

## **A BILL**

To restore the freedom of medical practice and prohibit governmental and corporate interference in voluntary health care contracts, and for other purposes.

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

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### **SECTION 1. SHORT TITLE.**

This Act may be cited as the “**Free and Independent Health Care Restoration Act of 20xx.**”

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### **SECTION 2. FINDINGS AND PURPOSE.**

(a) **Findings.** Congress finds the following:

1. The right of individuals to seek and receive lawful medical care from the provider of their choosing is a fundamental liberty secured by the Constitution of the United States.
2. The doctor–patient relationship is a private, voluntary, and fiduciary association that predates the state and must remain free from coercion, regulation, or interference.
3. Governmental and corporate control of medical practice and payment systems has resulted in inflated costs, reduced competition, professional demoralization, and impaired patient outcomes.
4. Restoration of voluntary medical exchange and direct accountability between patient and provider is necessary to reestablish constitutional balance and medical freedom.

(b) **Purpose.** The purpose of this Act is to:

1. Establish statutory protection for voluntary, direct medical contracts;
2. Prohibit governmental and insurance interference in private medical relationships; and
3. Promote a competitive and transparent health care market governed by consent and free exchange.
4. Prohibit monopolies controlling the medical industry.
5. Preserve freedom of practice among medical providers.

6. Promote the highest standards of care.
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### **SECTION 3. TITLE 42 AMENDMENT.**

Title 42, United States Code, is amended by adding at the end the following new **Chapter 162**:

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### **CHAPTER 162 – FREE AND INDEPENDENT HEALTH CARE**

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#### **§ 10601. Definitions.**

As used in this chapter—

1. **“Medical provider”** means any individual, partnership, corporation, or other lawful entity engaged in the practice of medicine, surgery, dentistry, psychology, or any lawful healing art, whether licensed by a State or voluntarily certified under § 10607.
  2. **“Patient”** means any natural person who voluntarily contracts for or receives medical services.
  3. **“Direct medical contract”** means a voluntary, express agreement between a patient and a medical provider for the provision of lawful medical services in exchange for mutually agreed consideration.
  4. **“Civil authority”** means any department, agency, officer, or political subdivision of the United States, a State, or any local government.
  5. **“Insurance company”** means any entity engaged in the business of underwriting or managing health-related risk coverage, including managed care or health maintenance organizations.
  6. **“Voluntary health association”** means a member-owned cooperative formed for the purpose of pooling resources for medical care without creating a contractual obligation of indemnity.
  7. **“Guild”** or **“medical guild”** means a voluntary association of medical providers that establishes professional standards, credentialing, and ethical oversight without state mandate.
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#### **§ 10602. Protection of direct medical contracts.**

**(a) Freedom of Contract.**

Any person or provider may enter into a direct medical contract for lawful medical services. Such contracts shall be deemed private commercial agreements, not constituting insurance or subject to insurance regulation.

**(b) Prohibition on Government Interference.**

No civil authority shall—

1. Compel, restrict, or condition the offering, pricing, or terms of a direct medical contract;
2. Condition medical practice, payment, or patient access on participation in a government program;
3. Impose fee schedules, billing codes, or utilization controls on transactions under this chapter;
4. Penalize, tax, or discriminate against providers or patients who elect to operate under this chapter; or
5. Require disclosure of contract terms except by mutual consent or judicial order for good cause shown.

**(c) Legal Effect.**

All laws, rules, and regulations inconsistent with this section shall be of no force or effect with respect to direct medical contracts.

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**§ 10603. Prohibition on insurance company interference.**

**(a) General Rule.**

No insurance company or managed care organization shall—

1. Restrict or penalize a medical provider's practice based on participation or nonparticipation in any network or program;
2. Deny reimbursement to a patient solely for obtaining services outside a network;
3. Impose prior authorization, coding, or utilization review on services rendered under a direct medical contract; or
4. Engage in any act of retaliation or coercion against a provider or patient exercising rights under this chapter.

**(b) Antitrust Application.**

Violations of subsection (a) shall constitute an unfair method of competition under section 5 of the Federal Trade Commission Act (15 U.S.C. 45).

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**§ 10604. Voluntary health associations.**

**(a) Authorization.**

Individuals may form or join voluntary health associations to share medical expenses on a cooperative basis.

**(b) Legal Status.**

A voluntary health association shall not be deemed to engage in the business of insurance and shall be exempt from the requirements of the McCarran–Ferguson Act and all other federal or state insurance statutes.

**(c) Operation.**

Such associations shall—

1. Operate on a member-owned, nonprofit basis;
  2. Make payments solely as acts of voluntary sharing; and
  3. Maintain transparency of membership rules and financial stewardship.
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**§ 10605. Medical guilds and credentialing.**

**(a) Voluntary Certification.**

Medical guilds may establish voluntary standards for competence, ethics, and practice.

