Medical Freedom Protection Act

Preamble

Whereas the right to individual autonomy in healthcare decisions is fundamental and should be protected from government overreach;

Whereas informed consent is a cornerstone of ethical medical practice and individuals must have comprehensive information and the freedom to make voluntary healthcare decisions;

Whereas federal vaccine mandates infringe upon personal liberty and informed consent, and should therefore be abolished;

Whereas access to alternative treatments and a free-market healthcare system promotes innovation, competition, and better healthcare outcomes;

Whereas parental rights in healthcare decisions for their children must be protected from undue government interference;

Whereas medical discrimination based on vaccination status or medical history is unjust and should be prohibited;

Whereas transparency in healthcare pricing, outcomes, and insurance coverage is necessary to empower patients to make informed choices;

Whereas healthcare regulations should be streamlined to eliminate unnecessary burdens and promote innovation and competition;

Whereas public health emergencies should be addressed responsibly, respecting individual freedoms and promoting voluntary compliance;

Therefore, be it enacted by the Congress to protect medical freedom, enhance healthcare choice, and uphold individual liberties in healthcare decisions.

Section 1. Short Title

This Act may be cited as the "Medical Freedom Protection Act."

Section 2. Findings and Purpose

A. **Findings.—The Congress finds the following:**

1. The right to individual autonomy in healthcare decisions is fundamental and should be protected from government overreach.
2. Informed consent is a cornerstone of ethical medical practice and individuals must have comprehensive information and the freedom to make voluntary healthcare decisions.
3. Federal vaccine mandates infringe upon personal liberty and informed consent, and should therefore be abolished.
4. Access to alternative treatments and a free-market healthcare system promotes innovation, competition, and better healthcare outcomes.
5. Parental rights in healthcare decisions for their children must be protected from undue government interference.
6. Medical discrimination based on vaccination status or medical history is unjust and should be prohibited.
7. Transparency in healthcare pricing, outcomes, and insurance coverage is necessary to empower patients to make informed choices.
8. Healthcare regulations should be streamlined to eliminate unnecessary burdens and promote innovation and competition.
9. Public health emergencies should be addressed responsibly, respecting individual freedoms and promoting voluntary compliance.

B. Purpose.—The purpose of this Act is to—

1. protect the medical freedom of individuals;
2. abolish federal vaccine mandates;
3. establish informed consent standards;
4. ban vaccine databases;
5. limit the powers of federal agencies;
6. enhance access to alternative treatments;
7. promote a free-market healthcare system;
8. protect parental rights in healthcare;
9. oppose medical discrimination;
10. strengthen privacy protections;
11. reform healthcare regulations;
12. address public health emergencies responsibly; and
13. promote transparency in healthcare.

Section 3. Provisions

Section 3.1. Individual Healthcare Decisions

A. **Rights of Individuals.—**Individuals have the explicit right to make their own healthcare decisions without government interference.

B. **Prohibition on Government Interference.—**No federal, state, or local government entity shall enact or enforce any law, regulation, or executive order that infringes upon this right.

Section 3.2. Abolish Federal Vaccine Mandates

A. **Abolition of Federal Vaccine Mandates.—**All federal mandates requiring vaccinations are hereby abolished.
B. **Prohibition on Federal Funding.—**No federal funds shall be allocated to any state, government entity, or private business that mandates vaccinations as a condition for employment or to use their services.

Section 3.3. Informed Consent Standards

A. **Disclosure Requirements.—**Healthcare providers must provide patients with comprehensive information about proposed medical procedures, including all potential risks, benefits, and alternatives. No
B. **Voluntary Consent.—**Patients must give their consent voluntarily, without any form of coercion, pressure, or undue influence from healthcare providers, employers, or government entities.
C. **Right to Refuse.—**Patients have the explicit right to refuse any medical procedure or treatment without facing discrimination, penalty, or loss of benefits.
D. **Confidentiality.—**Information disclosed to patients during the informed consent process must be protected under strict confidentiality standards, ensuring that personal health information is not shared without explicit consent.
E. **Accessibility.—**Information provided to patients must be presented in a clear, understandable manner, ensuring that all individuals, regardless of education or background, can make informed decisions about their healthcare.
F. **Documentation.—**Healthcare providers must document the informed consent process, including the information provided and the patient's decision, to ensure transparency and accountability.
G. **Repeal of HR 5546.—**
    1. The National Childhood Vaccine Injury Act (HR 5546) is hereby repealed.
    2. All protections and provisions granted under HR 5546 that shield vaccine producers from litigation due to vaccine injuries are rescinded.
    3. Developers of vaccines must ensure their vaccines are safe and effective, and they shall be held legally accountable for any harm caused by their products.

