

# S. 4

To restore the opt-out public option, build new hospitals in underserved areas,  
and improve health outcomes for all Americans.

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## IN THE SENATE OF THE UNITED STATES

DECEMBER 6th, 2024

Ms. ALLAR of Olympia (for herself, Ms. KASPARIAN, on behalf of the CHAN  
administration) introduced the following bill; which was authored by Secretary  
Fields

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## A BILL

To restore the opt-out public option, build new hospitals in underserved ar-  
eas, and improve health out-comes for all Americans.

1                   *Be it enacted by the Senate and House of Representatives of*  
2                   *the United States of America assembled,*

3                   **SECTION 1. SHORT TITLE.**

4                   This act may be cited as the “Fix the Public Option Act of  
5                   2024”.

6                   **SECTION 2. PURPOSE AND FINDINGS.**

7                   (a) **PURPOSE.**—The purpose of this Act is to—

8                               (1) establish a universal public healthcare option acces-  
9                   sible to all citizens and residents of the United States;

1                   (2) build a government-managed healthcare infrastruc-  
2                   ture through the acquisition of hospitals and land using emi-  
3                   nent domain;

4                   (3) create a federally coordinated supply chain for med-  
5                   ical equipment and pharmaceuticals to ensure affordability,  
6                   accessibility, and national preparedness; and

7                   (4) provide equitable, high-quality healthcare to all in-  
8                   dividuals while controlling costs and eliminating disparities.

9                   (b) FINDINGS.—Congress finds that—

10                  (1) Millions of Americans face barriers to accessing  
11                  healthcare due to costs, geographic limitations, and lack of in-  
12                  surance coverage.

13                  (2) The private healthcare system has left many hospi-  
14                  tals near insolvency, threatening the stability of local  
15                  healthcare delivery systems.

16                  (3) The federal government is uniquely positioned to  
17                  ensure healthcare access through the creation of a nationwide  
18                  public hospital network.

19                  (4) A robust, government-managed healthcare supply  
20                  chain is essential for reducing costs, responding to public  
21                  health emergencies, and improving patient outcomes.

22                  **SECTION 3. PUBLIC HEALTH FINANCE SPECIAL ACCOUNT.**

23                  (a) The Public Health Finance Corporation is hereby estab-  
24                  lished. The Public Health Finance Corporation is a body corporate  
25                  with perpetual succession.

1           (b) The Secretary of Health and Human Services shall be re-  
2           sponsible for all decision making for the Public Health Finance Cor-  
3           poration, but may delegate any powers, functions, or duties under  
4           this Act to another individual or entity by written instrument. Indi-  
5           viduals or entities exercising this delegated authority must exercise  
6           such authority in a manner consistent with the requirements of this  
7           Act.

8           (c) The Public Health Finance Special Account is hereby es-  
9           tablished as a special account, pursuant to section 4 of this Act. The  
10          purpose of the Public Health Finance Special Account is to admin-  
11          ister payments relating to the provision of healthcare pursuant to  
12          this Act. The Public Health Finance Corporation is the accountable  
13          authority responsible for the Public Health Finance Special Ac-  
14          count.

15          (d) No authority is granted for the Public Health Finance  
16          Special Account to hold a negative balance, pursuant to section 4(g)  
17          of this Act.

18          (e) If, at a particular time, the total assets exceed 125 percent  
19          of the total liabilities held by the Public Health Finance Special Ac-  
20          count for three consecutive years on January 1, the excess shall be  
21          immediately debited from the account.

22          (f) Section 3111 of title 26, United States Code, is amended  
23          in paragraph (g) –

24                  (1) by striking “5 percent” and inserting in lieu “a rate  
25                  between 4 and 6 percent, as determined by the Public Health

1           *Finance Corporation in writing on January 1 of each calen-*  
2           *dar year,”; and*

3           (2) by striking all words following “*appropriated*” and  
4           inserting in lieu “*for the Public Health Finance Special Ac-*  
5           *count to administer the opt-out public option. If there is no*  
6           *rate set by the Public Health Finance Corporation, then the*  
7           *rate shall be 5 percent.*”.

8           (g) In addition to the functions prescribed in subsection (c),  
9           the Public Health Finance Corporation may authorize, in writing,  
10          payments to be made on account of special circumstances that have  
11          resulted in unintended and inequitable results to individuals or enti-  
12          ties seeking a payment consistent with the establishing purpose of  
13          the Public Health Finance Special Account.

