

119TH CONGRESS  
1ST SESSION

# H. R. 4406

To amend title I of the Patient Protection and Affordable Care Act to authorize the establishment of, and provide support for, State-based universal health care systems that provide comprehensive health benefits to State residents, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 15, 2025

Mr. KHANNA (for himself, Mrs. CHERFILUS-McCORMICK, Mr. COHEN, Mr. McGOVERN, Ms. NORTON, Mr. NEGUSE, Ms. OMAR, Ms. PINGREE, Ms. SALINAS, Mr. SMITH of Washington, Mr. THANEDAR, Mr. HUFFMAN, Ms. TLAIB, Mrs. WATSON COLEMAN, Ms. JAYAPAL, Ms. LEE of Pennsylvania, Mr. THOMPSON of Mississippi, Ms. ANSARI, Ms. BONAMICI, Mr. NADLER, Mrs. RAMIREZ, Ms. DEXTER, and Ms. VELÁZQUEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Armed Services, Ways and Means, Oversight and Government Reform, and Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title I of the Patient Protection and Affordable Care Act to authorize the establishment of, and provide support for, State-based universal health care systems that provide comprehensive health benefits to State residents, 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,*

1 **SECTION 1. SHORT TITLE; PURPOSE.**

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “State-Based Universal Health Care Act of 2025”.

4 (b) PURPOSE.—The purpose of this Act is to estab-  
5 lish a flexible framework under which States can provide  
6 comprehensive universal health coverage to their residents.

7 **SEC. 2. WAIVER FOR STATE UNIVERSAL HEALTH CARE.**

8 (a) IN GENERAL.—Subtitle D of title I of the Patient  
9 Protection and Affordable Care Act (42 U.S.C. 18021 et  
10 seq.) is amended by inserting after section 1334 the fol-  
11 lowing new section:

12 **“SEC. 1335. WAIVER FOR STATE UNIVERSAL HEALTH CARE.**

13 “(a) APPLICATION.—

14 “(1) IN GENERAL.—Subject to paragraph (6), a  
15 State may apply to the Secretary (as defined in sub-  
16 section (i)(3)) for the waiver of so much of the re-  
17 quirements described in paragraph (2) with respect  
18 to health benefits coverage within the State for plan  
19 years beginning on or after January 1, 2026, as is  
20 necessary to implement a comprehensive State uni-  
21 versal health care plan in the State under this sec-  
22 tion. Such application shall—

23 “(A) be filed at such time and in such  
24 manner as the Secretary may require;

25 “(B) contain such information as the Sec-  
26 retary may require, including—

1 “(i) a comprehensive description of  
2 the State legislation, or other State legal  
3 authority as applicable, and program to  
4 implement a plan meeting the require-  
5 ments for a waiver under this section;

6 “(ii) a plan for how the State will  
7 achieve in 5 years health coverage for at  
8 least 95 percent of residents of the State;  
9 and

10 “(iii) a 10-fiscal-year budget plan for  
11 such plan that is budget neutral for the  
12 Federal Government; and

13 “(C) provide an assurance that the State  
14 has legal authority to implement such plan or  
15 has enacted the law described in subsection  
16 (b)(2).

17 “(2) REQUIREMENTS.—The requirements de-  
18 scribed in this paragraph with respect to health ben-  
19 efits coverage within the State for plan years begin-  
20 ning on or after January 1, 2026, are as follows:

21 “(A) Sections 1301 through 1324.

22 “(B) Section 1402.

23 “(C) Sections 36B and 4980H of the In-  
24 ternal Revenue Code of 1986.

25 “(D) Title XI of the Social Security Act.

1                   “(E) Title XVIII of the Social Security  
2           Act.

3                   “(F) Title XIX of the Social Security Act.

4                   “(G) Title XXI of the Social Security Act.

5                   “(H) Chapter 89 of title 5, United States  
6           Code.

7                   “(I) Chapter 55 of title 10, United States  
8           Code, including coverage under the TRICARE  
9           program.

10                  “(J) Section 514 of the Employee Retirement  
11           Income Security Act of 1974.

