

119TH CONGRESS
1ST SESSION

S. _____

To establish a health freedom waiver program, to promote better price reporting and outcomes, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. SCOTT of Florida introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To establish a health freedom waiver program, to promote better price reporting and outcomes, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “More Affordable Care
5 Act”.

6 **SEC. 2. HEALTH FREEDOM WAIVER PROGRAM.**

7 Part 4 of subtitle D of title I of the Patient Protec-
8 tion and Affordable Care Act (42 U.S.C. 18051 et seq.)
9 is amended by adding at the end the following:

1 **“SEC. 1335. HEALTH FREEDOM WAIVER PROGRAM.**

2 “(a) IN GENERAL.—

3 “(1) WAIVER PROGRAM.—The Secretary shall
4 waive all or any requirements described in para-
5 graph (4), as determined by the applicable State, for
6 plan years beginning on or after January 1, 2026,
7 with respect to health insurance coverage within any
8 State that submits a notification under paragraph
9 (2), provided that the State maintains an invisible
10 high-risk insurance pool or another program de-
11 signed to mitigate risk to insurance premium costs.

12 “(2) NOTIFICATION.—A State entity described
13 in paragraph (3) desiring a waiver under this section
14 for any plan year beginning on or after January 1,
15 2026, shall notify the Secretary of its intent to par-
16 ticipate in the waiver program with respect to all or
17 any requirements described in paragraph (4). Such
18 notification shall be filed at such time, not later than
19 90 days before the State intends to begin participa-
20 tion in the waiver program, and in such manner as
21 the Secretary may require, and contain such infor-
22 mation as the Secretary may require, including the
23 requirements under paragraph (4) that the State in-
24 tends to waive and evidence that the State maintains
25 a high-risk insurance pool.

1 “(3) STATE SUBMISSION.—A notification with
2 respect to a State may be submitted by—

3 “(A) the governor of the State; or

4 “(B) the legislature of the State, upon a
5 majority vote by the State legislature.

6 “(4) REQUIREMENTS.—The requirements de-
7 scribed in this paragraph with respect to health in-
8 surance coverage within the State are as follows:

9 “(A) Part 1 of subtitle D.

10 “(B) Part 2 of subtitle D.

11 “(C) Section 1402.

12 “(D) Sections 36B and 5000A of the In-
13 ternal Revenue Code of 1986.

14 “(5) MONEY FOLLOWS THE PERSON.—

15 “(A) IN GENERAL.—With respect to a
16 State waiver under paragraph (1), under which,
17 due to the structure of the State plan, individ-
18 uals and small employers in the State would not
19 qualify for the premium tax credits, cost-shar-
20 ing reductions, or small business credits under
21 sections 36B of the Internal Revenue Code of
22 1986 or under part I of subtitle E for which
23 they would otherwise be eligible, the Secretary
24 shall provide for an alternative means by which
25 the aggregate amount of such credits or reduc-

tions that would have been paid on behalf of participants in the Exchanges established under this title had the State not received such waiver, shall be paid into the Trump Health Freedom Accounts established under section 223(i) of the Internal Revenue Code of 1986 of eligible residents of the State.

“(B) PAYMENTS TO TRUMP HEALTH FREEDOM ACCOUNTS.—The Secretary shall pay into the Trump Health Freedom Account of each eligible resident of a State for which a waiver is in effect for a plan year the amount equal to the total amount for which the resident would have been eligible in premium tax credit amounts under section 36B of the Internal Revenue Code of 1986 and cost-sharing reduction amounts under section 1402 for the year, had the State not had such waiver in effect. In determining the appropriate payment amount under this subparagraph, the Secretary shall calculate premium tax credit amounts and cost-sharing reduction amounts based on the national average annual premium amount for a silver tier benchmark plan among States that do not have such waivers in effect for the appli-

1 cable year. The Secretary shall make payments
2 into the Trump Health Freedom Accounts of el-
3 igible residents on a monthly basis, quarterly
4 basis, or in one lump sum at the beginning of
5 the year, at the option of each eligible resident.

