

A BILL

To provide affordable government funding for vital healthcare services to all legal American citizens while keeping intact market competitiveness and quality of care in both the public and private sectors, and preventing such healthcare services from funding, or participating with in any way abortions or abortion providers.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS; GENERAL**
4 **DEFINITIONS**

5 (a) **SHORT TITLE.**—This Act may be referred to as the “Vital
6 Healthcare Act.”

7 (b) **TABLE OF CONTENTS.**—The table of contents for this Act is as
8 follows:

Sec. 1. Short title; table of contents; general definitions

Sec. 2. General effective date

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TITLE V—TORT REFORM

Sec. 501. Hospital Lawsuits

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TITLE VI—APPROPRIATIONS

Sec. 601. The Vital Healthcare Fund

1 (c) GENERAL DEFINITIONS.—Except as otherwise provided, in this

2 Act:

3 (1) HOSPITAL.—The term "Hospital" as defined in this Act has the

4 meaning assigned in section 1861(e) of the Social Security Act

5 [42 U.S.C. 1395x].

- 1 (2) VITAL HEALTHCARE AGENCY.—The term “Vital
2 Healthcare Agency” or “VHA” has the meaning given such term
3 under section 307(a).
- 4 (3) HEALTHCARE RECIPIENT.—The term “Healthcare
5 Recipient” has the meaning given such term under section
6 301(a).
- 7 (4) BUREAU OF VITAL HEALTHCARE.—The term “Bureau of
8 Vital Healthcare” as it is used in this Act refers to the regulating
9 bureau overseeing Vital Healthcare Agencies, which has as its
10 leadership the Committee of Vital Healthcare, and the purpose
11 and duties of which are outlined in section 316.
- 12 (5) HEALTHCARE SERVICES.—The term “healthcare services”
13 as it is used in this Act refers specifically to the Essential
14 Healthcare Services and Reimbursed Healthcare Services for
15 which Vital Healthcare Agencies are federally funded by this
16 Act to provide.
- 17 (6) MEDICAL FEEDBACK CENTER.—The term “Medical
18 Feedback Center” or “MFC” has the meaning given such term
19 under section 319(a).
- 20 (7) FEEDBACK CENTER REPRESENTATIVE.—The term
21 “Feedback Center Representative” has the meaning given such
22 term under section 320(a).
- 23 (8) COMMITTEE OF VITAL HEALTHCARE.—The term
24 “Committee of Vital Healthcare” as it is used in this Act refers
25 to the leadership committee regulating and overseeing the
26 Bureau of Vital Healthcare and established for the purposes
27 listed in section 313(a).
- 28 (9) SERVER FOR VITAL HEALTHCARE.—The term “Server for
29 Vital Healthcare” or “SVH” has the meaning given such term
30 under section 317(a).

- 1 (11) HEALTHCARE VOTING MACHINE.—The term
2 “Healthcare Voting Machine” has the meaning given such term
3 under section 322(a).
- 4 (12) ESSENTIAL HEALTHCARE SERVICES.—The term
5 “Essential Healthcare Services” refers to those services
6 specified in section 303(a).
- 7 (13) NON-ESSENTIAL HEALTHCARE SERVICES.—The term
8 “Non-Essential Healthcare Services” refers to those services
9 specified in section 304(a).
- 10 (14) REIMBURSED HEALTHCARE SERVICES.—The term
11 “Reimbursed Healthcare Services” refers to those services
12 specified in section 305(a).
- 13 (15) HEALTHCARE RECIPIENT CARD.—The term “Healthcare
14 Recipient Card” has the meaning given such term under section
15 321(a).
- 16 (16) STARTING GRANT.—The term “Starting Grant” has the
17 meaning given such term under section 308(a).
- 18 (17) DIMINISHED GRANT.—The term “Diminished Grant” has
19 the meaning given such term under section 311(a).
- 20 (18) EXTENDED GRANT.—The term “Extended Grant” has the
21 meaning given such term under section 311(a).
- 22 (19) VHA DISTRICT.—The term “VHA District” has the meaning
23 given such term under section 309(a).
- 24 (20) CUMULATIVE RATING AVERAGE.—The term
25 “Cumulative Rating Average” or “CRA” has the meaning given
26 such term under section 310(a).
- 27 (22) PUBLIC SECTOR.—The term “Public Sector” as used in this
28 Act refers specifically to U.S. Government-funded services.

1 (23) PRIVATE SECTOR.—The term “Private Sector” as used in
2 this Act refers specifically to services that are not funded by the
3 U.S. Government.

4 (24) FEEDBACK CENTER SURVEILLANCE SYSTEM.—The
5 term “Feedback Center Surveillance System” or “FCSS” has the
6 meaning given such term under section 323(a).

7 (25) PERSONALLY IDENTIFIABLE INFORMATION.—The
8 term “Personally Identifiable Information” or “PII” has the
9 meaning given such term under section 318(b).

10 (26) IDENTIFICATION NUMBER.—The term “identification
11 number” refers to the unique system-assigned identification
12 number for a given Healthcare Recipient upon receiving a
13 Healthcare Recipient Card as specified in section 321(b)(2).

14 (27) BARCODE.—The term "barcode" refers to the unique system-
15 assigned identification number for a given Healthcare Recipient
16 upon receiving a Healthcare Recipient Card as specified in
17 section 321(b)(3).

18 (28) PUBLIC TRANSPARENCY WEBSITE.—The term “Public
19 Transparency Website” refers to the publicly accessible website
20 to be created for purposes of easy-access voting on received
21 healthcare services and viewing FCSS video footage for
22 purposes of system accountability, as specified in section
23 324(a).

24 **SEC. 2. GENERAL EFFECTIVE DATE**

25 Except as otherwise specified within this Act, all committees, bureaus,
26 services, grants, laws, etc. set forth within this Act are to take effect on the
27 exact date on which this Act is enacted into law.

28 **TITLE I—HEALTHCARE TRANSITION**

29 **SEC. 101. EFFECTIVE DATE**

1 To ensure adequate passage of time for implementation of this
2 Act's healthcare coverage, other federal healthcare programs including
3 Medicare and Medicaid will continue operation until two years after
4 this Act's passage, at which time all other federal healthcare programs
5 and funding for them, excluding those created by this Act, will cease.

6 **TITLE II—ABORTION EXCLUSION**

7 **SEC 201. NO ABORTIONS CLAUSE**

8 (a) IN GENERAL.—Nothing in this Act or this Act's language may be
9 construed as providing additional government funding for abortion
10 services. Abortion, for purposes of this Act alone, will not be
11 considered healthcare for all of the reasons stated in section
12 302(a)(3).

13 (b) STATED BOUNDARIES. —All committees, bureaus, services,
14 grants, laws, etc. that are funded by, created by, or instituted by this
15 Act are to remain free of and separate from abortion providers and
16 abortion services. Hospitals and Vital Healthcare Agencies that
17 choose to fund abortions must not do so in facilities or upon
18 grounds funded by this Act. Under no conditions are any
19 committees, bureaus, or grants instituted by this Act to coordinate
20 with abortion groups.

21 (c) EMPLOYEE RESTRICTIONS.—The following restrictions are to
22 apply to all employees of the Bureau of Vital Healthcare and its
23 departments, which Bureau excludes Vital Healthcare Agencies but
24 not Medical Feedback Centers and Feedback Center

25 Representatives:

26 (1) No employees of the Bureau of Vital Healthcare may
27 have in their work history employment by an organization
28 whose primary purpose was to provide abortions, or have
29 past affiliation with such an organization through volunteer
30 activities for said organization or a daughter organization of

1 such an organization whose primary purpose was to provide
2 abortions, without signing the following statement: “I
3 publicly denounce my former cooperation with organizations
4 who provided abortions and agree not to use my employment
5 with the Bureau of Vital Healthcare to support organizations
6 who provide abortions, or to endorse abortions or
7 organizations whose primary purpose is to provide abortions,
8 while in representation of or employment by the Bureau of
9 Vital Healthcare.” Employees or potential employees of the
10 Bureau of Vital Healthcare Employees of the Bureau of Vital
11 Healthcare discovered with such past history who refuse to
12 sign this statement are to be fired or not employed.

13 (2) New employees of the Bureau of Vital Healthcare
14 must sign the following statement prior to employment by
15 the Bureau of Vital Healthcare: “I agree not to use my
16 employment as a representative of the Bureau of Vital
17 Healthcare to endorse organizations which provide abortions,
18 or to endorse abortion to members of the general public while
19 an employee of the Bureau of Vital Healthcare. I agree not to
20 involve myself with organizations which provide abortions
21 while I am employed by the Bureau of Vital Healthcare,
22 either during work hours or outside of my workplace, and to
23 disclose in writing to the Bureau of Vital Healthcare any such
24 past instances of said involvement. I understand that
25 violation of these terms will mean termination of my
26 employment with the Bureau of Vital Healthcare.”

27 (3) Employees found to be supporting organizations that
28 provide abortions either during work hours for the Bureau of
29 Vital Healthcare or outside the Bureau of Vital Healthcare
30 though employed by the Bureau of Vital Healthcare, or to be

1 endorsing abortion activities to the general public during
2 work hours for the Bureau of Vital Healthcare are to be
3 immediately fired, with no provision for re-employment so
4 long as evidence of innocence is not clearly established.

5 **TITLE III—PUBLIC SECTOR**

6 **PART A—DEFINING BASIC HEALTHCARE RIGHTS**

7 **SEC. 301. DEFINITION OF A HEALTHCARE RECIPIENT**

8 (a) IN GENERAL.—For purposes of this Act, a Healthcare Recipient
9 shall be defined as a legalized American citizen, and thus eligible to
10 receive U.S. government-funded services from a Vital Healthcare
11 Agency.