12                  “(3) PASSTHROUGH OF FUNDING.—With re-  
13           spect to a State waiver under paragraph (1), under  
14           which the State assumes responsibility for health  
15           coverage under one or more of the specified Federal  
16           health programs, including under each of the Fed-  
17           eral health care or subsidy programs specified in  
18           subparagraphs (A), (B), (C), (E), (F), (G), (H), and  
19           (I) of paragraph (2), the Secretary shall not spend  
20           Federal health or related administrative funds that  
21           would otherwise have been spent for such a pro-  
22           gram, as applicable, for the time periods covered  
23           under the waiver and shall provide for an alternative  
24           means by which the aggregate amount of such funds  
25           (determined by the Secretary in coordination with

1 the State), including caseload growth, adjusted for  
2 inflation in health care costs within the State, shall  
3 be paid to the State for purposes of implementing  
4 the State plan under the waiver. Any savings in  
5 health care spending, including administrative sav-  
6 ings, shall be available to the State for reinvestment  
7 in health care services under the State plan. Such  
8 amount shall be determined annually by the Sec-  
9 retary, taking into account the amount that would  
10 otherwise have been spent under each such Federal  
11 health program, including for administrative activi-  
12 ties and caseload growth, with respect to residents  
13 of such State, for those time periods covered under  
14 the waiver, adjusted for inflation in health care  
15 costs, if such waiver did not apply. Such amount  
16 shall include funds equal to the aggregate amount of  
17 premium tax credits, cost-sharing reductions, or  
18 small-business credits, to the extent applicable to an  
19 approved waiver, under sections 36B and 45R of the  
20 Internal Revenue Code of 1986 or under section  
21 1402 that would have been available to individuals  
22 and businesses in the State for those time periods  
23 covered under the waiver, including caseload growth,  
24 adjusted for inflation in health care costs, if such  
25 waiver did not apply.

1           “(4) WAIVER CONSIDERATION AND TRANS-  
2 PARENCY.—

3           “(A) IN GENERAL.—An application for a  
4 waiver under this section shall be considered by  
5 the Secretary, after taking into account rec-  
6 ommendations of the Panel under subsection  
7 (g), in accordance with the regulations de-  
8 scribed in subparagraph (B).

9           “(B) REGULATIONS.—Not later than 180  
10 days after the date of the enactment of the  
11 State-Based Universal Health Care Act of  
12 2025, the Secretary shall promulgate regula-  
13 tions relating to waivers under this section that  
14 provide—

15           “(i) a process for public notice and  
16 comment in accordance with the public no-  
17 tice and comment requirements applicable  
18 under regulations used for Medicaid waiv-  
19 ers pursuant to section 1115 of the Social  
20 Security Act;

21           “(ii) a process for the submission of  
22 an application that ensures the disclosure  
23 of—

24           “(I) the provisions of law that  
25 the State involved seeks to waive; and

1                   “(II) the specific plans of the  
2                   State to ensure that the waiver will be  
3                   in compliance with subsection (b);

4                   “(iii) a process for providing public  
5                   notice and comment after the application is  
6                   received by the Secretary that is sufficient  
7                   to ensure a meaningful level of public  
8                   input and that does not impose require-  
9                   ments that are in addition to, or duplica-  
10                  tive of, requirements imposed under chap-  
11                  ter 5 of title 5, United States Code (com-  
12                  monly referred to as the Administrative  
13                  Procedure Act), or requirements that are  
14                  unreasonable or unnecessarily burdensome  
15                  with respect to State compliance;

16                  “(iv) a process for the submission to  
17                  the Secretary of periodic reports by the  
18                  State concerning the implementation of the  
19                  program under the waiver;

20                  “(v) a process for the periodic evalua-  
21                  tion by the Secretary with respect to waiv-  
22                  ers granted under this section; and

23                  “(vi) a process for providing technical  
24                  assistance on—

1                   “(I) how to develop an applica-  
2                   tion to any State seeking to submit an  
3                   application for a waiver relating to de-  
4                   veloping a program of providing  
5                   health care for all residents for such  
6                   State; and

7                   “(II) how to improve such a pro-  
8                   gram for purposes of a State seeking  
9                   assistance pursuant to subsection  
10                  (e)(2).