Section 3.4. Ban Vaccine Databases

A. **Prohibition on Vaccine Databases.—**The creation and maintenance of government or private vaccine databases are prohibited.
B. **Destruction of Existing Databases.—**Any existing vaccine databases must be destroyed within 60 days of the enactment of this Act.
C. **Prohibition on Federal Funding.—**No federal funds shall be allocated to any entity that maintains a vaccine database beyond the 60-day deadline.

Section 3.5. Limit the Powers of Federal Agencies

A. **Restriction of Authority.—**The authority of federal agencies such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the Department of Health and Human Services (HHS) is hereby restricted to prevent overreach into personal healthcare decisions.
B. **Advisory Role Only.—**Federal agencies shall not impose any mandatory guidelines or requirements related to medical treatments, vaccinations, or other healthcare decisions on individuals or private entities. All guidelines and recommendations issued by these agencies shall be advisory only.
C. **Conditional Funding.—**Federal funding to state and local governments, healthcare institutions, and private businesses shall be conditional upon adherence to the principles of individual liberty and non-coercion in healthcare decisions.
D. **Oversight and Accountability.—**
    1. An independent review board shall be established, made up of members who are not affiliated with the Republican or Democrat Parties, to oversee the activities of the CDC, FDA, and HHS, ensuring compliance with the restrictions imposed by this Act and protecting individual liberties.
    2. Federal agencies shall be required to publicly report all recommendations, guidelines, and actions taken, providing transparency and accountability to the public.
    3. Annual audits of federal agency activities related to healthcare recommendations and mandates shall be conducted to ensure adherence to the principles of this Act.
E. **Legal Recourse.—**
    1. Individuals and entities shall have the right to legally challenge any action or mandate by a federal agency that infringes upon their healthcare decision-making rights to an independent non-partisan review board.
    2. Individuals adversely affected by violations of this Act by federal agencies shall be entitled to seek compensation and remedies through the judicial system.

Section 3.6. Enhance Access to Alternative Treatments

A. Removal of Barriers.—All federal and state regulations that create unnecessary barriers to alternative treatments and therapies shall be reviewed and revised. This includes eliminating licensing restrictions, excessive paperwork, and other bureaucratic hurdles that limit access to alternative healthcare options such as:
    1. **Licensing Restrictions to be Reviewed and Revised:**
        i. State-specific licensing requirements that do not recognize equivalent licenses from other states, limiting the ability of practitioners to operate across state lines.
        ii. Regulations that mandate conventional medical training for alternative healthcare providers, even when such training is not pertinent to the alternative treatments they offer.
    2. **Excessive Paperwork to be Reviewed and Revised:**

i. Redundant documentation requirements for alternative healthcare providers that duplicate information already provided through other means.