14          (1) Such payments shall not be made when there is an  
15          alternative remedy available to provide redress and shall not  
16          exceed \$10,000,000 annually.

17          (2) The Public Health Finance Corporation may im-  
18          pose conditions upon payments prescribed in subsection (g).  
19          If the recipient of the payment fails to uphold such condi-  
20          tions, the Public Health Finance Corporation shall recover  
21          the payment as debt in a court of competent jurisdiction.

22          (3) Payments prescribed in subsection (g) may not be  
23          provided in a manner that would have the effect of applying  
24          to a group of individuals without consideration of specific cir-  
25          cumstances.

26          **SECTION 4. SPECIAL ACCOUNT GOVERNANCE.**

1           (a) The term ‘special account’ means an account that is es-  
2           tablished by an Act in accordance with this section, which shall  
3           specify—

4                       (1) the purposes for which amounts shall be debited  
5                       from the special account; and

6                       (2) the accountable authority of the Federal Govern-  
7                       ment responsible for the special account.

8           (b) Any funds forming the balance of a special account shall  
9           be held in the general fund of the Treasury.

10           (c) The Department of the Treasury shall authorize expendi-  
11           tures by accountable authorities, as prescribed in subsection (a)(2),  
12           from the general fund of the Treasury, provided that the expendi-  
13           ture is consistent with the purpose prescribed in subsection (a)(1)  
14           and the balance of the special account would remain consistent with  
15           the requirement prescribed by subsection (g).

16           (d) Any debits against the general fund of the Treasury as  
17           prescribed in subsection (c) shall be debited in equal amount from  
18           the special account.

19           (e) No real or notional debit of a special account shall be in-  
20           consistent with the terms under which the special account was es-  
21           tablished, unless specific authority is granted by the establishing  
22           legislation.

23           (f) The receipts of the proceeds of an activity related to a spe-  
24           cial account shall be transferred to the general fund of the Treas-  
25           ury, with a credit in equal amount applied to the special account.

1 (g) No special account shall hold a negative balance, unless  
2 specific authority is granted by the establishing legislation.

3 (h) If, at a particular time, the total liabilities exceed the total  
4 assets held by a special account, the accountable authority responsi-  
5 ble for the special account shall be authorized to request a further  
6 appropriation in the form of an equity injection, *provided*: That the  
7 accountable authority provides an explanation of the causes leading  
8 to the request and the accountable authority takes appropriate ac-  
9 tion to remedy such causes.

10 (i) In the event of two or more requests in accordance with  
11 subsection (h), the Secretary responsible for the Department of the  
12 Treasury or their delegate may prescribe an alternative accountable  
13 authority within the Federal Government for a period not exceeding  
14 3 years.

15 (j) In the event of a default by a special account, the Federal  
16 Government shall provide any payable sums by the special account  
17 to respective creditors.

18 **SECTION 5. OPT-OUT PUBLIC OPTION.**

19 (a) Where, on or after January 1, 2025, medical expenses are  
20 incurred for a professional service provided in the United States to  
21 an eligible individual, a financial benefit shall be payable to the pro-  
22 vider by the Public Health Finance Corporation within 21 days of  
23 the professional service.

24 (1) In addition to the requirements prescribed under  
25 this Act, a provider must—

1 (A) provide a fully itemized bill for all profes-  
2 sional services by the provider, including services for  
3 which the provider is not submitting a claim;

4 (B) not discriminate between claimed and un-  
5 claimed services by price or function;

6 (C) engage in a national electronic health records  
7 system as developed by the Department of Health and  
8 Human Services, to the extent that such engagement is  
9 consistent with existing Federal Law and maintains af-  
10 firmative patient consent;

11 (D) submit a claim within 7 days of the service to  
12 be eligible for a payment under subsection (a); and

13 (E) declare that all material information is in-  
14 cluded and that the included information is accurate  
15 and not misleading.

16 (b) The financial benefit in subsection (a) shall be consistent  
17 with the latest benefits schedule published by the Public Health Fi-  
18 nance Corporation.

19 (c) The benefits schedule shall be determined by the Depart-  
20 ment of Health and Human Services and reflect the cost of provi-  
21 sion with an additional 10 percent allowance.