11                  “(C) REPORT.—The Secretary shall annu-  
12                  ally report to Congress concerning actions  
13                  taken by the Secretary with respect to applica-  
14                  tions for waivers under this section and pro-  
15                  grams conducted pursuant to such waivers that  
16                  are approved.

17                  “(5) REGIONAL WAIVER REQUEST AND PLAN.—  
18                  Nothing in this section shall be construed to prevent  
19                  two or more States in a region from submitting a  
20                  single application under this section for a waiver  
21                  that establishes a plan that is applicable to all of the  
22                  States included in such application. In the case of  
23                  such an application and plan, the requirements of  
24                  this section shall continue to be applicable with re-  
25                  spect to each State included in such application.

1           “(6) COORDINATION WITH 1332 WAIVERS.—A  
2       State may not apply for a waiver under this section  
3       with respect to a plan year if such State has in ef-  
4       fect, with respect to such plan year, a waiver under  
5       section 1332.

6           “(7) AUTHORIZATION OF APPROPRIATIONS.—  
7       There is authorized to be appropriated such sums as  
8       may be necessary for providing funds to States with  
9       a waiver under this section for purposes of carrying  
10      out activities described in subsection (b)(1)(E).

11      “(b) GRANTING OF WAIVERS.—

12           “(1) IN GENERAL.—The Secretary shall grant a  
13      request for a waiver under subsection (a)(1) if the  
14      Secretary determines that the State plan—

15           “(A) will provide, in accordance with sub-  
16      paragraph (B), health benefits coverage to ap-  
17      plicable State residents that is at least as com-  
18      prehensive as the health benefits coverage that  
19      such residents would have received under one or  
20      more of the specified Federal health programs  
21      (as defined in subsection (i)(4)), as applicable,  
22      for which such residents would have been eligi-  
23      ble, absent such waiver;

24           “(B) will provide, in the case of such a  
25      waiver under subsection (a)(1) for the State to

1 waive any of the requirements described in sub-  
2 section (a)(2)(F), as applicable, health benefits  
3 coverage to applicable State residents who  
4 would have otherwise received health benefits  
5 coverage in the form of medical assistance  
6 under the State Federal health program de-  
7 scribed in subsection (i)(4)(B) (regardless of  
8 whether the State provides for such assistance  
9 through a State Medicaid plan under title XIX  
10 of the Social Security Act or a waiver of such  
11 State Medicaid plan) that includes at least the  
12 mandatory benefits under title XIX of the So-  
13 cial Security Act that are required of a State  
14 without a waiver of a State Medicaid plan  
15 under such title, including benefits for early  
16 and periodic screening, diagnostic, and treat-  
17 ment, benefits for non-emergency transpor-  
18 tation, and retroactive coverage;

19 “(C) will provide coverage and cost-sharing  
20 protections against excessive out-of-pocket  
21 spending to State residents that are at least as  
22 affordable as the coverage and cost-sharing pro-  
23 tections under the specified Federal health pro-  
24 gram (as defined in subsection (i)(4)) for which

1 such residents would have been eligible, absent  
2 such waiver;

3 “(D) will provide coverage to all residents  
4 of the State, including those otherwise covered  
5 under one or more of the Federal health care  
6 or subsidy programs specified in subparagraphs  
7 (B), (C), (E), (F), (G), and (H) of subsection  
8 (a)(2), except individuals who are eligible for  
9 benefits through the Indian Health Service or  
10 for benefits and services under title 38, United  
11 States Code;

12 “(E) will provide for public education ac-  
13 tivities to raise awareness of the availability of  
14 such coverage and the facilitation of enrollment  
15 in such coverage, and to raise awareness re-  
16 garding restrictions on the sale of duplicative or  
17 supplemental private insurance (and, if the  
18 State chooses to continue to offer qualified  
19 health plans through an Exchange, public edu-  
20 cation activities will raise awareness of the  
21 availability of and the facilitation of enrollment  
22 in such plans in a manner similar to an entity  
23 that serves as a navigator under a grant under  
24 section 1311(i));

1           “(F) will be publicly administered by an  
2           agency or multiple agencies of the State, or an  
3           independent public entity within the govern-  
4           ment of the State;