3. **Other Bureaucratic Hurdles to be Reviewed and Revised:**
   i. Regulatory barriers that limit the ability of alternative healthcare providers to collaborate with conventional medical practitioners or operate within conventional healthcare facilities.
   ii. Restrictions on the advertising and marketing of alternative treatments that go beyond ensuring truthful and non-misleading information.
   iii. Requirements for clinical trials or evidence of efficacy that are disproportionately burdensome compared to the risk profile of the alternative treatments, thereby stifling innovation and access.
   iv. Limitations on the use and availability of natural health products and supplements that impose unnecessary burdens on providers and consumers.
   v. Support for Research.—The establishment of grants and funding opportunities shall be encouraged to support research, development, and clinical trials of alternative treatments and therapies, including those that use holistic, naturopathic, and integrative medicine approaches.
   vi. Integration with Conventional Care.—Policies shall be enacted to promote the integration of alternative treatments with conventional healthcare systems, ensuring that patients have access to a wide range of treatment options. This includes facilitating collaboration between conventional medical practitioners and practitioners of alternative medicine.
   vii. Safety and Efficacy Framework.—A framework shall be established to ensure that alternative treatments and therapies meet safety and efficacy standards without imposing overly restrictive regulations. This framework will be designed to protect consumers while allowing for innovative and less conventional approaches to healthcare.
   viii. Right to Choose.—Individuals shall have the unalienable right to choose healthcare options outside of traditional medicine, including but not limited to homeopathy, acupuncture, chiropractic care, herbal medicine, and other alternative therapies. This right shall be protected against any form of government interference, coercion, or discrimination.

Section 3.7. Promote a Free-Market Healthcare System

A. **Anti-Monopoly Measures.—**
   1. Implement a rigorous review process for mergers and acquisitions in the healthcare sector to ensure they do not lead to monopolistic control or reduce competition. This includes establishing a dedicated healthcare antitrust unit within the Federal Trade Commission (FTC) to oversee and scrutinize all significant transactions.

2. Enforce strict prohibitions against price fixing, collusion, and other practices that artificially inflate healthcare costs. Heavy penalties, including substantial fines and imprisonment, shall be imposed on entities and individuals found guilty of these practices.
3. Require large healthcare networks and conglomerates to publicly disclose detailed information about their pricing, contracting practices, and financial arrangements. Mandate annual independent audits of large healthcare networks and conglomerates to ensure compliance with anti-monopoly regulations and to detect any anti-competitive practices.

B. Support for Independent Providers.—

1. Provide grants, subsidies, and low-interest loans to support independent hospitals, clinics, and healthcare providers. This financial assistance will help them compete against larger networks and improve healthcare access and quality.
2. Develop programs that promote patient choice and mobility, ensuring that patients can easily switch providers or insurers without facing significant financial or administrative barriers. This includes portability of medical records and continuity of care.
3. Provide regulatory assistance and resources to small and independent healthcare providers to help them navigate complex regulatory environments and comply with necessary requirements. Offer financial incentives, such as grants and tax credits, to small and independent providers who adopt innovative practices and contribute to regulatory reform efforts.

Section 3.8. Protect Parental Rights in Healthcare

A. **Parental Authority.—**

1. **Fundamental Right:** Recognize that parents have the fundamental right to make healthcare decisions for their minor children, including choices regarding medical treatments, vaccinations, and other health-related matters, free from undue government interference.
2. **Right to Exempt:** Parents may exempt their child from any vaccine or healthcare decision they deem not suitable for their child without facing mandates, coercion, or penalties from schools, healthcare providers, or government entities.

B. **Educational Resources.—**

1. **Comprehensive Information:** Provide parents with access to comprehensive, evidence-based educational resources to help them make informed healthcare decisions for their children. These resources should be easily accessible and cover a wide range of healthcare topics.

C. **Non-Interference by Government Agencies—**

1. **Limitations on Authority:** Limit the authority of government agencies, such as Child Protective Services (CPS), to intervene in parental healthcare decisions except in cases of clear and demonstrable harm or neglect.
2. **Parental Rights Advocacy:** Establish a parental rights advocacy office through a private sector third party to monitor and protect parental rights in healthcare decisions, providing support and resources to families facing undue interference.

D. **School-Based Services.—**
   1. **Parental Consent:** Require that schools obtain explicit parental consent before administering any medical treatment, conducting health screenings, or providing other health-related services to students.
   2. **Opt-Out Provisions:** Ensure that parents have the right to opt their children out of any school-based health programs or services that they do not wish their children to participate in.

E. **Alternative Treatments.—**
   1. Protect the right of parents to seek and utilize alternative treatments and therapies for their children, including naturopathy, homeopathy, and other non-traditional medical practices. Encourage insurance companies to offer coverage options that include alternative treatments, ensuring that parents have affordable access to a wide range of healthcare choices for their children.
   2. Require explicit parental consent for any minor's participation in clinical trials or experimental treatments, ensuring that parents are fully informed of all potential risks and benefits. Establish ethical oversight committees to review and approve any experimental treatments involving minors, ensuring that parental rights and the child's best interests are prioritized.