12 (b) PROCESS OF PROVING CITIZENSHIP.—The process for
13 establishing citizenship referred to in section 320(b)(1) shall use
14 those forms required by the U.S. Census Bureau's BC-170D as of
15 May 3, 2006, namely the provision of one document from List A or
16 List B, and one document from List C, as found within the section
17 titled “Identification you need to bring to the testing site.”

18 (1) Upon presentation of the adequate documents by a
19 prospective Healthcare Recipient to the Feedback Center
20 Representative in a Medical Feedback Center, the Feedback
21 Center Representative shall use electronic means to verify the
22 data provided and establish identity.

23 (2) Upon the establishment of a person's identity via
24 presentation of acceptable documents and electronic
25 verification, the Feedback Center Representative of a
26 Medical Feedback Center shall fingerprint the Healthcare
27 Recipient; which fingerprints shall then be scanned into the
28 Server for Vital Healthcare for future use with Healthcare
29 Voting Machines.

1 (c) **RIGHT TO SERVICES.**—All Healthcare Recipients shall have the
2 rights to receive the medical services specified within this Act, and
3 to provide feedback on said services so long as it does not constitute
4 a violation of sections 304 or 306. Discrimination that results in a
5 denial of healthcare services, or intentional tampering with a
6 Healthcare Recipient's right to receive said healthcare services
7 and/or provide feedback about such services so long as it does not
8 violate sections 304 or 306, shall be considered a violation of
9 Federal law and punishable by a fine of up to \$5,000 and/or up to
10 five years in jail.

11 **SEC 302. METHODOLOGY FOR DETERMINATION OF**
12 **ESSENTIAL HEALTHCARE SERVICES**

13 (a) **METHODOLOGY FOR DETERMINING ESSENTIAL**
14 **HEALTHCARE SERVICES DEFINED.**—As defined by this Act,
15 such vital healthcare services are based on the following principles
16 (for purposes of this Act, these principles apply solely to the
17 language of this Act, without affecting other U.S. law or federal
18 services, including *Roe v. Wade*):

19 (1) *NO FAULT.*—High-risk lifestyle choices such as
20 alcoholism and smoking are controllable and thus whose
21 consequence, i.e. related healthcare treatment, should be
22 borne by the individual, and not the society.

23 (2) *ESSENTIAL RIGHTS.*—To what degree does the
24 healthcare assist in the Constitutional, inalienable rights of
25 the individual, first life, then liberty, and finally the pursuit of
26 happiness? Healthcare that is based upon choice as opposed
27 to inalienable rights, e.g. cosmetic surgery, shall not be borne
28 by American taxpayers, for with choices must come personal
29 consequence and responsibility.

1 (3) *NO HARM.*—Healthcare that harms another's
2 Constitutional, inalienable rights in the process apart from
3 their consent should not be borne by society, but by the
4 individual, if allowed at all (e.g. abortion). For purposes of
5 this Act, the U.S. government shall err on the side of caution
6 when potentially taking another human being's life, with the
7 burden of proof upon the party seeking to potentially infringe
8 upon another individual's inalienable rights that, as stated by
9 the Declaration of Independence, are dependent upon a
10 Creator and no other individual's opinion, desire for said
11 individual, or estimation.

12 (4) *EFFICIENCY AND CONSISTENCY.*—Essential
13 services must have a proven track record of consistently
14 providing measurable, consistent, and curative gains in the
15 quality of a person's basic health; i.e. healthcare which is
16 clearly beneficial. Rarely tested drugs of dubious, highly
17 varying, or ill-tested effect, or whose outcome is difficult to
18 quantify, e.g. medicinal depression treatments, are not
19 reliably effective enough for cost sharing by American
20 taxpayers until proven otherwise.

21 **SEC 303. ESSENTIAL HEALTHCARE SERVICES DEFINED**

22 (a) DEFINITION.—The term “Essential Healthcare Services” as
23 defined in this Act refers to the following healthcare services which
24 must be provided by all Vital Healthcare Agencies. Hospitals that
25 cannot or will not provide such services to all legal American
26 citizens will not be recognized as Vital Healthcare Agencies eligible
27 for Starting Grants:

28 (1) Vaccinations required by U.S. Law, recommended
29 by the Center for Disease Control and Prevention, or
30 recommended by the American Medical Association

- 1 (2) Basic medical checkups (maximum of one per fiscal
- 2 year per individual)
- 3 (3) Physicals as required by a public school
- 4 (4) Intensive care
- 5 (5) Well baby and well child exams (maximum of three
- 6 visits per child)
- 7 (6) Prenatal and Postnatal care
- 8 (7) Treatment of broken and fractured bones
- 9 (8) Treatment of torn ligaments
- 10 (9) Treatment of damaged tendons
- 11 (10) Treatment for damaged muscles
- 12 (11) Treatment for deafness/damaged hearing
- 13 (12) Treatment for blindness/damaged eyesight
- 14 (13) Treatment for asthma
- 15 (14) Treatment for bronchitis
- 16 (15) Treatment for diabetes
- 17 (16) Treatment for heart disease
- 18 (17) Treatment for hemorrhaging
- 19 (18) Treatment for paralysis
- 20 (19) Treatment for choking
- 21 (20) Treatment for stroke
- 22 (21) Treatment of Acanthamoeba infection
- 23 (22) Treatment of Alveolar Echinococcosis
- 24 (23) Treatment of Amebiasis
- 25 (24) Treatment of Anaplasmosis
- 26 (25) Treatment of Anisakiasis
- 27 (26) Treatment of Arenaviruses
- 28 (27) Treatment of Ascariasis
- 29 (28) Treatment of Aspergillosis
- 30 (29) Treatment of Avian influenza virus

- 1 (30) Treatment of Babesiosis
- 2 (31) Treatment of Balantidiasis
- 3 (32) Treatment of Baylisascaris infection
- 4 (33) Treatment of Botulism
- 5 (34) Treatment of Capillariasis
- 6 (35) Treatment of Chronic Obstructive Pulmonary
7 Disease
- 8 (36) Treatment of Clonorchis Infection
- 9 (37) Treatment of Clostridium Difficile
- 10 (38) Treatment of Dipylidium Infection
- 11 (39) Treatment for E. Coli
- 12 (40) Treatment for Fetal Alcohol Syndrome Disorders
- 13 (41) Treatment for Giardiasis
- 14 (42) Treatment of Hepatitis A and E
- 15 (43) Treatment of H1N1 Flu
- 16 (44) Treatment of Klebsiella Pneumoniae
- 17 (45) Treatment of Lyme disease
- 18 (46) Treatment for Meningitis
- 19 (47) Treatment of Pneumoconiosis
- 20 (48) Treatment of Pneumonia
- 21 (49) Treatment for Staphylococcus aureus and
22 Healthcare-Associated Methicillin-Resistant Staphylococcus
23 aureus
- 24 (50) Treatment for Scabies
- 25 (51) Treatment for Salmonella
- 26 (52) Treatment of Tetanus
- 27 (53) Treatment for Tuberculosis
- 28 (54) Prescription drugs for the above authorized purposes
29 that have been approved by the FDA

1 (b) PROVISION FOR UPDATING.—The list in section 303(a) may be
2 updated by the Committee on Vital Healthcare as outlined in section
3 315(a)(2)(A).

4 (c) LIFE-SAVING CARE.—Emergency life-saving care is to be
5 provided on the assumption that an individual is a Healthcare
6 Recipient regardless of status of an individual as a Healthcare
7 Recipient, and as such will be federally reimbursed regardless of
8 whether an individual is a Healthcare Recipient or not. Use of
9 emergency vehicles for said purpose will also be considered an
10 Essential Healthcare Service.

11 **SEC. 304. NON-ESSENTIAL HEALTHCARE SERVICES DEFINED**

12 (a) DEFINITION.—The following healthcare services will not be
13 federally paid for using government funds distributed to Vital
14 Healthcare Agencies:

- 15 (1) In Vitro Fertilisation
- 16 (2) Alcoholism treatment
- 17 (3) Gastric Bypass Surgery
- 18 (4) Cosmetic Surgery
- 19 (5) Midwives
- 20 (6) Depression treatment
- 21 (7) Reconstructive Surgery
- 22 (8) Treatment for Alzheimer's Disease
- 23 (9) Chronic Fatigue Syndrome

24 (b) PROVISION FOR UPDATING.—The list in section 304(a) may be
25 updated by the Committee on Vital Healthcare as outlined in section
26 315(a)(2)(B).

27 (c) CONDITIONS.—In the cases of cancers/tumors and unintended
28 appearance-altering emergencies (e.g. facial damage as the result of
29 3rd-degree burns) Reconstructive Surgery may be considered an
30 aspect of treatment and in such event that it is necessary for

1 reconstruction, to correct an abnormality caused by a cancer, tumor,
2 or accident, an Essential Healthcare Service and funded as such.

3 (d) REQUIREMENTS FOR CHANGE TO ESSENTIAL
4 HEALTHCARE SERVICE.—Treatments of Depression and
5 Alzheimer's Disease may not be added to section 303(a) and the list
6 of Essential Healthcare Services, save for those treatments
7 indisputably shown to provide substantial curative effects within
8 two months in at least 80% of cases diagnosed.