6 “(6) COORDINATED WAIVER PROCESS.—The
7 Secretary shall develop a process for coordinating
8 and consolidating the State waiver processes applica-
9 ble under the provisions of this section, and the ex-
10 isting waiver processes applicable under section 1332
11 and titles XVIII, XIX, and XXI of the Social Secu-
12 rity Act, and any other Federal law relating to the
13 provision of health care items or services. Such proc-
14 ess shall permit a State to submit a single applica-
15 tion for a waiver under any or all of such provisions.

16 “(7) EXCHANGES.—

17 “(A) IN GENERAL.—In the case of a State
18 in which a waiver is in effect under this section
19 for a plan year—

20 “(i) the State may—

21 “(I) operate an Exchange estab-
22 lished as described in section 1311(b);
23 or

24 “(II) allow one or more private
25 entities to run commercial platforms

1 that sell health plans approved by the
2 State insurance commissioner; or

3 “(ii) if the State does not operate an
4 Exchange as described in clause (i)(I) or
5 allow for one or more commercial plat-
6 forms described in clause (i)(II), the Sec-
7 retary shall operate a Federal Exchange,
8 as described in section 1321(c), provided
9 that any State laws regarding the avail-
10 ability of health plans on, and the oper-
11 ation of, such Exchange shall apply in lieu
12 of any provision under part 1 or part 2
13 that such State has waived.

14 “(B) APPLICATION PROGRAM INTER-
15 FACE.—The Secretary shall make available to
16 any State that allows for commercial platforms
17 described in subparagraph (A)(i)(II), the appli-
18 cation program interface used for operating
19 Federal and State Exchanges, for use by any
20 private entity running such a platform under
21 State authority.

22 “(8) DEFINITIONS.—In this section:

23 “(A) ELIGIBLE RESIDENT.—The term ‘eli-
24 gible resident’ means, with respect to a State

1 for which a waiver is in effect under this sec-
2 tion, a resident who—

3 “(i) in the absence of such a waiver in
4 the State, would be eligible for a premium
5 tax credit under section 36B of the Inter-
6 nal Revenue Code of 1986 or a cost-shar-
7 ing reduction under section 1402, if the
8 resident enrolled in a qualified health plan
9 offered on the Exchange of such State; and

10 “(ii) enrolls in a plan offered on the
11 Exchange described in paragraph (7) for
12 the applicable plan year.

13 “(B) SECRETARY.—Term ‘Secretary’
14 means—

15 “(i) the Secretary of Health and
16 Human Services with respect to waivers re-
17 lating to the provisions described in sub-
18 paragraph (A) through (C) of paragraph
19 (4); and

20 “(ii) the Secretary of the Treasury
21 with respect to waivers relating to the pro-
22 visions described in paragraph (4)(D).

23 “(b) WAIVER PERIOD.—Each waiver under this sec-
24 tion shall be in effect beginning on January 1 of the plan
25 year for which a timely notice is submitted by the State

1 under subsection (a)(2), and continuing until the entity
2 of the State described in subparagraph (A) or (B) of sub-
3 section (a)(3) that submitted the notification under sub-
4 section (a)(2) submits to the Secretary a notification of
5 intent to discontinue participation in the waiver program
6 under this section.

7 “(c) LIMITATION.—The Secretary may not permit a
8 waiver under this section of any Federal law or require-
9 ment this is not within the authority of the Secretary.

10 “(d) AVAILABILITY OF PLANS.—

11 “(1) IN GENERAL.—Any health insurance cov-
12 erage offered in a State for which a waiver under
13 this section is in effect, and authorized by the insur-
14 ance commissioner of the State, shall be made avail-
15 able on, as applicable, the Federal or State Ex-
16 change or commercial platforms described in sub-
17 section (a)(7), of all States for which such a waiver
18 is in effect, subject to the laws of each such State.

19 “(2) CHILD-ONLY PLANS.—In any State for
20 which a waiver under this section is in effect, a
21 health insurance issuer may offer a plan in which
22 the only individuals eligible to enroll are individuals
23 who, as of the beginning of a plan year, have not yet
24 attained the age of 21.

