PREAMBLE

Whereas the current healthcare policy of the federal government - as mandated by the Equal Healthcare Act of 2015 - is a disastrously misguided policy of socialization that will stifle competition, discourage innovation, reduce the quality of care for Americans, and drive unsustainable levels of government spending,

Whereas a successful policy must utilize the power of the American economy and the genius of the American imagination,

Whereas current levels of health spending are the primary contributors to our nation's extreme and ruinous spending,

Whereas the federal government has a role to play in the healthcare market, but that role must be specialized to those tasks which the federal government can execute effectively and efficiently,

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

SECTION I. DEFINITIONS

(a) The term "private entity" means any form of business, including but not limited to sole proprietorships, corporations, partnerships, cooperatives, mutuals, and savings and loan associations, or non-profit or not-for-profit organization.
(b) The term "state" refers to each of the 50 States, each of the territories and commonwealths, and the District of Columbia.
(c) The term "block grant" means a consolidated grant of federal funds that a state or local government may use at its relative discretion for a specified purpose.
(d) The term "direct primary care" means a type of primary care billing and payment arrangement made between patients and providers, without sending claims to insurance providers.

SECTION II. TITLE

(a) This Act may be referred to as the "Comprehensive Healthcare Privatization, Devolution, and Reform Act" or the "Hipster_Sloth - Ncontas Act."

SECTION III. REPEALS

(a) B.042 (the "Equal Healthcare Act of 2015") is hereby repealed in its entirety.
(b) HR. 235 (the "Cranial Prosthetic Medicaid Coverage Enhancement Act) is hereby repealed in its entirety.

SECTION III. ENDING STATE-RUN HEALTHCARE

(a) With the exception of facilities owned by the Department of Veterans Affairs or the Department of Defense, the federal government shall not directly operate any hospital or other medical facility.

(b) Any hospitals purchased by the federal government under Section 3(3) of the Equal Healthcare Act shall be returned to private ownership with ten (10) years of this Act's passage into law, pursuant to the follow conditions:

(i) The Department of Health and Human Services shall, in consultation with the appropriate government agencies, assess the monetary value of federally-owned hospitals and then issue ownership shares of stock in these hospitals for purchase on the open market.

(ii) No single private entity shall be permitted to purchase more than thirty percent (30%) of the total healthcare-related shares offered for sale by the federal government in a single year.

(iii) Every private entity seeking to purchase healthcare-related shares offered for sale by the federal government must sign a legally-binding agreement to refrain from reducing the facility (or facilities) in question's workforce by more than fifteen percent (15%) or that workforce's salaries by more than twenty percent (20%) for the first five (5) years of ownership.

(iv) The Government Accountability Office is ordered to audit each transfer of healthcare-related stock from the federal government to private entities to ensure both parties' compliance with the appropriate statutes, regulations, and ethical standards.

(c) Pursuant to the full repeal of the Equal Healthcare Act of 2015, the federal government shall no longer provide assistance in financing education to medical personnel under Section 4 of that law.

(i) Employees in publicly-owned or partially-publicly-owned hospitals shall continue to have their salary provided by the federal government until the combined portions of the hospital's stock owned by private entities exceeds fifty percent (50%) of the total stock, at which point responsibility for the provision of salaries shall be entirely assumed by the private entities.

(d) Pursuant to the full repeal of the Equal Healthcare Act of 2015, employees of publicly-owned and partially-publicly-owned medical facilities shall no longer enjoy the powers detailed in Section 3(5) of that law.

(i) The Department of Health and Human Services shall appoint qualified individuals to managerial roles in publicly-owned hospitals until the combined portions of the hospital's stock owned by private entities exceed fifty percent (50%) of the total stock, at which point all executive positions shall be controlled by the private entities.

(e) In recognition of the repeal of the Equal Healthcare Act of 2015and the resulting reduction in fiscal demands on the Department of Health and Human Services, the federal budget for this fiscal year is hereby amended to reduce the appropriation for the Department of Health and Human services by $20,000,000,000.

(i) $5,000,000,000 of the reduction mandated by Section III(e) shall be reinvested into the National Institutes of Health.

SECTION IV. MEDICAID AND MEDICARE REFORMS

(a) The federal program known as "Medicaid" shall cease to function as a provider of direct insurance and shall be transformed by the Secretary of Health and Human Services into a program for the dispensing of block grants to the states for the purpose of funding state-run public insurance programs.