9 **SEC. 305. REIMBURSED HEALTHCARE SERVICES DEFINED**

10 (a) DEFINITION.—The following healthcare services are not required
11 for Vital Healthcare Agencies to provide, if said Vital Healthcare
12 Agencies do not have the technology or personnel needed to
13 perform such services, however, if provided, they are to be
14 reimbursed in the same way that Essential Healthcare Services
15 under section 303 are reimbursed, including the provision of
16 prescription drugs:

- 17 (1) Arthritis treatment
- 18 (2) Breast cancer treatment
- 19 (3) Colorectal cancer treatment
- 20 (4) Epilepsy treatment
- 21 (5) Gynecologic cancer treatment
- 22 (6) Heart bypass surgery
- 23 (7) Hepatitis B, C, and D treatment
- 24 (8) Liver disease treatment
- 25 (9) Lung cancer treatment
- 26 (10) Prostate cancer treatment
- 27 (11) Skin cancer treatment
- 28 (12) Treatment of Bacterial Vaginosis

- 1 (13) Treatment of Chlamydia (to consist of a maximum
- 2 of two separate dosages of prescription drugs for treatment
- 3 each 15 years)
- 4 (14) Treatment of Gonorrhea (to consist of a maximum of
- 5 two separate dosages of prescription drugs for treatment each
- 6 15 years)
- 7 (15) Treatment of Genital Herpes and Herpes Simplex
- 8 Virus 1 and 2 (to consist of a maximum of two separate
- 9 dosages of prescription drugs for treatment each 15 years)
- 10 (16) Treatment of Pelvic Inflammatory Disease (to
- 11 consist of a maximum of two separate dosages of
- 12 prescription drugs for treatment each 15 years)
- 13 (17) Treatment of Syphilis (to consist of a maximum of
- 14 two separate dosages of prescription drugs for treatment each
- 15 15 years)
- 16 (18) Treatment of Trichomoniasis (to consist of a
- 17 maximum of two separate dosages of prescription drugs for
- 18 treatment each 15 years)
- 19 (19) Treatment of African Trypanosomiasis

20 (b) PROVISION FOR UPDATING.—The list in section 305(a) may be
21 updated by the Committee on Vital Healthcare as outlined in section
22 313(a)(2)(C).

23 (c) OBLIGATION TO PROVIDE.—A Vital Healthcare Agency that at
24 any time after January 1st, 2018 provides any of the services
25 specified in section 305(a) is required to afterwards make available
26 such service(s) previously provided to a Healthcare Recipient to all
27 Healthcare Recipients. By providing at any time after January 1st,
28 2018, one of the section 305(b) Reimbursed Healthcare Services to
29 a Healthcare Recipient, a Vital Healthcare Agency will demonstrate
30 its capability of providing said service and have as its obligation to

1 make said service available in the future, so that such a service will
2 not be discriminatorily provided in select circumstances.

3 **SEC. 306. HEALTHCARE SERVICE RESTRICTIONS**

4 (a) **PURPOSES.**—The purpose for restricting treatment is to avoid an
5 unnecessary burden upon American taxpayers and the American
6 government in treating those who violate the section 302(a)(1) No
7 Fault rule. The purpose for an effective date is to allow those
8 currently indulging in high-risk behaviors time to reform their
9 lifestyles and avoid the penalties of this section.

10 (b) **EFFECTIVE DATE.**—Beginning on January 1st, 2019, and not
11 before, the entirety of this section shall take effect.

12 (c) **RESTRICTED TREATMENT FOR TOBACCO/NICOTINE**
13 **USERS.**—Healthcare recipients determined to be using tobacco or
14 nicotine products by a Vital Healthcare Agency that are not for
15 cessation purposes, as evidenced by clear symptoms during medical
16 diagnosis, will not be eligible for the following healthcare services,
17 that would otherwise be federally paid for using government funds
18 distributed to Vital Healthcare Agencies, for a period of three years,
19 beginning on the date which said determination was made, after
20 which time tobacco/nicotine use will be re-evaluated upon request
21 by the Vital Healthcare Agency:

- 22 (1) Lung cancer treatment
- 23 (2) Heart disease treatment
- 24 (3) Heart bypass surgery
- 25 (4) Diabetes treatment
- 26 (5) Bronchitis treatment
- 27 (6) Colorectal cancer treatment
- 28 (7) Treatment of Chronic Obstructive Pulmonary
29 Disease

1 (d) RESTRICTED TREATMENT FOR ALCOHOL USERS.—

2 Healthcare recipients determined to be drinking alcohol by a Vital
3 Healthcare Agency will not be eligible for the following healthcare
4 services, that would otherwise be federally paid for using
5 government funds distributed to Vital Healthcare Agencies, for a
6 period of three years, beginning on the date which said
7 determination was made, after which time alcohol use will be re-
8 evaluated upon request by the Vital Healthcare Agency:

- 9 (1) Heart disease treatment
- 10 (2) Heart bypass surgery
- 11 (3) Prostate cancer treatment
- 12 (4) Liver disease treatment
- 13 (5) Treatment for Stroke
- 14 (6) Colorectal cancer treatment
- 15 (7) Hepatitis treatment

16 (e) ALLOWANCE FOR CITIZENS TO DISPUTE FINDINGS.—

17 Healthcare recipients who wish to dispute such findings may:

- 18 (1) Ask the Vital Healthcare Agency who made the
19 initial determination to re-evaluate them, which decision shall
20 be up to the Vital Healthcare Agency in question, and/or
- 21 (2) Choose evaluation via a different Vital Healthcare
22 Agency (who must render testing and a decision within 3
23 months of the request).

24 (f) LIMITATIONS UPON REQUESTS FOR RE-EVALUATION.—

25 Vital Healthcare Agencies do not need to accept more than one re-
26 evaluation request per Healthcare Recipient's 3-year ban period.
27 Healthcare Recipients may not request re-evaluations from more
28 than one additional Vital Healthcare Agency during the 3-year
29 period in which they are excluded from certain healthcare services.

1 (B) Total expenses and operating expenses incurred,
2 with treatment expenses classified as Essential,
3 Non-Essential, or Reimbursed, as relating to
4 sections 303, 304, and 305 respectively.

5 (C) Total grant monies received.

6 (6) Require medical personnel to track the number of
7 checkups, visits, or dosages for those items listed in section
8 303(a) as having a 'maximum' provision requirement, and
9 ensure this data is recorded in the Server for Vital Healthcare
10 as specified in section 316(b).

11 (7) Comply with the re-evaluation requests of
12 Healthcare Recipients according to the processes specified in
13 section 306(e) and section 306(f).

14 (8) Fulfill such additional duties as may be specified by
15 the Committee on Vital Healthcare.

16 (c) CERTIFICATION AS A VHA.—Upon being approved as a VHA
17 by the Bureau of Vital Healthcare the Bureau of Vital Healthcare
18 shall list the new VHA on the www.bvh.gov website as an approved
19 Vital Healthcare Agency, as specified in section 324(b)(3).

20 (d) ALLOWANCE FOR CHARITY CARE.—A Vital Healthcare
21 Agency is permitted to provide free healthcare services to non-
22 Healthcare Recipients, provide the Non-Essential Healthcare
23 Services listed in section 304(a) to Healthcare Recipients, and
24 provide the Restricted Healthcare Services listed in section 306(c)
25 and (d) to the Healthcare Recipients who, because of their lifestyle
26 choices are according to said sections denied Federally reimbursed
27 treatment, so long as it is recognized that a Vital Healthcare Agency
28 which does so will not be Federally reimbursed for such non funded
29 healthcare services, and does so wholly of its own accord.

1 (e) ENDING STATUS AS A VHA.—A Vital Healthcare Agency
2 reserves the right to end its status as a Vital Healthcare Agency at
3 the end of any fiscal year, notwithstanding it shall still be
4 accountable for any fiscal obligations relating to its term as a Vital
5 Healthcare Agency.

6 **SEC. 308. STARTING GRANTS**

7 (a) DEFINITION.—The term “Starting Grant” as defined in this Act
8 refers to the initial funding for a newly approved Hospital as a Vital
9 Healthcare Agency, without which said Hospital may not become a
10 Vital Healthcare Agency.

11 (b) ELIGIBILITY FOR A STARTING GRANT.—A given Hospital
12 may only become eligible for a Starting Grant through the following
13 two methods:

14 (1) Receive certification by the Centers for Medicare
15 and Medicaid Services (CMS) as a Vital Healthcare Agency
16 and have said certification intact at the time of application for
17 a Starting Grant.

18 (2) Present a petition consisting solely of the following
19 language and signed by no less than 5% of the residents in
20 the Hospital's district to the Committee on Vital Healthcare:
21 “We, the residents of [name of Hospital's district] affirm our
22 support for [name of Hospital] to become a government-
23 funded Vital Healthcare Agency.”

24 (c) REAPPLICATION PROCESS FOR A STARTING GRANT.—
25 Hospitals that had VHA status but lost it are not eligible to reapply
26 for a 5-year period. Upon reapplying, a Hospital must obtain
27 signatures from an additional 5% of district residents than in the
28 previous 5-year period, e.g. 5% for the first attempt, 10% for the
29 second attempt, 15% for the third attempt, etc. Previous signers of a
30 petition must re-sign for each new petition for their support of a

1 given Hospital's new petition to be recognized and counted by the
2 Committee on Vital Healthcare.

3 **SEC. 309. PROCESS OF DETERMINING STARTING GRANT**
4 **ALLOWANCES**

5 (a) DEFINITION OF VHA DISTRICT.—The term “VHA District”
6 refers to the regional area occupied by a given Vital Healthcare
7 Agency, and which it is considered to share with other Vital
8 Healthcare Agencies. If a Vital Healthcare Agency is in a
9 Metropolitan Statistical Area or a Micropolitan Statistical Area, the
10 Metropolitan or Micropolitan Statistical Area shall be considered
11 the VHA District for the Vital Healthcare Agencies that inhabit it. If
12 a Vital Healthcare Agency does not occupy a Metropolitan or
13 Micropolitan Statistical Area the Congressional District will instead
14 be considered the VHA District.