1 “(e) REGULATIONS.—Not later than 1 year after the
2 date of enactment of the More Affordable Care Act, the
3 Secretary of Health and Human Services, in coordination
4 with the Secretary of the Treasury, shall promulgate regu-
5 lations to carry out this section.

6 “(f) RULE OF CONSTRUCTION REGARDING CON-
7 SUMER PROTECTIONS, INCLUDING THE PRE-EXISTING
8 CONDITION PROTECTION.—Nothing in this section shall
9 be construed to allow a State to waive the requirements
10 of title XXVII of the Public Health Service Act, including
11 sections 2701, 2702, 2703, 2704, 2705, 2708, 2711,
12 2712, and 2718 of such Act.”.

13 **SEC. 3. TRUMP HEALTH FREEDOM ACCOUNTS.**

14 (a) IN GENERAL.—Section 223 of the Internal Rev-
15 enue Code of 1986 is amended by adding at the end the
16 following new subsection:

17 “(i) TRUMP HEALTH FREEDOM ACCOUNTS.—For
18 purposes of this section—

19 “(1) IN GENERAL.—In the case of a Trump
20 Health Freedom Account, this section shall be ap-
21 plied as provided in paragraphs (3) through (8).

22 “(2) TRUMP HEALTH FREEDOM ACCOUNT.—
23 The term ‘Trump Health Freedom Account’ means
24 a health savings account (determined as provided in
25 this subsection) established by or on behalf of an in-

1 dividual residing in a State for which a waiver under
2 section 1335 of the Patient Protection and Afford-
3 able Care Act is in effect which receives deposits of
4 amounts transferred to the individual pursuant to
5 section 1335(a)(5) of such Act.

6 “(3) ELIGIBLE INDIVIDUAL.—Any individual
7 covered under a health plan authorized to be made
8 available on an Exchange by section 1335(d) of such
9 Act shall be treated as an eligible individual.

10 “(4) TREATMENT OF TRANSFERRED CONTRIBU-
11 TIONS.—Amounts transferred to a Trump Health
12 Freedom Account pursuant to section 1335(a)(5) of
13 such Act shall not be taken into account in deter-
14 mining the deduction allowed by subsection (a).

15 “(5) HEALTH INSURANCE MAY BE PURCHASED
16 FROM ACCOUNT.—Subsection (d)(2)(B) shall not
17 apply.

18 “(6) ACCOUNT MUST BE ONLY HSA OF INDIV-
19 VIDUAL.—

20 “(A) IN GENERAL.—An individual who has
21 a Trump Health Freedom Account shall not be
22 treated as an eligible individual with respect to
23 any health savings account other than such
24 Trump Health Freedom Account.

“(B) ROLLOVER OF EXISTING ACCOUNT PERMITTED.—An individual on whose behalf a Trump Health Freedom Account is established may roll over the balance of any other health savings account of the individual to such Trump Health Freedom Account according to the rules of subsection (f)(5).

8 “(7) NO ROLLOVERS PERMITTED.—Except as
9 provided in paragraph (6)(B), subsection (f)(5) shall
10 not apply and no amount shall be contributed from
11 a Trump Health Freedom Account to any health
12 savings account other than a Trump Health Free-
13 dom Account.

14 “(8) RESTRICTION ON USE OF AMOUNTS.—No
15 amounts in a Trump Health Freedom Account may
16 be used—

17 “(A) to pay premiums for a health plan
18 that covers—

19 “(i) gender transition procedures, or

20 “(ii) abortion services; or

21 “(B) to pay for any service described in
22 clause (i) or (ii) of subparagraph (A).

