120th CONGRESS

1st Session

H.R. 1

To restore scientific integrity, patient sovereignty, and free-market discovery in American healthcare by eliminating federal command-and-control medical regulation, removing economic barriers to care, preserving transparent clinical safety research, and returning medical decision-making to patients, physicians, and communities.

IN THE HOUSE OF REPRESENTATIVES

January 3, 2027

Mr. _____ (for himself, Mrs. _____, and Mr. _____) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, and Oversight and Accountability, for a period to be subsequently determined by the Speaker.

A BILL

To restore scientific integrity, patient sovereignty, and free-market discovery in American healthcare by eliminating federal command-and-control medical regulation, removing economic barriers to care, preserving transparent clinical safety research, and returning medical decision-making to patients, physicians, and communities.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Healthcare Freedom and Scientific Integrity Act of 2027".

SECTION 2. FINDINGS.

Congress finds that

1 The Constitution grants Congress authority to regulate commerce by making it regular through the collection and publication of information, not by compelling medical consumption or prohibiting voluntary treatment;

2 Early federal public health efforts were informational and advisory rather than coercive or prohibitory;

3 Federal command-and-control medical regulation concentrates scientific authority in agencies subject to regulatory capture;

4 Federal economic regulation of healthcare has increased prices, restricted access, suppressed innovation, and entrenched dependency;

5 Clinical trials provide essential safety and efficacy information but do not require federal enforcement to be effective;

Natural, non-patentable, and community-based health practices have been systematically excluded by institutional and economic barriers rather than scientific failure;

Emergency medical care constitutes a localized public necessity best administered by states and communities;

Patient autonomy, informed consent, and physician judgment are the ethical foundation of medical practice.

TITLE I: SCIENTIFIC LIBERATION AND CLINICAL TRANSPARENCY

SEC. 101. ELIMINATION OF FEDERAL PRE-MARKET MEDICAL APPROVAL.

(a) No federal agency may require pre-market approval, authorization, licensure, or certification as a condition for the manufacture, sale, distribution, or use of any drug, biologic, medical device, supplement, or therapeutic protocol intended for use by consenting adults.

(b) Nothing in this section shall be construed to limit liability for fraud, misrepresentation, or willful concealment of material risk.

SEC. 102. MANDATORY CLINICAL TRIAL DISCLOSURE.

(a) Any drug, biologic, or medical device introduced into interstate commerce shall be subject to standardized clinical trials evaluating safety and efficacy.

(b) All trial data shall be published in full, including adverse outcomes, methodologies, limitations, and funding sources.

(c) Completion or publication of clinical trials shall not constitute federal approval, endorsement, or authorization.

SEC. 103. NON-BINDING STATUS OF CLINICAL FINDINGS.

Patients and physicians are encouraged, but not required, to consider clinical trial findings when making medical decisions.

TITLE II: RESTRUCTURING OF THE FDA AND ANTI-CAPTURE SAFEGUARDS

SEC. 201. CONVERSION TO A RESEARCH-ONLY BODY.

(a) The Food and Drug Administration is redesignated as the Federal Clinical Research Service.

(b) The Service shall conduct, commission, audit, and publish clinical research.

(c) The Service shall exercise no approval, denial, banning, scheduling, enforcement, or economic regulatory authority.

SEC. 202. PROHIBITION ON INDUSTRY FUNDING AND REVOLVING DOOR EMPLOYMENT.

(a) No user fees, application fees, or industry-derived funding may be accepted by the Service.

(b) No officer or employee of the Service may accept employment or compensation from any medical manufacturer or distributor for ten years following federal service.

TITLE III: ELIMINATION OF FEDERAL ECONOMIC REGULATION OF HEALTHCARE

SEC. 301. PREEMPTION OF FEDERAL ECONOMIC CONTROLS.

(a) No federal agency may impose price controls, reimbursement schedules, coverage mandates, market entry barriers, scope-of-practice restrictions, or service mandates on healthcare goods or services.

(b) This section applies to insurance, hospitals, pharmaceuticals, medical devices, supplements, and professional services.

SEC. 302. FREEDOM OF ASSOCIATION AND MUTUAL AID.

Individuals and communities may freely form health cooperatives, mutual aid societies, and non-insurance-based healthcare arrangements without federal interference.

TITLE IV: EMERGENCY CARE AND STATE POLICE POWERS

SEC. 401. LOCAL ADMINISTRATION OF EMERGENCY MEDICAL CARE.

States and political subdivisions shall fund and administer emergency medical care systems to ensure treatment for acute, life-threatening conditions for all citizens and lawful residents.

SEC. 402. FEDERAL NON-INTERFERENCE.

Nothing in this Act shall be construed to authorize federal management of emergency or chronic healthcare delivery.

TITLE V: ENFORCEMENT, LIABILITY, AND SEVERABILITY

SEC. 501. LIABILITY FOR FRAUD AND MISREPRESENTATION.

Nothing in this Act limits civil or criminal liability for fraud, misrepresentation, or concealment of material risk.

SEC. 502. PRIVATE RIGHT OF ACTION.

Any person may bring a civil action in federal district court to enjoin violations of this Act and recover damages, costs, and reasonable attorneys fees.

SEC. 503. SEVERABILITY.

If any provision of this Act is held invalid, the remainder shall not be affected.

SEC. 504. EFFECTIVE DATE.

This Act shall take effect 180 days after enactment.