5           “(G) will not preclude the purchase of in-  
6           surance that offers coverage for benefits that  
7           are not offered under the State plan;

8           “(H) will provide systems for complaints,  
9           appeals, independent review, and other proce-  
10          dures for accessing and maintaining benefits  
11          that are at least as accessible to applicable  
12          State residents as those of one or more of the  
13          specified Federal health programs (as defined  
14          in subsection (i)(4)) for which such residents  
15          would have otherwise been eligible without ap-  
16          plication of such waiver under subsection  
17          (a)(1); and

18          “(I) will provide coverage for reproductive  
19          health care services, including abortion, contra-  
20          ception, and gender-affirming care.

21          Subparagraph (D) shall not be construed as limiting  
22          a State from contracting with one or more private  
23          entities to administer the State plan.

24          “(2) REQUIREMENT TO ENACT A LAW.—

1           “(A) IN GENERAL.—A law described in  
2           this paragraph is a State law (including an ex-  
3           ecutive order by a State governor) that provides  
4           for State actions under a waiver under this sec-  
5           tion, including the implementation of the State  
6           plan under subsection (a)(1)(B).

7           “(B) TERMINATION OF OPT OUT.—A State  
8           may repeal a law described in subparagraph (A)  
9           and terminate the authority provided under the  
10          waiver with respect to the State.

11       “(c) SCOPE OF WAIVER.—

12           “(1) IN GENERAL.—The Secretary shall deter-  
13          mine the scope of a waiver of a requirement de-  
14          scribed in subsection (a)(2) granted to a State under  
15          subsection (a)(1).

16           “(2) LIMITATION.—Under this section, the Sec-  
17          retary may not waive any Federal law or require-  
18          ment that is not listed in subsection (a)(2).

19       “(d) DETERMINATIONS BY SECRETARY.—

20           “(1) TIME FOR DETERMINATION.—The Sec-  
21          retary shall, with respect to an application from a  
22          State under this section and after taking into ac-  
23          count recommendations of the Panel under sub-  
24          section (g) for such application, make a determina-

1       tion under subsection (a)(1) not later than 90 days  
2       after the receipt of such recommendations.

3               “(2) EFFECT OF DETERMINATION.—

4               “(A) GRANTING OF WAIVERS.—If the Sec-  
5       retary determines to grant a waiver under sub-  
6       section (a)(1), the Secretary shall notify the  
7       State involved of such determination and the  
8       terms and effectiveness of such waiver.

9               “(B) DENIAL OF WAIVER.—If the Sec-  
10      retary determines a waiver should not be grant-  
11      ed under subsection (a)(1), the Secretary shall  
12      notify the State involved and the appropriate  
13      committees of Congress of such determination  
14      and the reasons therefor.

15              “(e) REQUIRED REPORTS; 5-YEAR REVIEW.—

16              “(1) IN GENERAL.—As a condition of receipt of  
17      a waiver under this section, after each 5-year period  
18      of such waiver, a State shall submit to the Secretary  
19      a report that is carried out by an independent, non-  
20      partisan entity, with respect to such 5-year period  
21      and after a process for public notice and comment  
22      at the State level, including public hearings, suffi-  
23      cient to ensure a meaningful level of public input, on  
24      the following:

1           “(A) How waiver funds have been spent by  
2           the State.

3           “(B) The number of residents of the State  
4           without health insurance and a description of  
5           how the State plans to provide health insurance  
6           coverage within the subsequent 5 years to resi-  
7           dents of the State without health insurance.

8           “(C) How affordability in the State for  
9           health care has changed over the period.

10          “(D) Whether the State has achieved  
11          health coverage for at least 95 percent of the  
12          residents of the State.

13          “(E) Measurable changes in quality and  
14          access.

15          “(F) Any additional information specified  
16          by the Secretary for purposes of determining  
17          the successes and challenges of the waiver.