Section 3.9. Oppose Medical Discrimination

A. **Equal Treatment.—**Prohibit any form of discrimination based on an individual's vaccination status in all areas of public life, including employment, education, healthcare, and access to services.

B. **Employment Protections.—**Employers shall be prohibited from making hiring, firing, promotion, or any other employment decisions based on an employee's or job applicant's vaccination status. Violations shall be subject to significant penalties, including fines and legal repercussions

C. **Access to Services.—**Public and private entities that provide services to the public shall not deny access or impose additional requirements on individuals based on their vaccination status.

D. **Healthcare Access.—**Healthcare providers shall not deny treatment or services to individuals based on their medical history, including past illnesses, medical conditions, or vaccination status. Equal access to healthcare must be maintained for all individuals.

E. **Insurance Protections.—**Health insurance companies shall be prohibited from denying coverage, imposing higher premiums, or offering different terms based on an individual's medical history or vaccination status.

F. **Public Accommodations.—**Businesses and public facilities must provide equal access to all individuals regardless of their medical history or vaccination status. This includes restaurants, entertainment venues, transportation services, and other public accommodations.

Section 3.10. Strengthen Privacy Protections

A. **Data Confidentiality.—**Enforce stringent confidentiality standards to ensure that personal health information is kept private. This includes medical records, treatment plans, vaccination status, and any other health-related data.
B. **Limitations on Data Sharing.—**Restrict the sharing of personal health information between entities without explicit consent from the individual. Health data should not be shared with employers, insurance companies, or government agencies without the individual's explicit authorization.
C. **Enhanced Security Measures.—**Mandate the use of advanced encryption technologies to protect personal health information stored electronically. All electronic health records (EHRs) must be encrypted to prevent unauthorized access. Implement requirements for secure data storage practices such as:
    1. **Enhanced Security Measures.—**
        i. **Access Control and Authentication:**
            a. Use multi-factor authentication (MFA) for accessing electronic health records (EHRs).
            b. Implement role-based access control (RBAC) to ensure users only have access to data necessary for their role.
            c. Regularly update and review access permissions.
        ii. **Data Encryption:**
            a. Encrypt data at rest and in transit using industry-standard encryption protocols (e.g., AES-256 for data at rest, TLS for data in transit).
            b. Ensure encryption keys are securely managed and stored.
        iii. **Network Security:**
            a. Use firewalls, intrusion detection systems (IDS), and intrusion prevention systems (IPS) to protect networks.
            b. Implement virtual private networks (VPNs) for secure remote access.
            c. Conduct regular network vulnerability assessments and penetration testing.
        iv. **Data Backup and Recovery:**
            a. Implement regular data backup procedures with encrypted backups.
            b. Store backups in multiple locations, including offsite or cloud-based storage.
            c. Regularly test backup and recovery processes to ensure data can be restored quickly in case of loss or breach.

2. **Software and System Security:**
    i. Keep all software, including operating systems and applications, up to date with the latest security patches.
    ii. Use antivirus and anti-malware solutions to protect against threats.
    iii. Conduct regular security audits and compliance checks.
3. **Monitoring and Logging:**
    i. Implement comprehensive logging of all access and activity related to electronic records.
    ii. Use security information and event management (SIEM) systems to monitor and analyze logs for suspicious activity.
    iii. Regularly review and audit logs to detect and respond to potential security incidents.
4. **Training and Awareness:**
    i. Provide regular security training and awareness programs for all employees and stakeholders.
    ii. Educate staff on the importance of data security and best practices for protecting sensitive information.
5. **Incident Response Plan:**
    i. Develop and maintain an incident response plan to address data breaches and security incidents.
    ii. Include procedures for identifying, containing, eradicating, and recovering from security incidents.
    iii. Regularly test and update the incident response plan to ensure effectiveness.
6. **Physical Security Measures for Paper Records:**
    i. Limit access to paper records to authorized personnel only.
    ii. Use lockable file cabinets and storage rooms with restricted key or access card distribution.
    iii. Install security cameras to monitor areas where sensitive paper records are stored.
    iv. Implement sign-in/sign-out procedures for accessing secure areas where paper records are stored.
    v. Store records in environments with controlled temperature and humidity to prevent damage.
    vi. Ensure proper fire safety measures, including fire-resistant storage solutions and smoke detectors.
    vii. Use secure containers for transporting paper records.
    viii. Implement secure shredding and disposal processes for paper records that are no longer needed.