22 (d) The term ‘eligible individual’ means any individual who  
23 is—

24 (1) either not a Private Health Insurance Beneficiary  
25 (as prescribed by section 6 of this Act), or a Private Health

Insurance Beneficiary who is undergoing a life-saving procedure; and

(2) one of the following—

(A) a citizen of the United States;

(B) a national of the United States (as defined in [8 USC 1101\(a\)\(22\)](#));

(C) any person lawfully admitted for permanent residence (as defined in [8 CFR 1.2](#)) who has been residing within the United States for the majority of the preceding 12 months; or

(D) a person included within a specified class of persons declared by the Secretary of Health and Human Services to be eligible due to extraordinary circumstances relating to national security or natural disaster.

(e) The term ‘professional service’ means a service performed by a relevant licensed medical practitioner who has not charged any other imposition (financial or otherwise) for the relevant medical expenses either directly or through a third-party, and is one or more of the following—

(1) medical consultation, including with a specialist;

(2) tests or examinations necessary to prevent, mitigate, or treat illness or injury;

(3) elective and emergency surgeries, including pre- and post-operative care;

(4) medicine necessary to prevent, mitigate, or treat illness or injury;



1 (5) emergency medical services, provided that the ser-  
2 vice was requested with reasonable cause;

3 (6) reproductive, maternity, prenatal, and postnatal  
4 care;

5 (7) rehabilitative and post-traumatic care;

6 (8) mental health care;

7 (9) vision tests; and

8 (10) dental examinations and treatments.

9 (f) The term ‘licensed medical practitioner’ means an individ-  
10 ual holding a valid medical license issued by or on behalf of—

11 (1) the Commonwealth of Olympia;

12 (2) the District of Pacifica;

13 (3) the Commonwealth of Lincoln;

14 (4) the State of Jackson;

15 (5) the State of Frontier;

16 (6) the District of Columbia;

17 (7) American Samoa;

18 (8) Guam;

19 (9) the Northern Mariana Islands;

20 (10) the U.S. Virgin Islands; or

21 (11) any other jurisdiction of the United States as pre-  
22 scribed by the Secretary of Health and Human Services or  
23 their delegate.

24 (g) The financial benefit as prescribed in subsection (a) shall  
25 not exceed the medical expenses incurred by the patient.

1 (h) Where a financial benefit is paid to a provider who has  
2 failed to provide information that is accurate and not misleading,  
3 the Public Health Finance Corporation shall recover the payment as  
4 debt in a court of competent jurisdiction.

5 (i) A medical consultation with a specialist pursuant to sub-  
6 section (e)(1) shall require a referral from a primary care provider  
7 for the financial benefit to be payable, except where there is a rea-  
8 sonable belief that requiring so would worsen the patient's condi-  
9 tion.

10 (1) The term 'primary care provider' means a licensed  
11 medical practitioner who provides support for a patient with  
12 an undiagnosed health concern and provides generalist treat-  
13 ment for common illnesses and medical conditions, as deter-  
14 mined by the Department of Health and Human Services.

15 (2) The term 'specialist' means a licensed medical  
16 practitioner who practises in an area other than those prac-  
17 tised by primary care providers.

18 **SECTION 6. MINIMAL WAIT TIME GUARANTEE.**

19 (a) Where a licensed medical practitioner signs a written dec-  
20 laration stating that waiting for a procedure eligible under the bene-  
21 fits schedule would materially worsen the health condition of an eli-  
22 gible individual, the Public Health Finance Corporation is author-  
23 ized to approve a financial benefit exceeding the benefit schedule by  
24 up to 20 percent.

25 (b) Where a licensed medical practitioner signs a written dec-  
26 laration stating that waiting for a life-saving procedure (as

1 determined by the Public Health Finance Corporation), the Public  
2 Health Finance Corporation is authorized to approve a reasonable  
3 financial benefit notwithstanding the rates prescribed by the benefit  
4 schedule.

5 (c) The Public Health Finance Corporation shall establish  
6 processes to ensure that all assessments under subsections (a) and  
7 (b) are evaluated in a timely manner.

8 (d) Where a professional service is provided outside of an area  
9 classified by the Census Bureau as being within a Census Urban  
10 Area (or its equivalent) in its latest determination, and a higher fi-  
11 nancial benefits rate is necessary to sustain an appropriate level of  
12 health coverage in the area, the Public Health Finance Corporation  
13 is authorized to approve a financial benefit exceeding the benefit  
14 schedule by up to 20 percent.