**(b) Freedom from Compulsion.**

No civil authority or private association shall require membership, certification, or accreditation by any particular guild, trade association, or professional organization as a condition of lawful medical practice.

All providers shall be free to affiliate—or not affiliate—with any professional association according to conscience and preference.

**(c) Recognition.**

Certification by a guild shall constitute a lawful credential for purposes of advertising, contracting, and reputation.

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## **§ 10606. Dispute resolution.**

### **(a) Private Remedies.**

Disputes arising under direct medical contracts shall be governed by the terms of the contract, including arbitration, mediation, or other mutually agreed methods.

### **(b) Limitation on Civil Authority.**

No civil authority shall impose punitive damages, administrative penalties, or disciplinary sanctions for conduct arising solely within the scope of a lawful direct medical contract.

### **(c) Malpractice Coverage.**

Guilds and associations may establish voluntary malpractice pools or arbitration panels for member protection.

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## **§ 10607. Tax treatment.**

### **(a) Deductibility.**

Payments under direct medical contracts or voluntary health associations shall be fully deductible from federal taxable income for individuals and businesses.

### **(b) Tax-Exempt Contributions.**

Contributions to voluntary health associations shall be treated as charitable or HSA-equivalent contributions under the Internal Revenue Code.

### **(c) No Transaction Tax.**

No federal tax shall be levied on medical transactions conducted under this chapter.

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## **§ 10608. Enforcement and remedies.**

### **(a) Private Right of Action.**

Any person aggrieved by a violation of this chapter may bring a civil action in the United States district court for—

1. Actual damages and equitable relief;
2. Treble damages for willful violations; and
3. Attorney's fees and costs.

### **(b) Sovereign Immunity.**

No claim of sovereign immunity shall bar an action under this chapter.

**(c) Construction.**

This chapter shall be liberally construed in favor of individual liberty and freedom of contract.

**(d) Enforcement of Anti-Monopoly Provisions.**

The Department of Justice and the Federal Trade Commission shall have concurrent jurisdiction to enforce §§ 10611 and 10612.

Any organization found to have violated these provisions may be subject to civil penalties, mandatory divestiture of monopolistic functions, and permanent injunctive relief.

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**§ 10609. Severability.**

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

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**§ 10610. Constitutional Authority.**

This chapter is enacted pursuant to the powers of Congress under—

1. Article I, section 8, clauses 1, 3, and 18 of the Constitution (to provide for the general welfare, to regulate commerce among the several States, and to make all laws necessary and proper);
  2. The Ninth and Tenth Amendments, reserving to the people the rights of private contract and medical autonomy; and
  3. The Fifth Amendment, securing the right to property and voluntary exchange.
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**§ 10611. Prohibition on medical monopolies and collusive practices.**

**(a) Freedom of Medical Practice.**

No private organization, trade association, guild, or professional society may, directly or indirectly, restrain, coerce, or exclude any person from the lawful practice of medicine or related healing arts within the United States.

**(b) Prohibition on Exclusive Representation.**

1. No entity shall hold, claim, or exercise exclusive authority to define or determine the standards, ethics, scope, or qualifications for the lawful practice of medicine in the United States or in any State.
2. The American Medical Association, or any successor organization, shall not possess any statutory, regulatory, or quasi-governmental authority to license, accredit, or control entry into the medical profession.

**(c) Prohibition on Collusion with Government.**

1. No civil authority may recognize, adopt, or delegate to any private association the power to determine or restrict the qualifications for medical practice, medical education, or hospital credentialing.
2. Any such delegation or recognition existing on the date of enactment is hereby revoked and rendered void.

**(d) Antitrust Enforcement.**

1. Any concerted action by two or more medical associations, boards, or insurers to fix prices, restrict access, or suppress competition in the delivery of medical services shall constitute a **per se violation** of section 1 of the Sherman Antitrust Act (15 U.S.C. § 1).
2. The Attorney General shall have a duty to investigate and prosecute violations under this section with the same priority afforded to cartel or price-fixing conspiracies.

**(e) Private Right of Action.**

Any medical provider or patient injured by a violation of this section may bring a civil action in a United States district court and shall be entitled to—

1. Actual damages;
2. Treble damages for willful or knowing violations; and
3. Attorney's fees and costs.

**(f) Definitions.**

For purposes of this section—

1. The term **“medical monopoly”** means any organization that exerts de facto or de jure control over entry into the medical profession or the terms of medical practice.
2. The term **“collusive practice”** includes coordinated efforts to set educational or licensing standards that restrict market entry, or to deny hospital privileges or insurance participation based on non-membership or dissenting methodologies.