23 “(9) DEFINITIONS.—For purposes of paragraph
24 (8)—

25 “(A) GENDER TRANSITION PROCEDURE.—

1 “(i) IN GENERAL.—The term ‘gender
2 transition procedure’ means any hormonal
3 or surgical intervention for the purpose of
4 gender transition, including—

5 “(I) gonadotropin-releasing hor-
6 mone (GnRH) agonists or other pu-
7 berty-blocking or suppressing drugs to
8 stop or delay normal puberty;

9 “(II) testosterone, estrogen, pro-
10 gesterone, or other androgens to an
11 individual at doses that are
12 supraphysiologic to what would nor-
13 mally be produced endogenously in a
14 healthy individual of the same age
15 and sex;

16 “(III) castration;

17 “(IV) orchiectomy;

18 “(V) scrotoplasty;

19 “(VI) implantation of erection or
20 testicular prostheses;

21 “(VII) vasectomy;

22 “(VIII) hysterectomy;

23 “(IX) oophorectomy;

24 “(X) ovariectomy;

- 1 “(XI) reconstruction of the fixed
2 part of the urethra with or without a
3 metoidioplasty or a phalloplasty;
4 “(XII) metoidioplasty;
5 “(XIII) penectomy;
6 “(XIV) phalloplasty;
7 “(XV) vaginoplasty;
8 “(XVI) clitoroplasty
9 “(XVII) vaginectomy;
10 “(XVIII) vulvoplasty;
11 “(XIX) reduction
12 thyrochondroplasty;
13 “(XX) chondrolaryngoplasty;
14 “(XXI) mastectomy;
15 “(XXII) tubal ligation;
16 “(XXIII) sterilization;
17 “(XXIV) any plastic, cosmetic, or
18 aesthetic surgery that feminizes or
19 masculinizes the facial or other phys-
20 iological features of an individual;
21 “(XXV) any placement of chest
22 implants to create feminine breasts;
23 “(XXVI) any placement of fat or
24 artificial implants in the gluteal re-
25 gion;

1 “(XXVII) augmentation
2 mammoplasty;
3 “(XXVIII) liposuction;
4 “(XXIX) lipofilling;
5 “(XXX) voice surgery;
6 “(XXXI) hair reconstruction;
7 “(XXXII) pectoral implants; and
8 “(XXXIII) the removal of any
9 otherwise healthy or non-diseased
10 body part or tissue.

11 “(ii) EXCLUSIONS.—The term ‘gender
12 transition procedure’ does not include the
13 following when furnished to an individual
14 by a health care provider with the consent
15 of such individual or, if applicable, such in-
16 dividual’s parents or legal guardian:

17 “(I) Services to individuals born
18 with a medically verifiable disorder of
19 sex development, including an indi-
20 vidual with external sex characteris-
21 tics that are irresolvably ambiguous,
22 such as an individual born with 46
23 XX chromosomes with virilization, an
24 individual born with 46 XY chro-
25 mosomes with undervirilization, or an

1 individual born having both ovarian
2 and testicular tissue.

3 “(II) Services provided when a
4 physician has otherwise diagnosed a
5 disorder of sexual development in
6 which the physician has determined
7 through genetic or biochemical testing
8 that the individual does not have nor-
9 mal sex chromosome structure, sex
10 steroid hormone production, or sex
11 steroid hormone action for a healthy
12 individual of the same sex and age.

13 “(III) The treatment of any in-
14 fection, injury, disease, or disorder
15 that has been caused by or exacer-
16 bated by the performance of gender
17 transition procedures, whether or not
18 the gender transition procedure was
19 performed in accordance with State
20 and Federal law or whether or not
21 funding for the gender transition pro-
22 cedure is permissible under this sec-
23 tion.

24 “(IV) Any procedure undertaken
25 because the individual suffers from a

1 physical disorder, physical injury, or
2 physical illness (but not mental, be-
3 havioral, or emotional distress or a
4 mental, behavioral, or emotional dis-
5 order) that would, as certified by a
6 physician, place the individual in im-
7 minent danger of death or impairment
8 of major bodily function, unless the
9 procedure is performed.

10 “(V) Puberty suppression or
11 blocking prescription drugs for the
12 purpose of normalizing puberty for a
13 minor experiencing precocious pu-
14 berty.

15 “(VI) Male circumcision.

16 “(B) GENDER TRANSITION.—The term
17 ‘gender transition’ means the process in which
18 an individual goes from identifying with or pre-
19 senting as his or her sex to identifying with or
20 presenting a self-proclaimed identity that does
21 not correspond with or is different from his or
22 her sex, and may be accompanied with social,
23 legal, or physical changes.