D. **Transparency in Data Use.—**Require healthcare providers, insurers, and other entities that handle personal health information to disclose how they use and share this data. Individuals must be informed about who has access to their information and for what purposes. Establish a standardized system for managing patient consent, allowing

individuals to easily grant or revoke permissions for the use and sharing of their health information.

E. **Rights to Access and Control.—**Ensure that individuals have the right to access their personal health information at any time. Healthcare providers must provide copies of medical records promptly upon request. Grant individuals greater control over their health data, including the right to correct inaccuracies, delete unnecessary information, and limit the use of their data for specific purposes.

F. **Penalties for Violations.—**
    1. Impose strict penalties, including fines of up to $500,000 per violation, for entities and individuals that violate privacy protections. These penalties must be significant enough to deter non-compliance.
    2. Provide individuals with the right to seek civil remedies, including compensation for damages, in cases where their privacy rights have been violated.
    3. All fines collected under this section shall be allocated to fund research into the cure for cancer and alternative treatments, as well as to cover any costs incurred in the implementation of this bill.

G. **Oversight and Enforcement.—**
    1. Establish an independent agency to oversee the enforcement of health information privacy standards. This agency shall have the authority to conduct audits, investigate complaints, and impose penalties.
    2. Mandate regular audits of healthcare providers, insurers, and other entities that handle health data to ensure compliance with privacy standards. Audits shall be conducted by independent third parties to ensure impartiality.

H. **Technological Innovations.—**Encourage the development and adoption of technologies that enhance privacy protection, such as blockchain for secure health data exchange and advanced anonymization techniques for data analysis. Develop and promote interoperability standards that facilitate secure data exchange between different healthcare systems while maintaining stringent privacy protections.

I. **Protection Against Data Breaches.—**
    1. Require entities to promptly notify individuals in the event of a data breach involving their personal health information. Notifications must include details about the breach, the data affected, and steps individuals can take to protect themselves.
    2. Mandate that all entities handling health data develop and implement comprehensive breach response plans to quickly address and mitigate the effects of data breaches.

J. **Research and Policy Development.—**
    1. Support ongoing research into emerging privacy threats and the development of new strategies to protect health information. This includes funding for studies on the impact of new technologies on health data privacy.
    2. Regularly update privacy protection policies to address new challenges and incorporate the latest research findings. Policies should be reviewed and revised at least every three years to ensure they remain effective and relevant.

Section 3.11. Reform Healthcare Regulation

A. **Streamlining and Reducing Unnecessary Healthcare Regulations.—**
    1. Conduct a thorough and comprehensive review of all existing healthcare regulations to identify those that are outdated, redundant, or unnecessarily burdensome. This review shall involve input from healthcare providers, industry experts, and patient advocacy groups.
    2. Establish clear criteria for determining which regulations should be eliminated. Criteria should include whether the regulation:
        i. Duplicates other regulations;
        ii. Adds excessive administrative burden without improving patient outcomes;
        iii. Hinders innovation or competition in the healthcare market;
        iv. Can be replaced with more effective or less intrusive alternatives.

B. **Simplification of Licensing and Certification Processes.—**
    1. National Licensure:
        i. The Secretary of Health and Human Services shall develop a unified, national licensure system for all healthcare professionals to reduce administrative burdens and expedite the entry of new providers into the market.
        ii. This national licensure system shall replace state-specific licensing requirements, allowing healthcare professionals licensed under this system to practice in any state without the need for redundant re-licensing processes.
        iii. The national licensure system shall ensure that all healthcare professionals meet standardized criteria for education, training, and competency, while also allowing for the recognition of equivalent licenses from other countries where appropriate
        iv. The Secretary of Health and Human Services shall work in collaboration with state licensing boards to implement this system and address any transitional issues, ensuring a smooth and efficient transition to the national licensure framework.