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**§ 10612. Protection of independent credentialing and professional diversity.****(a) Plurality of Standards.**

No civil authority shall recognize any single national organization as the sole or official authority for medical education, accreditation, or credentialing.

**(b) Voluntary Credentialing Market.**

Medical providers may obtain or advertise credentials from any independent guild, certifying body, or association, provided such credentials are truthfully represented.

**(c) Prohibition on Discrimination.**

Hospitals, insurers, and employers shall not discriminate in hiring, admitting, or contracting solely on the basis of non-membership in any specific professional organization.

**(d) Transparency.**

Any institution that conditions participation or privileges on membership in a professional organization shall publicly disclose the basis and terms of such requirement.

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**§ 10613. Promotion of Excellence in Voluntary Medical Standards****(a) Purpose.**

It is the purpose of this section to encourage the highest attainable standards of medical practice, education, and ethics through voluntary, competitive, and transparent credentialing systems; to ensure that no person or organization holds exclusive control over medical standards; and to protect the right of patients and practitioners to engage freely in lawful medical service.

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**(b) Voluntary medical guilds and credentialing bodies.**

1. Any voluntary association, educational institution, or professional guild may establish and maintain standards of medical practice, ethics, or competence, and may issue certifications, designations, or credentials to practitioners who meet such standards.
2. Participation in or recognition by any such guild or credentialing body shall be voluntary and shall not be a condition of lawful medical practice under this chapter.
3. No guild, association, or accrediting body shall, by contract, regulation, or influence, restrict entry into the medical profession or unreasonably restrain competition among providers.

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**(c) Federal registry of credentialing organizations.**

1. The Secretary of Health and Human Services shall establish and maintain a publicly accessible registry of voluntary medical guilds, credentialing bodies, and educational institutions that elect to file information under this section.
2. Each registered entity shall disclose—
  - (A) its standards of education, ethics, and practice;
  - (B) the criteria for certification or membership;
  - (C) the methods of peer review and continuing education; and
  - (D) any conflicts of interest or financial relationships relevant to its operations.
3. Registration under this subsection shall not constitute government endorsement or approval but shall serve solely to promote transparency and informed public choice.

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**(d) Competition and antitrust enforcement.**

1. The Attorney General and the Federal Trade Commission shall have concurrent authority to prevent and remedy monopolization, collusion, or exclusionary conduct within the medical accreditation or credentialing markets.
2. No private association or consortium may enter into an agreement, directly or indirectly, that has the purpose or effect of limiting patient access to medical practitioners based solely on credentialing affiliation.
3. Enforcement actions under this subsection shall proceed in the same manner as provided in sections 4 and 15 of the Clayton Act (15 U.S.C. §§ 15, 26).

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**(e) Outcome reporting and public accountability.**

1. Credentialing bodies and registered guilds are encouraged to publish aggregate data on treatment outcomes, safety records, and continuing education compliance of their members.
2. The Secretary shall make available to the public all reports submitted under this subsection in an electronic, searchable format.
3. No personally identifiable patient data shall be disclosed except in accordance with applicable privacy law.

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**(f) Liability and professional responsibility.**

1. A credentialing body that knowingly or negligently certifies practitioners without reasonable standards of competence may be held civilly liable for resulting harm, as determined under applicable State or Federal law.
2. Nothing in this section shall be construed to limit the right of patients to seek damages for malpractice or professional misconduct.

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**(g) Noninterference clause.**

No department, agency, or officer of the United States may condition funding, program eligibility, or participation in any Federal health benefit on affiliation with, or certification by, any particular guild, trade association, or credentialing organization.

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**(h) Definitions.**

For purposes of this section—

1. The term “*guild*” means any voluntary association or organization of medical practitioners established for the advancement of medical knowledge, ethics, or practice standards.
2. The term “*credentialing body*” means any independent entity that assesses and certifies the qualifications of medical practitioners.
3. The term “*practitioner*” means any person lawfully engaged in the provision of medical, surgical, dental, or allied health services.

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**(i) Construction.**

Nothing in this section shall be construed to—

1. abridge the professional judgment of licensed practitioners;
2. preempt the operation of State law providing equivalent or greater freedom of medical practice; or
3. authorize the Federal Government to impose or enforce medical practice standards or curricula.

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**SECTION 4. CONFORMING AMENDMENTS AND REPEALS.**

(a) All laws, regulations, or administrative orders inconsistent with this Act are repealed or amended to the extent of such inconsistency.

(b) The Secretary of Health and Human Services shall revise the Code of Federal Regulations to conform with this Act within 180 days of enactment.

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**SECTION 5. EFFECTIVE DATE.**

This Act shall take effect **one year after enactment**, and shall apply to all direct medical contracts and voluntary associations entered into or renewed thereafter.