15 (e) Any person who solicits, receives, or agrees to receive any  
16 benefit of any kind to influence or attempt to influence a declaration  
17 or assessment under this Act shall be imprisoned not more than 20  
18 years, fined, or both.

19 (1) The fine under subsection (b) shall be not less than  
20 the benefit obtained, but not exceed the greater of—

21 (A) double the benefit obtained; and

22 (B) \$5,000,000.

23 (f) Any person who provides or offers a benefit to influence or  
24 attempt to influence a declaration or its assessment under this Act  
25 shall be imprisoned not more than 20 years, fined not more than  
26 \$5,000,000, or both.

(g) Any person who knowingly, wilfully and deliberately signs a declaration or assessment under this Act containing false or misleading information (that is known to the signatory as false or misleading) shall be imprisoned not more than 2 years, fined, or both.

(1) The fine under subsection (b) shall not exceed \$250,000 for each count.

**SECTION 7. PRIVATE INSURANCE OPT-OUT.**

(a) Each individual insured under an eligible health insurance policy who registers for and receives a rebate (as determined by paragraph (b)) from the Public Health Finance Special Account shall be considered a ‘Private Health Insurance Beneficiary’.

(b) The Public Health Finance Corporation shall provide to individuals insured under a health insurance policy a rebate equal to 25% of the premium of an eligible health insurance policy, *provided*: That the policy is an insurance policy that covers hospital treatment in compliance with existing federal law and regulations, with benefits provided to a covered individual exclusively for the purposes of covering medical treatment, *provided further*: That the policy does not, across any 12 month period, incur—

(1) additional co-payments or fees, charged by the insurer providing coverage for undertaking liabilities of fees or charges relating to medical treatment, exceeding \$500 for any single individual covered under an insurance policy, or

(2) premiums, charged by the insurer for undertaking liabilities of fees or charges relating to medical treatment,

1 exceeding \$10,000 for any single individual covered under an  
2 insurance policy.

3 (c) For the purposes of this section, the term ‘cover’ means to  
4 undertake liabilities for not less than 75% of fees or charges for the  
5 provision of goods or services relating to a treatment, or to provide  
6 an insured individual with goods or services relating to a treatment  
7 without additional fees or charges.

8 (d) For the purposes of this section, the term ‘hospital treat-  
9 ment’ means a treatment that is intended to manage a disease, in-  
10 jury, or condition, and that is provided with the direct involvement  
11 of a hospital.

12 (e) For the purposes of this section, the term ‘medical treat-  
13 ment’ means a treatment that is intended to manage a disease, in-  
14 jury, or condition, and that is provided with the direct involvement  
15 of a legally qualified medical practitioner.

16 **SECTION 8. MERGER OF MEDICARE AND MEDICAID.**

17 (a) The Department of Health and Human Services shall pro-  
18 vide individuals who are eligible for health coverage under both an  
19 existing public healthcare program and the Public Health Finance  
20 Corporation with a preference form.

21 (1) For the purposes of this section, the term ‘public  
22 healthcare program’ means Medicare, Medicaid, or any  
23 other healthcare program offered under the Social Security  
24 Act.

1                   (2) The preference form shall allow the individual to se-  
2                   lect which healthcare program shall be their primary pro-  
3                   gram.

4                   (3) The preference form shall include an option for the  
5                   individual to withdraw from their current public healthcare  
6                   program in favor of the coverage provided by the Public  
7                   Health Finance Corporation.

8                   (4) Individuals who do not respond to the preference  
9                   form who are currently enrolled in a public healthcare pro-  
10                  gram shall remain enrolled into their current public  
11                  healthcare program as their primary program.

12               (b) The Public Health Finance Corporation may impose cost-  
13               recovery measures upon the Hospital Insurance Trust Fund and the  
14               Supplementary Medical Insurance Trust Fund through a memoran-  
15               dum of understanding between the Public Health Finance Corpora-  
16               tion and the Centers for Medicare & Medicaid Services, *provided:*  
17               That such cost-recovery measures are reflective of the transfer of li-  
18               ability that which would otherwise be incurred by the Hospital In-  
19               surance Trust Fund and the Supplementary Medical Insurance  
20               Trust Fund.

21               (c) Individuals eligible for health coverage from both the Vet-  
22               erans Health Administration and the Public Health Finance Corpo-  
23               ration shall be covered by the Veterans Health Administration as  
24               their primary program, and the Public Health Finance Corporation  
25               as their secondary program.

