a bachelor's degree in four-years after enrollment, or successfully transferred at least ninety percent of their credits to another institution; if the declared **major** is new, or less than fifteen years old at that institution, the majority previous graduates from other institutions with that **major** or an almost equivalent **major** in the United States must of have been able to repay all of their students loans within twelve years after graduation; if the declared **major** or an equivalent **major** have not existed in the United States for a least fifteen years the secretary of education shall determine what jobs the **major** will qualify students to perform and if those jobs will compensate employees enough to allow them to repay all of their students loans within twelve years after graduation, students with pre-existing declared majors that were previously eligible to apply for loans but that **major** no longer eligible to apply for loans based on the rules above, may continue to apply for loans for up to three calendar years from the date their **major** became ineligible for loans. Post graduate students shall only be eligible to apply for loans if their declared **major** is in a health care related field leading to a Doctorate of Medicine, a Doctorate of Osteopathic Medicine, a Doctorate of Dental Surgery, a Doctorate of Medicine in Dentistry, a Doctorate of Dental Medicine, a Doctorate of Chiropractic, Doctorate in Pharmacy, Master of Science in Nursing, or one of these fields leading to a Doctorate of Veterinary Medicine, a Juris Doctor, or a Master of Science in any type of Engineering. Those students whose, **major** complies with these rules shall be, notwithstanding paragraph (1) of subsection (a), eligible to apply for loans under part B or D of this subchapter. The eligibility described in this paragraph shall be restricted to one 12-month period.

Section 7213 Coverage of preventive health services.

A. IN GENERAL. —**health insurance** issuer offering and **Medicare** shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for the things listed in this section when provided by an **in-network Provider:**

B. For all persons over age of 17.

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening

5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults 45 to 75
7. Depression screening
8. Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
12. Hepatitis C screening for adults age 18 to 79 years
13. HIV screening for everyone age 17 to 65, and other ages at increased risk
14. Immunizations for adults — as stated in Section 1005.
15. Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
16. Obesity screening and counseling
17. Sexually transmitted infection (STI) prevention counseling for adults at higher risk
18. Statin preventive medication for adults 40 to 75 at high risk
19. Syphilis screening for adults at higher risk
20. Tobacco use screening for all adults and cessation interventions for tobacco users
21. Tuberculosis screening for certain adults without symptoms at high risk

C. In addition, for females.
   1. Services for pregnant females or females who may become pregnant
      a. Breastfeeding support and counseling from trained **provider**s, and access to breastfeeding supplies, for pregnant and nursing females
      b. Birth control: Food and Drug Administration-approved contraceptive methods, and patient education and counseling, as prescribed by a health care **provider** for females with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt **religious employers**.
      c. Folic acid supplements for females who may become pregnant
      d. Gestational diabetes screening for females 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
      e. Gonorrhea screening for all females at higher risk
      f. Hepatitis B screening for pregnant females at their first prenatal visit
      g. Maternal depression screening for mothers at well-baby visits (PDF, 1.5 MB)
      h. Preeclampsia prevention and screening for pregnant females with high blood pressure
      i. Rh incompatibility screening for all pregnant females and follow-up testing for females at higher risk
      j. Syphilis screening
      k. Expanded tobacco intervention and counseling for pregnant tobacco users
      l. Urinary tract or other infection screening
      m. Dyslipidemia screening and once between 17 and 21 years, and for persons at higher risk of lipid disorders.

n. Treatment for a **Miscarriage,** a **dilation and curettage** when a **fetal heartbeat** is not occurring**,** or ending an **ectopic pregnancy**.

2. Other covered preventive services for women over age of 17.
   a. Bone density screening for all women over age of 65 or women that have gone through menopause.
   b. Breast cancer genetic test counseling (BRCA) for women at higher risk
   c. Breast cancer mammography screenings. Every 2 years for women 50 and over and as recommended by a **provider** for women ages 40 to 49 or women at higher risk for breast cancer.
   d. Breast cancer chemoprevention counseling for women at higher risk
   e. Cervical cancer screening
   f. Pap test (also called a Pap smear) for women ages 21 to 65
   g. Chlamydia infection screening for younger women and other women at higher risk
   h. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
   i. Domestic and interpersonal violence screening and counseling for all women
   j. Gonorrhea screening for all women at higher risk
   k. Sexually transmitted infections counseling for sexually active women
   l. Urinary incontinence screening

D. For Children ages 0 to 17
   1. Alcohol, tobacco, and drug use assessments for adolescents
   2. Autism screening for children at 18 and 24 months
   3. Behavioral assessments for children: Ages 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
   4. Bilirubin concentration screening for newborns
   5. Blood pressure screening for children: Ages 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
   6. Blood screening for newborns
   7. Depression screening for adolescents beginning routinely at age of 12
   8. HIV screening and counseling for everyone ages 15 to 17, and other ages at increased risk.
   9. Developmental screening for children under age of 3 and follow up weekly early child intervention visits when needed for Developmental problems for children under age of 6.
   10. Dyslipidemia screening for all children once between 9 and 11 years .
   11. Gonorrhea preventive medication for the eyes of all newborns.
   12. Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their **provider**
   13. Height, weight and body mass index (BMI) measurements (PDF, 609 KB) taken regularly for all children
   14. Hematocrit or hemoglobin screening for all children
   15. Hemoglobinopathies or sickle cell screening for newborns
   16. Hepatitis B screening for adolescents at higher risk
   17. HIV screening for adolescents at higher risk
   18. Hypothyroidism screening for newborns
   19. Immunizations for children from birth to age of 17 — as stated in Section 1005.

20. Lead screening for children at risk of exposure.
21. Obesity screening and counseling.
22. Oral health risk assessment for young children from 6 months to 6 years.
23. Phenylketonuria (PKU) screening for newborns
24. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
25. Tuberculin testing for children at higher risk of tuberculosis: Ages 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
26. Vision screening for all children
27. Well-baby and well-child visits