18          “(2) 5-YEAR REVIEW.—In the case a State,  
19          based on the report submitted under paragraph (1)  
20          for a 5-year period—

21                 “(A) has been determined by the Secretary  
22                 to have not achieved health coverage for at least  
23                 95 percent of the residents of the State—

24                         “(i) the State shall have access to  
25                         technical assistance described in subsection

1 (a)(4)(B)(vii) to improve the health insur-  
2 ance program of the State implemented  
3 through the waiver under this section;

4 “(ii) the State shall have a grace pe-  
5 riod of 12 months after such determination  
6 to achieve health coverage for at least 95  
7 percent of residents of the State; and

8 “(iii) if after such 12 months, the  
9 State has not achieved such health cov-  
10 erage, the waiver under this section may be  
11 terminated at the discretion of the Sec-  
12 retary; and

13 “(B) has been determined by the Secretary  
14 to have achieved health coverage for at least 95  
15 percent of residents of the State, the State, as  
16 a condition of continuing such waiver, shall sub-  
17 mit to the Secretary a plan for achieving health  
18 coverage for the remainder of the residents of  
19 the State.

20 “(f) ASSURING COORDINATION.—

21 “(1) IN GENERAL.—Not later than 180 days  
22 after the date of the enactment of the State-Based  
23 Universal Health Care Act of 2025, the Secretary of  
24 Health and Human Services, the Secretary of the  
25 Treasury, the Secretary of Defense, the Secretary of

1 Labor, and the Director of the Office of Personnel  
2 Management, shall, through the execution of an  
3 interagency memorandum of understanding among  
4 such Secretaries and Director—

5 “(A) develop a process for coordinating  
6 and consolidating the State waiver processes  
7 applicable under the provisions of this section,  
8 and the existing waiver processes applicable  
9 under—

10 “(i) titles XI, XVIII, XIX, and XXI  
11 of the Social Security Act; and

12 “(ii) any other Federal law relating to  
13 the provision of health care items or serv-  
14 ices; and

15 “(B) ensure that—

16 “(i) regulations (including regulations  
17 required under subsection (a)(4)(B)), rul-  
18 ings, and interpretations issued by such  
19 Secretaries and Director relating to the  
20 same matter over which two or more such  
21 Secretaries or Director have responsibility  
22 under this section are administered so as  
23 to have the same effect at all times; and

24 “(ii) coordination of policies relating  
25 to the granting, implementation, and con-

1 continuation of waivers through such Secre-  
2 taries and Director in order to have a co-  
3 ordinated strategy that avoids duplication  
4 of effort by the States or Secretaries and  
5 Director and ensures clarity about waiver  
6 application status and approval.

7 “(2) SINGLE APPLICATION.—The process under  
8 paragraph (1)(A) shall permit a State to submit a  
9 single application for a waiver under all of the provi-  
10 sions of this section and the provisions of law listed  
11 under clauses (i) and (ii) of such paragraph.

12 “(3) SUBMISSION OF CONFORMING AMEND-  
13 MENTS.—The Secretary of Health and Human Serv-  
14 ices, in coordination with the other Secretaries listed  
15 in paragraph (1) (including the Director of the Of-  
16 fice of Personnel Management), shall submit to Con-  
17 gress such recommendations for such technical and  
18 conforming amendments to law as may be appro-  
19 priate to assist in the implementation of this section.

20 “(g) INDEPENDENT ASSESSMENT PANEL FOR COM-  
21 PREHENSIVE HEALTH CARE.—

22 “(1) ESTABLISHMENT.—There is established a  
23 committee to be known as the ‘Independent Assess-  
24 ment Panel for Comprehensive Health Care’ (in this  
25 section referred to as the ‘Panel’).

1           “(2) CONSIDERATION OF SUBMISSIONS.—The  
2       Secretary shall forward a copy of each waiver appli-  
3       cation submitted under this section to the Panel for  
4       consideration under this subsection.