15 (b) FORMULAIC PROCESS FOR VALUING A STARTING
16 GRANT.—The monetary value of a Starting Grant shall be
17 provided to a given VHA that has met the requirements of section
18 308(b), based on the Bureau of Vital Healthcare's application of the
19 following formula to a given Vital Healthcare Agency:

20 (1) Multiply the number of residents in the VHA District
21 by \$2,000. \$2,000 is to be the base starting cost of healthcare
22 for a given Healthcare Recipient in a VHA District.

23 (2) Divide the result from section 309(b)(1) by the 'Total
24 establishments' in said Metropolitan or Micropolitan
25 Statistical Area. The 'Total establishments' can be found in
26 the Census Bureau's 'County Business Patterns (NAICS)'
27 report for Industry Code 622; 'Hospitals'. Dividing by 'Total
28 establishments' establishes the allotment share for a specific
29 Hospital or VHA. Beginning one year after the passage of
30 this Act, the number of Vital Healthcare Agencies in a given

1 VHA District can be substituted for the ‘Total
2 establishments’ formulae. Essentially a VHA’s grant value
3 shall vary annually based on the number of residents and
4 competing Vital Healthcare Agencies in its VHA District.

5 (3) If the VHA is not in a Metropolitan or Micropolitan
6 Statistical Area, an estimation of residents and Hospital
7 establishments within the Congressional district may instead
8 be substituted. This effectually determines the average
9 residents served by a Hospital in a given Metropolitan or
10 Micropolitan Statistical Area.

11 (c) PROCESS FOR CHANGING FORMULATION.—The Committee
12 on Vital Healthcare shall have the power to change this formula
13 after January 1st, 2018.

14 (d) ADJUSTMENT FOR INFLATION.—The base starting cost for a
15 given Healthcare Recipient, \$2,000, is to be adjusted for inflation
16 by the Bureau of Vital Healthcare for each fiscal year beginning
17 January 1st, 2018.

18 **SEC. 310. COMPILING CUMULATIVE RATING AVERAGES**

19 (a) DEFINITION.—The term “Cumulative Rating Average” or “CRA”
20 refers to the averaging of the point ratings for the first two questions
21 asked on the Healthcare Voting Machines in the Medical Feedback
22 Centers for a given Vital Healthcare Agency, as specified in
23 paragraphs (c)(4)(A) and (c)(4)(B) of section 322. A hospital’s
24 CRA will thus vary from 1 to 5 points, with 1 being the lowest and
25 5 being the highest.

26 (b) PROCESS OF DETERMINING A CRA.—Cumulative Rating
27 Averages are to be compiled for each segment, for each Vital
28 Healthcare Agency, and account for Healthcare Recipient ratings
29 taken specifically over the 2-year periods specified in section
30 311(b), as follows:

1 (1) Add the ratings that resulted from answers to the two
2 questions from paragraphs (c)(4)(A) and (c)(4)(B) of section
3 322 for Healthcare. This shall result in two rating averages,
4 one for ratings by Healthcare Recipients to the question in
5 section 322(c)(5)(A), and one for ratings by Healthcare
6 Recipients to the question in section 322(c)(5)(B).

7 (2) Add the two rating averages that resulted together
8 and divide by 2. This shall produce a Cumulative Rating
9 Average for a given Vital Healthcare Agency.

10 **SEC. 311. EXTENDED AND DIMINISHED GRANTS**

11 (a) IN GENERAL.—The Bureau of Vital Healthcare shall use data
12 collected from Medical Feedback Centers to re-define the levels of
13 what were originally Starting Grants, that either by increasing they
14 become Extended Grants, or by decreasing, Diminished Grants.

15 (b) FORMULAIC PROCESS FOR RE-DEFINING GRANTS.—The
16 following basic process shall be utilized by the Bureau of Vital
17 Healthcare as a framework to ultimately set new grant levels as of
18 January 1st, 2019, and every two years subsequent to this; e.g.
19 January 1st, 2021; January 1st, 2023, etc:

20 (1) The Bureau of Vital Healthcare shall determine the
21 Cumulative Rating Average of Vital Healthcare Agencies, by
22 VHA District, as specified in section 310.

23 (2) The VHA Approval Ratings are to be compared
24 within a given VHA District. For purposes of determining
25 Extended and Diminished Grants, the formula used shall be
26 identical to that specified in section 309(b) for valuing
27 Starting Grants, but the value of the base starting cost of a
28 given Healthcare Recipient in the VHA District specified in
29 section 309(b)(1) as \$2,000 is to be changed; higher for
30 Extended Grants, and lower for Diminished Grants. If not

1 changed from the value of \$2,000, the VHA with such a
2 value shall be esteemed to maintain the status of a Starting
3 Grant.

4 (c) SPECIFIC SCENARIOS.—

5 (1) *DIMINISHED GRANTS*—VHAs with VHA
6 Approval Ratings below 2.50 and below the average VHA
7 Approval Rating in their VHA District are to receive
8 Diminished Grant status. A Vital Healthcare Agency which
9 meets this condition is to receive a loss in the base starting
10 cost of a Healthcare Recipient in the VHA District, for
11 purposes of its grant funding formulations as specified in
12 section 311(b)(2). To determine the amount of loss, subtract
13 the VHA's Approval Rating from 3.00, and subtract the
14 VHA's Approval Rating again from the top VHA Approval
15 Rating in its VHA District, then average these two numbers
16 together. This number shall then be divided by 4 (the
17 variance in a 1.0-5.0 rating scale) and multiplied by \$400,
18 with the final value subtracted from its calculated base
19 starting cost of a Healthcare Recipient in its VHA District.
20 For example, if Vital Healthcare Agency XYZ in VHA
21 District A receives ratings to the two questions specified in
22 section 322(c)(4) of 2.1 and 2.3, these ratings will be
23 averaged to achieve a VHA Approval Rating of 2.2. This
24 VHA Approval Rating will be subtracted from 3.0 (0.8) and
25 from the top VHA's Approval Rating in VHA District A, in
26 this case 3.5 (1.3). The resulting numbers, 0.8 and 1.3 will
27 then be averaged together (1.05), divided by 4 (0.2625), and
28 then multiplied by \$400 for a drop in Vital Healthcare
29 Agency XYZ's calculated base starting cost of \$105.00.
30 Assuming Vital Healthcare Agency XYZ is having its grant

1 value adjusted for the first time from the starting grant value
2 of \$2,000, its new value will be \$1,895.00 for purposes of
3 calculating its grant per section 309(b). This value shall only
4 reduce/affect the grant calculations of the VHA in question,
5 not other VHAs in its VHA District. If above the average
6 VHA Approval Rating in the VHA District, the Vital
7 Healthcare Agency in question shall remain at Starting Grant
8 status.

9 (2) *PROLONGED STARTING GRANTS*—VHAs with
10 VHA Approval Ratings at or above 2.50 and below 3.50
11 shall as a general rule remain at Starting Grant status, so long
12 as their VHA Approval Rating falls within the middle 50%
13 of VHA Approval Ratings in the VHA District. If in the
14 lowest 25% of VHA Approval Ratings in the VHA District,
15 the VHA shall receive Diminished Grant status per section
16 311(c)(1), and if in the highest 25% of VHA Approval
17 Ratings in the VHA District, the VHA shall receive Extended
18 Grant status per section 311(c)(3).

19 (3) *EXTENDED GRANTS*—VHAs with VHA Approval
20 Ratings at or above 3.50 and above the average VHA
21 Approval Rating of all VHAs in the VHA District shall
22 receive Extended Grants which increase the base starting cost
23 of a Healthcare Recipient in the VHA District, for purposes
24 of the specific VHA's grant funding formulation as specified
25 in section 311(b)(2). To determine the amount of increase,
26 subtract the VHA Approval Rating from 3.00, and subtract
27 the VHA's VHA Approval Rating from the top VHA
28 Approval Rating in its VHA District, then average these two
29 numbers together. This number shall then be divided by 4
30 (the variance in a 1.0-5.0 rating scale) and multiplied by

1 \$400, with the final value added to its calculated base starting
2 cost of a Healthcare Recipient in its VHA District. This value
3 shall only increase/affect the grant calculations of the VHA
4 in question, not other VHAs in its VHA District. If below the
5 average VHA Approval Rating of all VHAs in the VHA
6 District, the VHA in question shall remain at Starting Grant
7 status.

8 (d) EXCEPTIONS.—

9 (1) A VHA with a VHA Approval Rating in the top 25%
10 of VHA Approval Ratings in its VHA District is to always
11 receive Extended Grant status unless it is the only VHA in its
12 VHA District, in which case the formula in section 311(d)(2)
13 shall instead be used. If there are at least two VHAs in the
14 VHA District, the VHA with the best VHA Approval Rating
15 is to become an Extended Grant and receive a gain in the
16 base starting cost of a Healthcare Recipient in the VHA
17 District, for purposes of its grant funding formulation as
18 specified in section 311(b)(3).