C. **Promotion of Innovative Healthcare Models.—**
    1. The Secretary of Health of Human Services will implement the adoption of Direct Primary Care models by reducing regulatory barriers that currently hinder their implementation and growth.
    2. The Secretary of Health of Human Services will promote the expansion of telemedicine by revising regulations that restrict its use, such as interstate licensing barriers and outdated reimbursement policies.

D. **Encouragement of Value-Based Care.—**
    1. The Secretary of Health and Human Service shal shift regulatory focus from process-based compliance to outcome-based measures, ensuring that regulations incentivize high-quality patient care and positive health outcomes.

2. The Secretary of Health and Human Services shall support the development and adoption of flexible payment models that reward value and efficiency, such as bundled payments and accountable care organizations (ACOs).

E. **Transparency and Accountability.—**
   1. The Secretary of Health shall require regular public reporting on the impact of healthcare regulations, including their effects on costs, access, and patient outcomes. This transparency will help identify areas for improvement and ensure accountability.
   2. The Secretary of Health shall establish mechanisms for ongoing stakeholder engagement in the regulatory reform process, including regular consultations with healthcare providers, patients, and industry representatives.

F. **Regulatory Sandbox for Healthcare Innovation.—**
   1. The Secretary of Health and Human Services shall create regulatory sandboxes that allow healthcare innovators to test new treatments, technologies, and delivery models in a controlled environment with relaxed regulations. These testbeds will provide valuable data on the effectiveness and safety of innovations.
   2. The Secretary of Health and Human Services shall implement fast-track approval processes for promising new healthcare innovations that demonstrate significant potential to improve patient outcomes or reduce costs.

G. **Support for Small and Independent Providers.—**
   1. The Department of Health shall provide regulatory assistance and resources to small and independent healthcare providers to help them navigate complex regulatory environments and comply with necessary requirements.
   2. The Department of Internal Revenue Service shall offer financial incentives, such as grants and tax credits, to small and independent providers who adopt innovative practices and contribute to regulatory reform efforts.

H. **Ongoing Monitoring and Adjustment.—**
   1. The Secretary of Health and Human Services shall establish a system for regular reviews of healthcare regulations to ensure they remain relevant and effective. These reviews should be conducted at least every five years and involve stakeholder input.
   2. The Secretary of Health and Human Services shall develop adaptive regulatory frameworks that can be quickly adjusted in response to new evidence, technological advancements, and changing healthcare landscapes.

I. **Reducing Barriers to Market Entry.—**
   1. The Secretary of Health and Human Services shall remove unnecessary barriers to entry for new healthcare providers and organizations, including streamlining approval processes and reducing startup costs.
   2. The Secretary of Health and Human Services shall promote competition in the healthcare market by ensuring that regulations do not unfairly advantage established providers over new entrants.

J. **Patient-Centered Reforms.—**

1. The Secretary of Health and Human Services shall establish robust mechanisms for incorporating patient feedback into the regulatory reform process, ensuring that reforms are aligned with patient needs and preferences.
2. The Secretary of Health and Human Services shall support the development and implementation of personalized medicine approaches by removing regulatory barriers that limit the use of tailored treatments and therapies.