1 (d) The Public Health Finance Corporation may impose cost-  
2 recovery measures upon the Veterans Health Administration  
3 through a memorandum of understanding between the Public  
4 Health Finance Corporation and the Under Secretary of Veterans  
5 Affairs for Health, *provided*: That such cost-recovery measures are  
6 reflective of the transfer of liability that which would otherwise be  
7 incurred by the Veterans Health Administration.

8 **SECTION 9. REPEAL OF CONTRADICTIONARY AND AMBIGUOUS LEGISLA-**  
9 **TION.**

10 (a) The *Market-Based Healthcare Reform for the 21st Cen-*  
11 *tury Act* is repealed in its entirety, effective 30 days after the pas-  
12 sage of this Act.

13 (b) No health insurer (as reasonably determined by the De-  
14 partment of Health and Human Services) that deals with any trade  
15 (including the offer of insurance contract), commerce or communi-  
16 cation among the several States or from any State to any place out-  
17 side of the State, shall—

18 (1) discriminate with respect to pre-existing conditions  
19 between policyholders through pricing or in any other way,  
20 except wherein an exception has been provided in subsection

21 (3);

22 (2) impose annual or lifetime caps on coverage;

23 (3) impose waiting periods beyond 10 months for ma-  
24 ternity, prenatal, and postnatal care, or waiting periods be-  
25 yond 2 weeks for any other condition; or

1                   (4) offer a policy that fails to provide coverage for any  
2                   professional service (as defined in section 5(e)), except  
3                   wherein an exception has been provided in subsection (3).

4                   **SECTION 10. ACQUISITION OF NEAR-INSOLVENT FACILITIES.**

5                   (a) The Public Hospital Special Account is hereby established  
6                   as a special account, pursuant to section 5 of this Act.

7                   (1) The purpose of the Public Hospital Special Account  
8                   is to establish or acquire, and operate healthcare facilities, in-  
9                   cluding those relating to production and direct medical care.

10                  (2) The Department of Health and Human Services is  
11                  the accountable authority responsible for the Public Hospital  
12                  Special Account.

13                  (3) Authority is hereby granted for the Public Health  
14                  Finance Special Account to hold a negative balance not ex-  
15                  ceeding \$200,000,000,000, pursuant to section 5(g) of this  
16                  Act, provided that the Department of Health and Human  
17                  Services reports on October 1 of each calendar year on the  
18                  sustainability of the special account maintained through cost-  
19                  recovery measures with other entities within the Federal Gov-  
20                  ernment.

21                  (b) Beginning 14 days after the passage of this Act, the De-  
22                  partment of Health and Human Services is authorized to acquire  
23                  near-insolvent private hospitals and land in underserved areas.

24                  (1) The term ‘near-insolvent hospitals’ means private  
25                  hospitals with financial conditions that risk imminent closure  
26                  or significant reduction in services.



1 (c) The Department of Health and Human Services shall  
2 identify and prioritize acquisitions based on—

3 (1) proximity to high-need populations;

4 (2) geographic health disparities;

5 (3) urgent local needs; and

6 (4) other relevant and reasonable criteria as the Secre-  
7 tary of Health and Human Services may determine.

8 (d) For 60 days after the passage of this Act, the Department  
9 of Health and Human Services shall prioritize and aim for the con-  
10 struction or acquisition of 500 directly managed hospitals and clin-  
11 ics in underserved regions.

12 (e) Where there is an immediate and urgent need in under-  
13 served regions while permanent structures are constructed, the De-  
14 partment of Health and Human Services is authorized to deploy  
15 temporary modular healthcare facilities.

16 **SECTION 11. NATIONAL HEALTHCARE SUPPLY CHAIN INFRASTRUC-**  
17 **TURE.**

18 (a) The Department of Health and Human Services shall es-  
19 tablish or acquire facilities to manufacture—

20 (1) medical equipment, including ventilators, imaging  
21 devices, and surgical instruments;

22 (2) essential pharmaceuticals, prioritizing generics and  
23 medications critical for chronic and acute conditions; and

24 (3) facilities must be operational within 30 days of en-  
25 actment, with an emphasis on regions with high unemploy-  
26 ment rates to boost local economies.

1 (b) The National Healthcare Logistics Center shall be estab-  
2 lished within the Department of Health and Human Services to—

3 (1) procure, store, and distribute medical supplies to  
4 federally managed hospitals and clinics; and

5 (2) maintain strategic stockpiles of critical medications  
6 and equipment for emergencies and national shortages.