19 (2) A VHA without other VHAs or Hospitals within a
20 30-mile radius, or without another VHA in its VHA District,
21 is not to receive a Diminished Grant for its first five years
22 from the time of receiving its initial Starting Grant. If the
23 VHA over those five years has VHA Approval Ratings
24 averaging below 2.50 the Bureau of Vital Healthcare is to
25 seek creation of a new VHA in a 15-mile radius of the VHA
26 in question, whether by expansion by a present VHA to a
27 second location, seeking relocation by another Hospital or
28 VHA, or another method. Until such occurrence, the VHA
29 shall receive a gain in the base starting cost of a Healthcare
30 Recipient in the VHA District, for purposes of its grant

1 funding formulation as specified in section 311(b)(3), only if
2 its VHA Approval Rating is at or above the average VHA
3 Approval Rating of all VHAs in the state, in which case it
4 shall receive an increase in the base starting cost of a
5 Healthcare Recipient in the VHA District, for purposes of its
6 grant funding formulations as specified in section 311(b)(3).
7 Otherwise, if the VHA's VHA Approval Rating is below the
8 average VHA Approval Rating in its state, then it shall
9 remain at Starting Grant status per section 311(b)(2).

10 (e) PROCESS FOR CHANGING FORMULATIONS.—The
11 Committee on Vital Healthcare shall have the power to change the
12 formulas in this section after January 1st, 2018.

13 **SEC. 312. ADDITIONAL FISCAL REIMBURSEMENTS TO VHAs**

14 (a) IN GENERAL.—VHAs that report additional costs for approved
15 healthcare service expenses in a fiscal year such as for Essential
16 Healthcare Services, Reimbursed Healthcare Services, or for a cost
17 associated with necessary running of a Vital Healthcare Agency—
18 which costs associated with necessary running of a Vital Healthcare
19 Agency may be specified by the Committee on Vital Healthcare as
20 well as the acceptable range as stated in section 315(b)(8), are to be
21 reimbursed the additional amount specified, so long as there is a
22 thorough accounting/auditing of the reason for the expense.

23 (b) PROCESS FOR PAYMENT.—The additional costs for approved
24 healthcare service expenses in a fiscal year specified in section
25 312(a) are to be provided each fiscal year in addition to the grant
26 monies, as specified in section 316(b)(6).

27 **PART C—FORMING OF A REGULATORY COMMITTEE**
28 **FOR BASIC HEALTHCARE**

29 **SEC. 313. DESIGN OF THE COMMITTEE ON VITAL**
30 **HEALTHCARE**

1 (a) PURPOSES.—The Committee on Vital Healthcare shall be created
2 upon passage of this Act for purposes of oversight, regulation,
3 direction, and leadership of the Bureau of Vital Healthcare, and
4 shall be considered the leadership committee for the Bureau of Vital
5 Healthcare.

6 (b) MEMBERSHIP.—The membership of the Committee on Vital
7 Healthcare shall consist of the following representatives from
8 recognized medical institutions and non-profit groups, in addition to
9 the Secretary of Health and Human Services and 12 members
10 appointed at his discretion, for a total of 25 starting members. The
11 following groups, and specifically, the leaders afterwards indicated,
12 shall choose their respective representatives by whatever method
13 they see fit:

14 (1) American Board of Medical Specialties - President
15 and CEO of the American Board of Medical Specialties

16 (2) American Medical Association – President of the
17 American Medical Association

18 (3) American College of Physicians – President of the
19 American College of Physicians

20 (4) American Dental Association – President of the
21 American Dental Association

22 (5) American Medical Student Association – National
23 President of the American Medical Student Association

24 (6) American Osteopathic Association – President of the
25 American Osteopathic Association

26 (7) American Board of Medical Specialties – President
27 and CEO of the American Board of Medical Specialties

28 (8) American Board of Internal Medicine – President
29 and CEO of the American Board of Internal Medicine

- 1 (9) American College of Emergency Physicians –
- 2 President of the American College of Emergency Physicians
- 3 (10) American Academy of Family Physicians –
- 4 President of the American Academy of Family Physicians
- 5 (11) American Nurses Association – President of the
- 6 American Nurses Association
- 7 (12) National Right to Life Committee—President of the
- 8 National Right to Life Committee

9 (c) MEMBERSHIP REGULATIONS.—The following bylaws apply to
10 the selection process for representatives serving on the Committee
11 on Vital Healthcare:

12 (1) Each group indicated in section 313(b) shall have
13 exactly one representative every three years. This
14 representative is to be selected by the leader indicated and be
15 a member of the group/organization involved.

16 (2) The first representatives are to be chosen on January
17 1st, 2018. The second round of representatives will be chosen
18 by their respective organizations on January 1st 2021, the
19 third round of representatives chosen by their respective
20 organizations on January 1st, 2024, etc.

21 (3) The organization leaders indicated in section
22 313(b)(1) as having the right to choose representatives for
23 their respective organizations are free to select themselves.

24 (4) The designated leaders of their respective
25 organizations listed in section 313(b)(1), and who have the
26 right to pick the representative for their organization, are to
27 mail a signed letter stating their selections for their respective
28 organization's representative on the Committee on Vital
29 Healthcare to the Clerk of the House for archiving and
30 evidentiary purposes.

1 (5) No organization may elect the same individual as its
2 representative for two consecutive terms, although that
3 individual may be elected an unlimited number of times.
4 However, no individual person may serve in two consecutive
5 sessions for the Committee on Vital Healthcare, either by
6 being elected twice in a row by one organization, or via
7 election by separate organizations.

8 (6) A member's views on any issue or issues may not
9 disqualify them from sitting on the Committee on Vital
10 Healthcare, as diversity of thought is welcomed, and the
11 primary concern for each organization should be the
12 sufficiency of the representative to represent their best
13 interests, a choice the designated leader of that organization
14 will be free to make wholly within their own discretion.

15 **SEC. 314. VOTING PROCESS FOR THE COMMITTEE ON VITAL**
16 **HEALTHCARE**

17 (a) VOTING.—The Committee on Vital Healthcare is to have as its
18 leader the Chair of the Committee on Vital Healthcare, who shall
19 take recommendations from Committee of Vital Healthcare
20 members on issues and potential courses of action.

21 (b) SELECTION OF THE CHAIR OF THE COMMITTEE ON VITAL
22 HEALTHCARE.—The Chair of the Committee on Vital Healthcare
23 shall be responsible for bringing up issues, as they are suggested by
24 members of the Committee on Vital Healthcare, before the
25 Committee on Vital Healthcare for a vote, as well as keeping order
26 of the proceedings of the Committee on Vital Healthcare and
27 ensuring all members are given equal rights to speak for their
28 organizations. The selection process for the Chair on the first
29 meeting shall be based upon the reverse alphabetical order of last
30 names. The Chair for January of 2018 will be the member with the

1 last name in the alphabet. A different Committee of Vital
2 Healthcare member shall hold the Chair each month of the fiscal
3 year (January, February, March, etc.), with the order passing from
4 the member with the last name ranked last via alphabetical ranking,
5 to the member with the last name ranked 2nd to last via alphabetical
6 ranking, to the member with the last name ranked 3rd to last via
7 alphabetical ranking, and so on until finally reaching the member
8 with the last name ranked 1st via alphabetical ranking. After this
9 happens, the order will begin once more with the member with the
10 last name ranked last via alphabetical ranking, and the process shall
11 repeat. In this way all Committee of Vital Healthcare members and
12 their respective organizations should hold the Chair at some time
13 during the 3-year period before new Committee of Vital Healthcare
14 members are chosen.

15 (c) ALLOWANCE FOR ADDING ORGANIZATIONS.—Additional
16 organizations may be added to the list in 313(b) and as such have
17 representatives on the Committee on Vital Healthcare only after
18 formal vote by the Committee on Vital Healthcare and subsequent
19 approval by 75% of all members.

20 **SEC. 315. DUTIES OF THE COMMITTEE ON VITAL**
21 **HEALTHCARE**

22 (a) DUTIES.—The duties of the Committee on Vital Healthcare shall
23 be as follows:

24 (1) Provide Starting Grants to Hospitals who meet the
25 qualifications of section 308(b).

26 (2) Update the following lists annually on March 1st:
27 (A) Essential Healthcare Services as specified in
28 section 303(a).

29 (B) Non-Essential Healthcare Services as specified in
30 section 304(a).

1 (C) Reimbursed Healthcare Services as specified in
2 section 305(a).

3 (3) Specify standards for:

4 (A) Healthcare Voting Machines as specified in
5 section 322(b).

6 (B) Update the base starting cost for a given
7 Healthcare Recipient to account for inflation as
8 specified in section 309(d) in applicable years.

9 (4) Begin work on authorizing the creation of a research
10 team as of January 1st, 2019, which team is to provide its
11 findings to Congress no later than January 1st, 2020, on the
12 impact of the Bureau of Vital Healthcare and related
13 agencies, departments, and laws on the U.S. healthcare
14 system.

15 (b) ADDITIONAL POWERS GRANTED.—The Committee on Vital
16 Healthcare will have the capability, but not the obligation, to carry
17 out the following tasks:

18 (1) Designate a required room size for Medical
19 Feedback Centers as specified in section 319(b)(1).

20 (2) Meet with Healthcare Recipients and concerned
21 parties, as well as hold meetings specifically for members of
22 the Committee on Vital Healthcare.

23 (3) Designate a new value formulation for Starting
24 Grants as specified in section 309(c).

25 (4) Oversee and regulate, unless otherwise specified, all
26 aspects of the Bureau of Vital Healthcare mentioned in
27 section 316. The Committee on Vital Healthcare, unless
28 otherwise specified, shall have the power to exercise all
29 duties and powers of the Bureau of Vital Healthcare if it so
30 chooses.