1 “(II) pre-viable delivery not de-
2 scribed in clause (ii), and

3 “(III) post-viable delivery with
4 intentional death of the fetus.

5 “(ii) EXCLUSIONS.—Such term does
6 not include—

7 “(I) separation of the mother
8 and her embryo or fetus to prevent
9 the mother’s death or immediate irre-
10 versible bodily harm, which cannot be
11 mitigated in any other way,

12 “(II) treatment of ectopic or
13 molar pregnancy,

14 “(III) treatment of miscarriage,
15 or

16 “(IV) any service described in
17 clause (i) in the case of a pregnancy
18 which is the result of an act of rape
19 or incest.”.

20 (b) EFFECTIVE DATE.—The amendment made by
21 this section shall apply to taxable years beginning after
22 December 31, 2025.

1 **SEC. 4. CREDIT FOR EMPLOYEE INSURANCE EXPENSES OF**
2 **SMALL EMPLOYERS IN WAIVER STATE.**

3 (a) IN GENERAL.—Subsection (g) of section 45R of
4 the Internal Revenue Code of 1986 is amended to read
5 as follows:

6 “(g) CREDIT FOR SMALL EMPLOYERS IN WAIVER
7 STATE.—For purposes of this section—

8 “(1) IN GENERAL.—In the case of an eligible
9 small employer (determined with the modifications
10 provided in this subsection) located in a State for
11 which a waiver under section 1335 of the Patient
12 Protection and Affordable Care Act is in effect, this
13 section shall be applied as provided in paragraphs
14 (2) through (7).

15 “(2) HEALTH INSURANCE CREDIT AMOUNT.—
16 Subsection (b) shall be applied by substituting ‘50
17 percent’ for ‘50 percent (35 percent in the case of
18 a tax-exempt eligible small employer)’.

19 “(3) QUALIFIED PLANS.—Subsections (b) and
20 (d)(4) shall be applied by treating any health plan
21 authorized to be made available on an Exchange in
22 such State by section 1335(d) of such Act as a
23 qualified health plan offered through an Exchange.

24 “(4) PHASEOUT NOT TO APPLY.—Subsection
25 (c) shall not apply.

1 “(5) ELIGIBLE SMALL EMPLOYER.—Subsection
2 (d) shall be applied—

3 “(A) by substituting ‘50’ for ‘25’ in para-
4 graph (1)(A) thereof, and

5 “(B) without regard to subparagraph (B)
6 of paragraph (1) thereof.

7 “(6) EMPLOYEE.—Subsection (e)(1)(A) shall be
8 applied without regard to clause (i) thereof.

9 “(7) CREDIT PERIOD.—Subsection (e)(2) shall
10 not apply, and the credit period with respect to any
11 such employer shall be the period consisting of the
12 1st taxable year in which the employer (or any pred-
13 ecessor) offers 1 or more qualified health plans to its
14 employees, and any subsequent taxable year.

15 “(8) TAX-EXEMPT RULES NOT TO APPLY.—
16 Subsection (f) shall not apply.”.

17 (b) EFFECTIVE DATE.—The amendment made by
18 this section shall apply to taxable years beginning after
19 December 31, 2025.

20 **SEC. 5. PROMOTING BETTER PRICE REPORTING AND OUT-**
21 **COMES DATA.**

22 Not later than 90 days after the date of enactment
23 of this Act, the Secretary of Health and Human Services,
24 in coordination with the Secretary of the Treasury and
25 the Secretary of Labor, shall update all regulations and

1 guidance issued by such secretaries pursuant to Executive
2 Order 13877 (84 Fed. Reg. 30849 (June 24, 2019)), in-
3 cluding by—

4 (1) requiring the disclosure of the actual prices
5 of items and services, not price estimates;

6 (2) issuing updated guidance or regulations en-
7 suring pricing information is standardized and easily
8 comparable across hospitals and health plans;

9 (3) issuing guidance or proposed regulatory ac-
10 tion updating enforcement policies designed to en-
11 sure compliance with the transparent reporting of
12 complete, accurate, and meaningful data; and

13 (4) requiring the public reporting of outcomes
14 data by providers.