7 (c) The National Healthcare Logistics Center shall partner  
8 with state and local governments during public health crises to en-  
9 sure equitable distribution between populations and regions.

10 (d) The Secretary of Health and Human Services, or their  
11 delegate, is authorized to enter contracts with domestic and interna-  
12 tional manufacturers to address immediate supply shortages, with  
13 the Department of Health and Human Services to absorb the costs  
14 of resourcing within its existing function.

15 **SECTION 12. EXPANDING HEALTHCARE ACCESS THROUGH NEW FA-**  
16 **CILITIES.**

17 (a) The facilities to be constructed or acquired by the Depart-  
18 ment of Health and Human Services under section 9(a) of this Act  
19 shall provide comprehensive care, including—

20 (1) emergency and inpatient services;

21 (2) primary care and preventive services;

22 (3) specialized mental health and addiction treatment;

23 (4) dental and vision care; and

24 (5) pediatric and maternity services.

25 (b) The Department of Health and Human Services is au-  
26 thorized to acquire and repurpose vacant commercial properties and

1 public buildings into healthcare facilities for the purpose of expedit-  
2 ing service availability.

3 (1) The Department of Health and Human Services is  
4 authorized to establish federally managed urgent care centers  
5 in areas with immediate needs using the converted spaces as  
6 provided in subsection (b).

7 (c) The Department of Health and Human Services is au-  
8 thorized to issue broadband grants to rural and underserved areas  
9 to facilitate telehealth services, with the Department of Health and  
10 Human Services to absorb the costs of resourcing within its existing  
11 function.

12 (d) The Department of Health and Human Services is au-  
13 thorized to employ such relevant healthcare personnel as may be  
14 necessary for the purposes of this Act.

15 **SECTION 13. RESEARCH AND DEVELOPMENT INITIATIVE.**

16 (a) There is hereby appropriated \$10,000,000,000 in each  
17 fiscal year through fiscal year 2034-35, ending September 1, 2035,  
18 for the Department of Health and Human Services to support re-  
19 search into medical treatments, pharmaceuticals, and other public  
20 health advancements.

21 (b) The Department of Health and Human Services shall pri-  
22 oritize research into—

23 (1) cancer treatments and cures;

24 (2) infectious disease prevention and pandemic re-  
25 sponse;

26 (3) rare and neglected diseases; and

1 (4) health disparities affecting marginalized popula-  
2 tions.

3 (c) The Department of Health and Human Services shall  
4 make all research funded under this section publicly available for  
5 the purpose of maximizing innovation and collaboration. It is the  
6 sense of Congress that the Department of Health and Human Ser-  
7 vices should continue to engage in public-private partnerships, pro-  
8 vided that the results remain publicly available to all healthcare pro-  
9 viders and researchers.

10 (d) The Department of Health and Human Services shall es-  
11 tablish and manage five Centers for Medical Innovation to lead re-  
12 search and development efforts in collaboration with universities,  
13 private companies, and non-profit organizations.

14 (1) Each Centers for Medical Innovation shall focus on  
15 a specific research priority, as designated by the Department  
16 of Health and Human Services, and shall submit annual pro-  
17 gress reports submitted to Congress on July 1 of each calen-  
18 dar year.

19 **SECTION 14. EMERGENCY PREPAREDNESS AND PANDEMIC RE-**  
20 **SPONSE.**

21 (a) The Department of Health and Human Services shall  
22 designate hospitals which are federally managed to establish Pan-  
23 demic Readiness Units equipped with isolation wards, ventilators,  
24 and rapid testing hubs.

25 (1) The Department of Health and Human Services  
26 shall prepare Pandemic Readiness Units to serve as regional  
27 response hubs during public health emergencies.

1 (b) The Department of Health and Human Services shall  
2 maintain a national reserve of critical medical supplies, including  
3 personal protective equipment, ventilators, and vaccines.

4 (1) Stockpile levels shall be reviewed and replenished  
5 quarterly to ensure readiness.

6 (c) Staff in all federally managed hospitals and clinics shall  
7 conduct annual emergency preparedness training.

8 (1) Training programs shall include infectious disease  
9 control, disaster response, and mass casualty management.

10 **SECTION 15. TRANSPARENCY AND OVERSIGHT.**

11 (a) The Office of Healthcare Accountability shall be estab-  
12 lished within the Department of Health and Human Services to  
13 oversee the implementation and operation of this Act.