- 1 (5) Specify changes to the standardized training process
- 2 for Feedback Center Representatives mentioned in section
- 3 316(b)(7), or creation of a new training process for any
- 4 employees or department of the Bureau of Vital Healthcare.
- 5 (6) Establish such departmental classifications as are
- 6 necessary to improve efficiency, simplicity, and transparency
- 7 of the Bureau of Vital Healthcare and its departments.
- 8 (7) Adapt the process for re-defining Starting Grants as
- 9 Extended or Diminished Grants specified in section 311(b) to
- 10 more accurately reflect new data pertaining to which Vital
- 11 Healthcare Agencies are performing well as opposed to
- 12 poorly, so long as said process continues to be based upon
- 13 the weighting of the Cumulative Rating Averages specified
- 14 in section 310.
- 15 (8) Specify necessary costs, or expenses, for Vital
- 16 Healthcare Agencies that are essential to the upkeep of Vital
- 17 Healthcare Agencies in general, or in that area or given
- 18 circumstance, such as expenses resulting from
- 19 building/property taxes or damage not covered by insurance
- 20 due to disasters, maintenance and janitorial expenses, costs
- 21 for Medical Feedback Centers, payroll, etc., as well as ranges
- 22 for these different operating expenses to fall into, or be
- 23 reimbursed for. These costs should in turn be tied to other
- 24 variables, such as cost per Healthcare Recipient, or cost as a
- 25 portion of the VHA's total operating expenses; rather than
- 26 being inflexible. Furthermore, this is not to allow rationing of
- 27 healthcare services, and to involve solely expenses that do
- 28 not qualify as healthcare services; which expenses are to be
- 29 reimbursed as per section 312.

30 **SEC. 316. BUREAU OF VITAL HEALTHCARE**

1 (a) PURPOSE.—The purpose of the Bureau of Vital Healthcare is to
2 oversee the practical, day to day regulation of Vital Healthcare
3 Agencies as well as the structure by which said VHAs exist, and to
4 enforce the statutes of the Committee on Vital Healthcare.

5 (b) DUTIES.—The following duties are to be fulfilled by the Bureau
6 of Vital Healthcare:

7 (1) Collect on an annual basis, for the year ending
8 December 31st, the following information for each Medical
9 Feedback Center, using the Server for Vital Healthcare:

10 (A) Total Healthcare Recipients served.

11 (B) Cumulative rating averages for the two questions
12 evaluating VHA performance, collected for each
13 VHA from the Server for Vital Healthcare, as
14 specified in section 317(b)(8).

15 (2) Collect on an annual basis, for the year ending
16 December 31st, the following information from each Vital
17 Healthcare Agency:

18 (A) Total expenses and operating expenses incurred.

19 (B) Total grant monies provided.

20 (3) Determine which Hospitals are eligible to receive
21 Starting Grants according to the process enumerated in
22 section 308.

23 (4) Specify grant allowances of Starting Grants to each
24 new Vital Healthcare Agency per section 309.

25 (5) Specify new grant allowances, by which Starting
26 Grants may become Extended or Diminished Grants,
27 according to the process specified in section 311.

28 (6) Send the grant amount allotted for a given Vital
29 Healthcare Agency to it on an annual basis, no later than

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January 31st of each year, taking into account any additional fiscal reimbursements to be provided per section 312.

(7) Oversee a standardized, effective training process for Feedback Center Representatives whereby each is knowledgeable of:

(A) His or her duties, and how to perform them, as specified in section 320.

(B) The role of a Medical Feedback Center as specified in section 319.

(C) The role of a Vital Healthcare Agency as specified in section 307.

(D) The operation of the Feedback Center Surveillance System, as specified in section 323.

(E) Operation and maintenance of Healthcare Voting Machines.

(F) General info about:

(i) Starting Grants

(ii) Diminished Grants

(iii) Extended Grants

(iv) The Bureau of Vital Healthcare

(v) The Server for Vital Healthcare

(vi) The Public Transparency Website

(G) Confidentiality requirements as specified in section 318.

(H) Any security procedures the Committee of Vital Healthcare or Bureau of Vital Healthcare may adopt.

(I) Definition of Healthcare Recipients as specified in section 301.

- 1 (J) The signing of all applicable agreements
2 pertaining to abortion specified in section 201(c).
- 3 (K) Contact information necessary for assistance
4 from the Bureau of Vital Healthcare.
- 5 (8) Enforce, or aid in enforcing penalties specified in
6 this title in conjunction with all applicable federal agencies.
- 7 (9) Establish fact-checking processes to ensure funds for
8 Starting Grants, Diminished Grants, and Extended Grants are
9 going to the correct Vital Healthcare Agencies, and that all
10 federal monies funded to the Bureau of Vital Healthcare,
11 Committee of Vital Healthcare, and Vital Healthcare
12 Agencies are being properly used.
- 13 (10) Ensure proper accounting/auditing procedures are in
14 place for Vital Healthcare Agencies, the Bureau of Vital
15 Healthcare, and the Committee of Vital Healthcare.
- 16 (11) Oversee regulations and duties of Vital Healthcare
17 Agencies, Medical Feedback Centers, Feedback Center
18 Surveillance Systems, and the Server for Vital Healthcare to
19 ensure said regulations and duties are being fulfilled.
- 20 (12) Ensure Medical Feedback Centers are provided with
21 all materials necessary for operation, including working
22 Healthcare Voting Machines.
- 23 (13) Regulate creation and distribution processes of
24 Healthcare Voting Machines to ensure quality.
- 25 (14) Such other duties as the Committee on Vital
26 Healthcare shall specify.

27 **SEC. 317. SERVER FOR VITAL HEALTHCARE**

- 28 (a) DEFINITIONS.—The term “Server for Vital Healthcare” or “SVH”
29 refers to the online server(s) and the secure facility or facilities
30 housing said server(s), as well as a backup server(s), used for

1 housing and maintaining in all confidentiality the feedback records,
2 Visit Status, and Personally Identifiable Information of Healthcare
3 Recipients for purposes of evaluating grant monies of Vital
4 Healthcare Agencies, coordinating information for use by HVMs,
5 and generally providing quality healthcare services to qualified
6 Healthcare Recipients. For purposes of oversight, this shall be
7 considered a department of the Bureau of Vital Healthcare.

8 (b) DATA COLLECTED, DEFINED.—The following mandatory data
9 is to be collected and stored on the Server for Vital Healthcare for
10 purposes of verifying valid Healthcare Recipients and setting levels
11 of Extended Grants and Diminished Grants:

12 (1) Patient names as specified in section 318(b)(1),
13 319(b)(2), and section 320(b)(2).

14 (2) Patient identification numbers as specified in section
15 318(b)(2).

16 (3) Barcodes for Healthcare Recipient Cards as specified
17 in section 321(b)(3).

18 (4) Patient Date of Births as specified in section
19 318(b)(4) and section 320(b)(2).

20 (5) Patient Housing Addresses as specified in section
21 318(b)(2) and section 320(b)(2).

22 (6) Patient Fingerprint Records as specified in section
23 301(b)(2).

24 (7) Patient Visit Status as specified in section 320(b)(5).

25 (8) Cumulative Rating Averages; which process is
26 specified in section 311, and to be separated by the 2-year
27 periods specified in section 311(b).

28 (9) The number of basic checkups received per fiscal
29 year, as specified in section 303(a)(2).

1 (10) The number of well baby and well child exams
2 received per child, as specified in section 303(a)(5).

3 (11) The number of dosage treatments provided for each
4 individual Sexually Transmitted Disease over a 15-year
5 period, as well as the data of the first dosage treatment,
6 which shall mark the beginning of the 15-year period, as
7 specified in section 305(a)(13) through section 305(a)(18).

8 (c) DATA TRANSFER.—An important aspect of the Server for Vital
9 Healthcare will be its transmission of data to Healthcare Voting
10 Machines and reception areas of Medical Feedback Centers. The
11 Server for Vital Healthcare is to ensure to the best of its ability the
12 constant functioning and accessibility of its data housing and
13 transfer aspects.

14 **SEC. 318. CONFIDENTIALITY**

15 (a) IN GENERAL.—Any employee of the Bureau of Vital Healthcare
16 or its departments, Committee of Vital Healthcare, Medical
17 Feedback Centers, or any other person with access to the storage by
18 such groups of Personally Identifiable Information of Healthcare
19 Recipients, or who assists in the communication with the public on
20 behalf of said organizations for purposes of receiving such
21 Personally Identifiable Information of Healthcare Recipients, who is
22 discovered to be unlawfully disclosing the information of said
23 Personally Identifiable Information of Healthcare Recipients shall
24 be subject to the penalties described in section 552(i) of the Privacy
25 Act of 1974 [5 U.S.C. 552i].

26 (b) DEFINITION OF PERSONALLY IDENTIFIABLE
27 INFORMATION.—The term “Personally Identifiable Information”
28 or “PII” refers to information that can be used to distinguish or trace
29 an individual's identity and includes, but is not limited to, the
30 following forms of data:

- 1 (1) Names, as specified in sections section 317(b)(1) and
2 319(b)(2).
- 3 (2) Housing addresses as specified in sections 317(b)(5)
4 and 320(b)(2).
- 5 (3) Fingerprints as specified in sections 301(b)(2) and
6 317(a)(6).
- 7 (4) Date of births as specified in sections 317(b)(4) and
8 section 320(b)(2).
- 9 (5) Identification numbers as specified in section
10 321(b)(2).
- 11 (6) Barcodes as specified in sections 317(b)(3) and
12 321(b)(3).

13 (c) TRAINING REQUIREMENT.—All employees of the Bureau of
14 Vital Healthcare, Committee on Vital Healthcare, Server for Vital
15 Healthcare, and Medical Feedback Centers are to be trained on the
16 standards of the Privacy Act of 1974 [5 U.S.C. 552] as relating to
17 data confidentiality and protection of PII, including penalties for
18 disclosure of PII as specified in section 315(b)(6)(G) of the Privacy
19 Act of 1974. The training process shall be determined by the
20 Committee on Vital Healthcare as specified in section 315(b)(5).