Section 3.12. Address Public Health Emergencies Responsibly

A. **Guidelines Respecting Individual Freedoms.—**
    1. The Secretary of Health and Human Services shall develop public health emergency guidelines that respect individual freedoms and emphasize voluntary compliance rather than coercion. Encourage personal responsibility and informed decision-making during public health crises.
    2. The Secretary of Health and Human Services shall ensure that vaccination programs are voluntary and based on informed consent. Individuals must be provided with comprehensive information about the risks, benefits, and alternatives of vaccines.
    3. The Secretary of Health and Human Services shall protect individuals' rights to make their own healthcare decisions, including the choice to seek alternative treatments or decline specific medical interventions.
    4. The Secretary of Health and Human Services shall focus on educating the public about preventive measures, such as hand hygiene, respiratory etiquette, and the use of personal protective equipment (PPE), without making these measures mandatory.
    5. The Secretary of Health and Human Services shall safeguard the privacy and confidentiality of individuals' health information, ensuring that data collected during public health emergencies is used solely for public health purposes and not shared without explicit consent.
    6. The Secretary of Health and Human Services shall provide clear, transparent, and consistent communication from public health authorities, ensuring that the public receives accurate and timely information about the status of the emergency, recommended actions, and available resources.
    7. The Secretary of Health and Human Services shall establish community support systems to assist vulnerable populations and those who choose to self-isolate or quarantine, ensuring they have access to food, medical care, and other essential services.
    8. The Secretary of Health and Human Services shall ensure that public health measures do not discriminate based on race, ethnicity, socioeconomic status, or other factors, and that all individuals have equal access to healthcare and resources.
B. **Respect for Personal Autonomy.—**The Secretary of Health and Human Services shall promote voluntary quarantine and isolation measures rather than mandatory enforcement, providing individuals with the resources and support needed to comply

voluntarily. Encourage the use of personal protective measures, such as masks and hand hygiene, through education and incentives rather than mandates.

C. **Protection of Civil Liberties.—** There shall be no expansions of government powers during public health emergencies.

D. **Transparency and Accountability.—**
    1. The Secretary of Health and Human Services shall mandate regular public reporting on the status of public health emergencies, including the rationale for any measures taken, their effectiveness, and any adverse impacts on individual freedoms and public trust.
    2. The Secretary of Health and Human Services shall conduct independent reviews of public health responses after the resolution of an emergency to assess their effectiveness, identify areas for improvement, and ensure accountability.

Section 3.13. Promote Transparency in Healthcare

A. Transparency in Healthcare Pricing.—
    1. Require all healthcare providers, including hospitals, clinics, and individual practitioners, to publicly disclose the prices of their services. This includes standard prices for common procedures, treatments, and consultations.
    2. Patients shall receive itemized bills that clearly outline the costs of each service, treatment, and medication provided. This transparency will help patients understand their healthcare expenses and detect any discrepancies or overcharges.
    3. Healthcare providers shall develop systems that allow patients to obtain real-time cost estimates for medical procedures and treatments before they receive them. This helps patients make informed decisions based on their financial situations and available options.

B. Transparency in Insurance Coverage.—
    1. Health insurance companies shall provide clear and detailed information about what services and treatments are covered under their plans, including any limitations, exclusions, and out-of-pocket costs.
    2. Health insurance companies shall ensure that patients have access to up-to-date information about which healthcare providers are in-network and what costs they can expect when using out-of-network services.
    3. Mandate that insurance companies provide concise and easy-to-understand benefit summaries to help patients quickly understand their coverage and benefits.

C. Transparency in Pharmaceutical Pricing.—
    1. Pharmaceutical companies shall disclose the prices of their medications, including wholesale prices, retail prices, and any variations in pricing based on geographic location or other factors.
    2. Mandate that pharmaceutical companies report the costs associated with research and development for new drugs, providing transparency into the factors that contribute to drug pricing.

3. Pharmaceutical Companies shall ensure that patients are informed about the availability of generic alternatives and their pricing, promoting more cost-effective choices.
4. No manufacturer, distributor, or retailer of insulin shall sell insulin at a price exceeding 10% of the cost to produce it.

Section 4. Implementation and Enforcement

A. **Effective Date.—**The provisions of this Act shall take effect 91 days after the date of its enactment.
B. **Oversight.—**The Secretary of Health and Human Services shall oversee the enforcement of this Act and ensure compliance with all its provisions.

Section 5. Severability

If any provision of this Act or its application to any person or circumstance is held invalid, the remainder of the Act, or the application of the provision to other persons or circumstances, shall not be affected.

Section 6. Enactment Clause

This Act shall take effect 91 days after the date of its enactment.