14 (b) The Office of Healthcare Accountability shall—

15 (1) conduct quarterly audits of federally managed hos-  
16 pitals and healthcare facilities; and

17 (2) publish annual reports detailing healthcare system  
18 performance metrics, including patient outcomes, cost effi-  
19 ciency, and accessibility.

20 (c) All hospitals, clinics, and other relevant health facilities  
21 (as determined by the Office of Healthcare Accountability) oper-  
22 ated by the Federal Government shall publicly disclose—

23 (1) patient satisfaction surveys;

24 (2) average wait times for services;

25 (3) rates of medical errors and adverse events; and

1 (4) data relating to other metrics as prescribed by the  
2 Department of Health and Human Services.

3 (d) The Department of Health and Human Services shall  
4 develop a public database to provide real-time access to perfor-  
5 mance data relating to the provisions of subsection (c), with the  
6 Department of Health and Human Services to absorb the costs of  
7 resourcing within its existing function.

8 (e) The Independent Oversight Board shall be established to  
9 review the performance of the public healthcare system, with costs  
10 to be settled and agreed with the Department of the Treasury and  
11 the Department of Health and Human Services to absorb the costs  
12 of resourcing within its existing function.

13 (1) The Independent Oversight Board shall include  
14 healthcare professionals, patient advocates, and public  
15 health experts, selected through a process jointly determined  
16 by the Department of Health and Human Services and the  
17 Department of Justice.

18 (2) The Independent Oversight Board shall provide  
19 biannual recommendations to Congress for system improve-  
20 ments.

21 **SECTION 16. ADDRESSING HEALTHCARE DISPARITIES.**

22 (a) The Department of Health and Human Services is au-  
23 thorized to establish community outreach programs to inform pop-  
24 ulations in underserved areas about available services, with the  
25 Department of Health and Human Services to absorb the costs of  
26 resourcing within its existing function.

1           (b) The Department of Health and Human Services is au-  
2           thorized to establish programs addressing non-medical barriers to  
3           health, including housing, food security, and transportation, with  
4           the Department of Health and Human Services to absorb the costs  
5           of resourcing within its existing function.

6                   (1) It is the sense of Congress that these efforts would  
7           benefit from collaboration with state and local governments  
8           to develop comprehensive health improvement strategies.

9           (c) The Department of Health and Human Services shall en-  
10          sure appropriate engagement with culturally and linguistically di-  
11          verse persons in the implementation of this Act, with the Depart-  
12          ment of Health and Human Services to absorb the costs of re-  
13          sourcing within its existing function.

14          (d) There is hereby appropriated \$100,000,000 for the De-  
15          partment of Health and Human Services to establish mobile health  
16          units in rural and remote areas to provide screenings, vaccinations,  
17          and primary care, to remain available until September 30, 2025.

18          (a) There is hereby appropriated \$1,000,000,000 for the  
19          Department of Health and Human Services to develop a national  
20          electric health records system, prioritizing data privacy and secu-  
21          rity, to remain available until September 30, 2027.

22       **SECTION 17. RULE-MAKING AUTHORITY.**

23          (a) The Secretary of Health and Human Services shall the  
24          authority to promulgate regulations necessary to implement and en-  
25          force the provisions of this Act.

1                   (1) Such regulations shall be issued within 30 days of  
2                   enactment, with expedited public comment periods of no more  
3                   than 10 days where required.

4                   (b) The Secretary of Health and Human Services shall coor-  
5                   dinate with other relevant departments including the Department of  
6                   Veterans' Affairs to streamline the implementation process.

7                   (c) Joint task forces may be established by the Secretary of  
8                   Health and Human Services to address interagency issues and expe-  
9                   dite the implementation of this Act.

10                  **SECTION 18. SEVERABILITY.**

11                   Should any provision of this Act be deemed invalid or uncon-  
12                   stitutional for any reason in a court with relevant jurisdiction, the  
13                   rest of the Act, and the application of the remaining provisions,  
14                   shall not be affected.

15                  **SECTION 19. SUPREMACY.**

16                   Any existing provisions of law that contradict this Act shall  
17                   be considered null and void for the purposes of interpreting this leg-  
18                   islation.

19                  **SECTION 20. EFFECTIVE DATE.**

20                   The provisions of this Act shall come into force immediately  
21                   upon passage.

22

23                  **Companion Bill: H.R. 30**