21 **PART D—PROCESS OF PROVIDING BASIC HEALTHCARE**
22 **SEC. 319. MEDICAL FEEDBACK CENTERS**

23 (a) DEFINITION.—A “Medical Feedback Center” or “MFC” as
24 defined in this Act refers to the public reception area separating a
25 given Vital Healthcare Agency from entrances to the outside of the
26 building. This reception area exists primarily to:

- 27 (1) Provide Healthcare Recipient Cards to Healthcare
28 Recipients
- 29 (2) Ensure only eligible Healthcare Recipients receive
30 services from the Vital Healthcare Agency in question, and

- 1 (3) Provide voting services whereby Healthcare
2 Recipients can evaluate the care received.
- 3 (b) DESIGN OF A MEDICAL FEEDBACK CENTER.—The design
4 for the Medical Feedback Centers is to have the following minimum
5 features:
- 6 (1) Four-sided as a room, and square or rectangular in
7 shape, with only the opposing ends having accessible
8 entrances. One end is to serve as entrance to the outside, and
9 the other accessing that area of the building containing the
10 Vital Healthcare Agency. There is to be no restriction on
11 required room size for a Medical Feedback Center unless so
12 designated by the Committee on Vital Healthcare.
- 13 (2) A reception desk area in the center of the room with
14 at least one working computer terminal, blank Healthcare
15 Recipient Cards, a device for generating names,
16 identification numbers, and barcodes on said Healthcare
17 Recipient Cards, and a fingerprint kit.
- 18 (3) An aisle or aisles on the left side of the reception
19 desk area as looking towards the entrance adjoining the Vital
20 Healthcare Agency. This aisle or aisles will be used for
21 entering the Vital Healthcare Agency, and contain at least
22 two working and publicly accessible Healthcare Entrance
23 Machines during all operating hours for a given Medical
24 Feedback Center. These machines are to be clearly visible in
25 the entrance aisle(s) to Healthcare Recipients in the Medical
26 Feedback Center.
- 27 (4) An aisle or aisles on the right side of the reception
28 desk area as looking towards the entrance adjoining the Vital
29 Healthcare Agency. This aisle or aisles will be used for
30 exiting the Vital Healthcare Agency, and contain at least two

1 working and publicly accessible Healthcare Voting Machines
2 during all operating hours for a given Medical Feedback
3 Center. These machines are to be clearly visible in the exit
4 aisle(s) to Healthcare Recipients in the Medical Feedback
5 Center, although obscuring objects are allowed for placement
6 between the HVMS and the Feedback Center Surveillance
7 System, as specified in section 323(b)(2).

8 (5) Posters stating “Vote here on your Hospital
9 experience with your Healthcare Recipient Card,” are to be
10 placed in plain view on the wall of a Medical Feedback
11 Center beside each Healthcare Voting Machine.

12 (c) ADDITIONAL SPECIFICATIONS.—The following specifications
13 must be met by Vital Healthcare Agencies:

14 (1) Medical Feedback Centers must be placed at all
15 public entrances, excluding those used for emergency room
16 entrance purposes.

17 (A) Additional entrances are allowed for emergency
18 use, so long as they are reserved for Healthcare
19 Recipients requiring ambulatory care, and those
20 well enough to leave through a Medical Feedback
21 Center are directed to leave through a Medical
22 Feedback Center, provided a Healthcare Recipient
23 Card if they do not already have one (upon
24 establishment of their citizenship status consistent
25 with section 301(b)), and informed of the
26 Healthcare Voting Machines.

27 (2) A Medical Feedback Center may serve as both a
28 lobby and a Medical Feedback Center so long as all
29 requirements of section 307(b) are met.

1 (A) Multiple entrances from the outside into a
2 Medical Feedback Center are permitted so long as
3 they are along the wall opposing the entrance into
4 the Vital Healthcare Agency.

5 (B) A Medical Feedback Center dually serving as a
6 lobby for its Vital Healthcare Agency (it may not
7 serve as a lobby or have inter-connecting access
8 ways to for any area of the building serving as a
9 Hospital, as opposed to a Vital Healthcare
10 Agency) is free to ask additional questions of
11 Healthcare Recipients for the intent of providing
12 healthcare services.

13 (3) A Medical Feedback Center's outside entrance or
14 entrances are not required to directly access the outside part
15 of the building. Up to one room is allowed between each
16 entrance and the outside part of the building, provided that
17 the only doorways in these rooms are to the outside part of
18 the building and to the Medical Feedback Center.

19 (4) Additional security personnel and/or security
20 measures may be utilized as necessary.

21 **SEC. 320. DUTIES OF THE FEEDBACK CENTER**

22 **REPRESENTATIVE**

23 (a) DEFINITION.—A “Feedback Center Representative” or “FCR” as
24 defined in this Act refers to an on-site representative of the Bureau
25 of Vital Healthcare overseeing a Medical Feedback Center for
26 purposes of ensuring quality healthcare services are being provided.

27 (b) DUTIES.—A Feedback Center Representative's desk is to be
28 located in the center of a Medical Feedback Center, staffed by no
29 less than one Feedback Center Representative and have all materials

1 ascribed to it in section 319(b)(2). The job duties of the Feedback
2 Center Representative or Representatives are as follows:

3 (1) Check citizenship status for those without Healthcare
4 Recipient Cards via the process stated in section 301(b)(1).

5 Those who are verified as U.S. citizens are to be given a
6 personalized Healthcare Recipient Card as specified in
7 section 321.

8 (2) Record into the Server for Vital Healthcare the full
9 Name, Date of Birth, and Housing Address of the Healthcare
10 Recipient receiving a new Healthcare Recipient Card.

11 (3) Fingerprint those who receive a Healthcare Recipient
12 Card and have said fingerprints scanned into the Server for
13 Vital Healthcare according to the process specified in section
14 301(b)(2).

15 (4) Provide Healthcare Recipient Cards to patients who
16 entered through an emergency exit, and inform them of their
17 right to vote with those cards as specified in section
18 319(c)(1)(A).

19 (5) If the patient will be receiving healthcare services
20 during the visit, record the Healthcare Recipient's Visit Status
21 as 'Active' as opposed to 'Inactive' on the Server for Vital
22 Healthcare.

23 (6) If dually serving as a lobby, ask for and input any
24 additional information required by the Vital Health Agency,
25 as specified in section 319(c)(2)(B).

26 **SEC. 321. HEALTHCARE RECIPIENT CARDS**

27 (a) DEFINITION.—The term “Healthcare Recipient Card” refers to the
28 card issued to a Healthcare Recipient entering a VHA through a
29 Medical Feedback Center that will allow him or her to evaluate the

1 services received upon leaving and quickly receive medical access
2 in the future.

3 (b) DESIGN.—Healthcare Recipient Cards are to be 3.5 inches long
4 and 2 inches wide. Healthcare Recipient Cards are to have
5 machine-inscribed upon them the following information for each
6 individual patient:

- 7 (1) The patient's name,
8 (2) A unique system-assigned identification number, and
9 (3) A scannable barcode specific to each Healthcare
10 Recipient.

11 **SEC. 322. HEALTHCARE VOTING MACHINES**

12 (a) DEFINITION.—The term “Healthcare Voting Machine” or “HVM”
13 refers to those machines in a Medical Feedback Center which allow
14 for rapid access to healthcare services via scanning of a Healthcare
15 Recipient Card and fingerprints, while dually allowing Healthcare
16 Recipients to voting and provide feedback before leaving.

17 (b) DESIGN.—The Committee on Vital Healthcare shall no later than
18 December 31st, 2018 specify a standard design for Healthcare
19 Voting Machines. The Committee on Vital Healthcare shall have
20 the right to update this standard at any time.

21 (c) STANDARD FEATURES.—All Healthcare Voting Machines are
22 to have the following features:

- 23 (1) A user-friendly interface.
24 (2) Card reading device for insertion and subsequent
25 reading of Healthcare Recipient Cards for the following
26 purposes:
27 (A) Upon entering the facility, determining the bearer
28 is a Healthcare Recipient who qualifies for
29 healthcare services.

- 1 (B) Validating the Healthcare Recipient’s prior
- 2 medical history.
- 3 (C) Allowing, via input by the Healthcare Recipient,
- 4 quick establishment of what the basis for their
- 5 visit is.
- 6 (D) Upon leaving, allowing the Healthcare Recipient
- 7 to vote on their experience for purposes of grant
- 8 funding.
- 9 (3) Data transfer capability for ready transfer of
- 10 collected information to the Server for Vital Healthcare for
- 11 the time of visit and from Healthcare Entrance Machines for
- 12 acknowledgement of a Healthcare Recipient's current Visit
- 13 Status.
- 14 (4) Upon verification of a valid Healthcare Recipient
- 15 Card for a Healthcare Recipient and determination that the
- 16 Healthcare Recipient is leaving after a completed visit,
- 17 submission of the following questions in the designated
- 18 language:
- 19 (A) “Did this Vital Healthcare Agency/Hospital
- 20 provide you with good healthcare service?” This
- 21 question is to be accompanied with the following
- 22 voting options; each assigned a rating of 1-5, with
- 23 (i) being 1 point and (v) being 5 points, and is to
- 24 be the first question asked:
- 25 (i) “Definitely not, the VHA provided
- 26 horrible healthcare service to me.”
- 27 (ii) “No, the VHA provided bad healthcare
- 28 service to me.”
- 29 (iii) “I am not sure.”