(b) In order to qualify for federal funding under Section IV(a) of this Act, state-run public insurance programs must adhere to the following criteria and be subject to the following regulations:
    (i) All qualifying state-run public insurance programs must abide by regulations from the Department of Health and Human Services mandating minimum standards of coverage.
    (ii) All qualifying state-run public insurance programs must record all services dispensed to covered individuals and submit this information instantly to a nationwide database to be maintained by the Department of Health and Human Services in order to facilitate the sharing of information across state lines.

(c) The amount of federal funds "block-granted" to each state shall be determined by the relative populations of each state, according to the United States Census Bureau.

(d) The total funds appropriated to Medicaid for this fiscal year shall be $400,000,000,000. The federal budget for the current fiscal is hereby amended to reflect this new appropriation.
    (i) This appropriation shall increase annually proportionally to population growth, as determined by the United States Census Bureau, and to the average rate of inflation, as determined by the Consumer Price Index.
        (1) Any increase in funding to Medicare beyond the increases mandated by Section IV(d)(i) shall require a majority of three fifths (⅗) in favor to pass the House.

(e) The Government Accountability Office shall monitor the use of federal Medicaid grants to the states to ensure that ninety-seven (97%) of the total funds granted to each state are used to directly provide insurance under the guidelines established above, and not for administrative costs or for other purposes.
    (i) Any state found to be in violation of Section IV(e) shall be required to enact such reforms as are deemed necessary by the Secretary of Health and Human Services or forfeit federal Medicaid grants.

(f) Beginning in 2020, the age of eligibility for Medicare shall increase by three months annually until it reaches sixty-seven (67) years old.

(g) Individuals with incomes of over $150,000 shall be ineligible to receive Medicare insurance coverage or any form of federal healthcare assistance.
    (i) Section IV(g) shall take effect two (2) years after this Act's passage into law.

SECTION V. EXPANDING PRIVATE COMPETITION IN THE INSURANCE SECTOR

(a) Any other statutes or regulations notwithstanding, any private health insurance provider licensed in, operating in, and adhering to the applicable regulations issued by any state shall be permitted to provide insurance to customers in any other state.

(b) The McCarran-Ferguson Act is hereby amended by adding the following at the end of Section 3 (15 U.S.C. 1013): "(c) Nothing contained in this Act shall modify, impair, or supersede the operation of any of the antitrust laws with respect to the business of health insurance. For purposes of the preceding sentence, the term `antitrust laws' has the meaning given it in subsection (a) of the first section of the Clayton Act, except that such term includes section 5 of the Federal Trade Commission Act to the extent that section 5 applies to unfair methods of competition."

(c) Sections V(a) and V(b) shall go into effect one (1) year after this Act's passage into law.

SECTION VI. EXPANDING HEALTH SAVINGS ACCOUNTS

(a) Section 223(b)(1) of the Internal Revenue Code of 1986 is amended by striking ‘‘the sum 4 of the monthly’’ and all that follows through ‘‘eligible individual’’ and inserting ‘‘$9,000 ($18,000 in the case of a joint return)’’.
(b) Notwithstanding any other provision of law, funds placed within Health Savings Accounts may be withdrawn and spent on health insurance premiums offered by private entities without being subject to taxation.
(c) Notwithstanding any other provision of law, Health Savings Accounts' funds may be withdraw and used to pay for direct primary care without being subject to taxation.

SECTION VII. SEVERABILITY

(a) The provisions of this act are severable. If any part of this act is declared invalid or unconstitutional, that declaration shall not affect the part which remains.

SECTION VII. ENACTMENT

~~(a) Unless otherwise indicated above, all provisions of this Act shall go into effect six (6) months after its passage into law.~~ **all provisions of this Act shall go into effect three (3) months after its passage into law.**

Written and sponsored by Minority Leader /u/Ncontas (R-S), co-sponsored by Speaker /u/HIPSTER_SLOTH (L-C), Rep. /u/Ramicus (R-S), Rep. /u/TeamEhmling (R-E), Rep. /u/DoctorSeraphicus (Dist - MW), Rep. /u/TobySanderson (Dist - MW).

Elements of this bill are based on the Healthcare Privatization and Devolution Act by MoralLesson, the Health Savings Account Expansion Act by David Brat, and the “Goser Amendment.”