1 (iv) “Yes, the VHA provided good healthcare
2 service to me.”

3 (v) “Yes, definitely, the VHA provided
4 excellent healthcare service to me.”

5 (B) “Should this VHA/Hospital receive more or less
6 government funding?” This question is to be
7 accompanied by the following voting options;
8 each assigned a rating of 1-5, with (i) being 1
9 point and (v) being 5 points, and is to be the
10 second question asked:

11 (i) “No, this VHA should have much less
12 government funding.”

13 (ii) “No, this VHA should have slightly less
14 government funding.”

15 (iii) “The current funding level for this VHA
16 is appropriate.”

17 (iv) “Yes, this VHA should receive slightly
18 more government funding.”

19 (v) “Yes, this VHA should receive much
20 more government funding.”

21 (C) Any additional questions that the Bureau on Vital
22 Healthcare may choose to ask of all Healthcare
23 Recipients across the United States or a given
24 region.

25 (5) An additional form for purposes of allowing
26 Healthcare Recipients to submit complaints and/or feedback
27 to the Bureau of Vital Healthcare.

28 **PART E—PUBLIC ACCOUNTABILITY STRUCTURE**

29 **SEC. 323. FEEDBACK CENTER SURVEILLANCE AS**

30 **ASSURANCE OF PROPER VOTING PROCESS**

1 (a) DEFINITION.—The term “Feedback Center Surveillance System”
2 or “FCSS” refers to the video camera or system of video cameras
3 stationed within a Medical Feedback Center for purposes of
4 ensuring Vital Healthcare Agencies, staff of said Vital Healthcare
5 Agencies, or other obstacles are not interfering with the rights of
6 Healthcare Recipients to medical access and feedback pertaining to
7 that access.

8 (b) CAMERA SYSTEM REQUIREMENTS.—The following
9 requirements apply to Feedback Center Surveillance Systems:

10 (1) Every Medical Feedback Center is required to have
11 at least two video cameras angled to view the reception desk,
12 the Healthcare Entrance Machines, and the Healthcare
13 Voting Machines.

14 (2) There must not be visibility of Healthcare Voting
15 Machines such that the screens and thus
16 information/feedback of Healthcare Recipients is visible.
17 The primary objective is ensuring that Healthcare Recipients
18 are able to access the HVMs, not to observe the HVM itself.
19 If screens of HVMs will otherwise be visible, either the
20 camera locations should be changed or an obscuring object
21 placed between the camera and the screens of the Healthcare
22 Voting Machines in question.

23 (3) The FCSS is required to record footage of the
24 designated area of the Medical Feedback System during all
25 operating hours of the Vital Health Agency.

26 (4) Camera footage must show the real-time info for the
27 date and time of footage as it was being recorded.

28 (c) PENALTIES.—Tampering of this system by a Vital Healthcare
29 Agency, an employee of a Vital Healthcare Agency, or any other

1 person may be subject to the fines and term of imprisonment
2 specified in section 301(c).

3 (d) WEBSITE UPLOAD.—All footage must be uploaded to the Server
4 for Vital Healthcare no later than one month from the time of the
5 oldest recorded footage yet to be uploaded.

6 **SEC. 324. PUBLIC TRANSPARENCY WEBSITE**

7 (a) IN GENERAL.—The Server for Vital Healthcare and Bureau of
8 Vital Healthcare shall oversee creation of a new government
9 website, www.bvh.gov, for purposes of allowing Healthcare
10 Recipients to review FCSS video footage that the processes in this
11 Act might be kept publicly transparent and accountable, of
12 providing Healthcare Recipients with an additional, accessible
13 voting option, and providing such other information sources as may
14 prove beneficial for the public understanding of the Bureau of Vital
15 Healthcare.

16 (b) DESIGN.—The website is to have the following features:

17 (1) An online version of the Healthcare Voting
18 Machine's format, with the language selection feature
19 specified in section 322(c)(2), the questions specified in
20 section 322(c)(5), and the feedback form specified in section
21 322(c)(6). For verification purposes, the website should
22 require input by a Healthcare Recipient of their name,
23 identification number (which number is specified in section
24 321(b)(2)), and date of visit to the Vital Healthcare Agency.

25 (2) Online storage of video surveillance footage for each
26 Medical Feedback Center as specified in section 323(d). This
27 footage is to be freely accessible to the public. Additionally,
28 there is to be a search engine that will allow online users to
29 easily locate their Vital Healthcare Agency, and thus its
30 video footage archives, by zip code search.

- 1 (3) An updated list of current Vital Healthcare Agencies,
2 searchable by zip code and entering a given street address
3 and search radius to receive a list of VHAs within that radius.
4 (4) An updated list of the Hospitals currently applying to
5 become Vital Healthcare Agencies that are not yet approved.

6 **SEC. 325. ENCOURAGEMENT OF CITIZEN WATCHDOG**
7 **GROUPS**

8 Citizen watchdog groups and the general public are encouraged to
9 provide oversight, comments on, and accountability for the public
10 transparency website. As such, comments, opinions, and public
11 participation are to be strictly protected from regulation apart from
12 removing comments for purposes of profanity, pornography, racism,
13 sexism, spamming, hacking, advertising/solicitation, and comments
14 suggesting or supporting illegal activities.

15 **TITLE IV—PRIVATE SECTOR**

16 **SEC. 401. MAINTAINING THE CURRENT PRIVATE SECTOR**

17 All Hospitals and providers of healthcare or social services
18 currently authorized to operate under U.S. law are free to continue
19 offering medical services. Public Sector/Private Sector Hospitals, as
20 defined in this Act, can operate in the same building, so long as both
21 areas are definitively separated from each other per section 307(b)(1).

22 **SEC. 402. RESTRICTIONS ON PRE-EXISTING CONDITIONS**

23 Upon passage of this Act, health insurance companies may not
24 discriminate against those seeking coverage on the basis of pre-existing
25 conditions, apart from those conditions that have occurred via willful,
26 high-risk lifestyle choices to indulge in partaking of harmful
27 extraneous substances such as tobacco, nicotine, marijuana, and
28 alcohol.

29 **TITLE V—TORT REFORM**

30 **SEC. 501. HOSPITAL LAWSUITS**

1 (a) EFFECTIVE DATE.—Upon passage of this Act as law, the losing
2 party in a lawsuit against a Hospital or Hospital employee will be
3 required to pay the other's legal fees in addition to any court
4 sentencing, with such sum not to exceed \$5,000.

5 (b) SHARING OF RESPONSIBILITY FOR A VHA BASED UPON
6 HOURS WORKED.—Employees of a Vital Healthcare Agency
7 found at fault by a court of law for malpractice are to have the cost
8 of such court-decided fees shared by the Vital Healthcare Agency
9 they worked for at the time of the incident in the following manner:

10 (1) 5% of the malpractice fees will be paid for by the
11 VHA for whom the employee worked at the time of the
12 incident if the employee at fault worked at least 60 hours in
13 the 7-day period involving the incident (with the last day the
14 day of the incident, and then counting the 6 days previous).

15 (2) An additional 5% of the malpractice fees are to be
16 paid by the VHA for whom the employee worked at the time
17 of the incident for each additional five hours that the
18 employee worked above 60 hours. 10% of the malpractice
19 fees are to be paid if the employee worked 65 hours in the 7-
20 day period, 15% if the employee worked 70 hours in the 7-
21 day period, etc.

22 **SEC. 502. EMPLOYEE HOURS**

23 (a) RESTRICTION AGAINST OVERWORK REQUIREMENTS.—
24 To avoid overwork, and subsequent dangers to a patient, no
25 employee at a Vital Healthcare Agency may be required to work
26 more than 16 hours in a day.

27 (b) VIOLATION PENALTIES.—VHA supervisors/employers found to
28 be coercing and/or requiring VHA employees to work beyond this
29 time period will be subject to a \$10,000-\$100,000 fine and/or one
30 year in prison if convicted by a court of law.

1 **TITLE VI—APPROPRIATIONS**

2 **SEC. 601. THE VITAL HEALTHCARE FUND**

3 (a) ESTABLISHMENT OF FUND.—Subchapter A of chapter 98 of
4 the Internal Revenue Code of 1986 is amended by adding at the end
5 the following new section:

6 “(1) IN GENERAL—There is established within the Treasury of
7 the United States a trust fund for healthcare services and related costs
8 specified and authorized by this Act to be known as the “Vital
9 Healthcare Fund,” consisting of such amounts as may be appropriated
10 or credited to the Vital Healthcare Fund.

11 “(2) TRUSTEES.—The trustees of the Vital Healthcare Fund shall
12 be the Secretary of the Treasury, the Secretary of Labor, and the
13 Secretary of Education.

14 “(b) ALLOCATION OF FUNDS.—There are hereby appropriated
15 to the Vital Healthcare Fund from the Treasury of the United States,
16 out of any moneys not appropriated elsewhere, amounts equivalent to:

17 “(1) \$700,000,000,000 for fiscal year 2017.

18 “(2) \$750,000,000,000 for fiscal year 2018.

19 “(3) \$775,000,000,000 for fiscal year 2019.

20 “(4) \$800,000,000,000 for fiscal year 2020.

21 “(5) \$825,000,000,000 for fiscal year 2021.

22 “(6) \$850,000,000,000 for fiscal year 2022.

23 “(7) \$875,000,000,000 for fiscal year 2023.

24 “(8) \$900,000,000,000 for fiscal year 2024.

25 “(9) \$925,000,000,000 for fiscal year 2025.

26 “(10) \$950,000,000,000 for fiscal year 2026.”