5           “(3) DUTIES.—The Panel shall—

6               “(A) review any waiver application by a  
7       State forwarded under paragraph (2) and any  
8       report submitted under paragraph (1) of sub-  
9       section (e) for purposes of the review under  
10      paragraph (2) of such subsection;

11              “(B) not later than 90 days after submis-  
12      sion of such application (or report) by the  
13      State, provide to the State and to the Secretary  
14      the recommendations of the Panel regarding  
15      the approval or disapproval of such waiver ap-  
16      plication (or regarding the status of the waiver  
17      for continuation pursuant to subsection (e)(2))  
18      and, if applicable, possible improvements to  
19      such application (or for purposes of subsection  
20      (e)(2)); and

21              “(C) submit to Congress an annual report  
22      on waiver applications (and waiver reports  
23      under subsection (e)) reviewed by the Panel  
24      during the applicable year, including the num-  
25      ber of applications (and reports) received and

1 the number of applications recommended for  
2 approval (and of reports with respect to which  
3 recommendations for continuation were pro-  
4 vided).

5 “(4) MEMBERSHIP.—

6 “(A) NUMBER AND APPOINTMENT.—The  
7 Panel shall consist of 11 members appointed by  
8 the Secretary of Health and Human Services,  
9 of whom—

10 “(i) one shall be appointed on the rec-  
11 ommendation of the Speaker of the House  
12 of Representatives;

13 “(ii) one shall be appointed on the  
14 recommendation of the minority leader of  
15 the House of Representatives;

16 “(iii) one shall be appointed on the  
17 recommendation of the majority leader of  
18 the Senate;

19 “(iv) one shall be appointed on the  
20 recommendation of the minority leader of  
21 the Senate;

22 “(v) one shall be appointed on the rec-  
23 ommendation of the Republican Governors  
24 Association;

1 “(vi) one shall be appointed on the  
2 recommendation of the Democratic Gov-  
3 ernors Association;

4 “(vii) one shall be a representative  
5 from the patient advocacy community;

6 “(viii) two shall be representatives of  
7 a labor organization representing health  
8 care professionals who provide direct pa-  
9 tient care, including at least one labor or-  
10 ganization that primarily represents reg-  
11 istered nurses;

12 “(ix) one shall be a representative of  
13 primary care physicians; and

14 “(x) one shall be a representative of  
15 health care professionals practicing in  
16 rural or underserved areas.

17 “(B) TERM OF SERVICE.—

18 “(i) IN GENERAL.—Each member of  
19 the Panel shall serve a three-year term. A  
20 member may serve after the expiration of  
21 that member’s term until a successor has  
22 been appointed pursuant to subparagraph  
23 (A).

24 “(ii) VACANCY.—Any member ap-  
25 pointed to fill a vacancy occurring before

1           the expiration of the term for which the  
2           member's predecessor was appointed shall  
3           be appointed only for the remainder of that  
4           term. A vacancy in the Commission shall  
5           be filled in the manner in which the origi-  
6           nal appointment was made.

7           “(C) PAY.—Members of the Panel shall  
8           serve without pay.

9           “(D) CHAIRPERSON; VICE CHAIR-  
10          PERSON.—

11           “(i) CHAIRPERSON.—The Secretary of  
12           Health and Human Services, or a designee  
13           of the Secretary, shall serve on the Panel  
14           as the Chairperson of the Panel.

15           “(ii) VICE CHAIRPERSON.—The Ad-  
16           ministrator of the Federal Emergency  
17           Management Agency, or a designee of the  
18           Administrator, shall serve on the Panel as  
19           the Vice Chairperson of the Panel.

20           “(5) STAFF, EXPERTS, AND CONSULTANTS.—  
21          The Panel may—

22           “(A) appoint such staff as the Panel con-  
23           siders to be appropriate, without regard to the  
24           provisions of title 5, United States Code, gov-  
25           erning appointments in the competitive service;

1 “(B) fix the pay of such staff, without re-  
2 gard to the provisions of chapter 51 and sub-  
3 chapter III of chapter 53 of such title relating  
4 to classification and General Schedule pay  
5 rates; and

6 “(C) procure the services of experts and  
7 consultants in accordance with the provisions of  
8 section 3109(b) of such title.

9 “(6) DETAIL OF FEDERAL PERSONNEL.—Upon  
10 request of the Panel, the head of any Federal agency  
11 may detail, on a reimbursable basis, any of the per-  
12 sonnel of the agency to the Panel to assist it in car-  
13 rying out the duties under paragraph (3).

14 “(7) FEDERAL ADVISORY COMMITTEE ACT.—  
15 The Federal Advisory Committee Act (5 U.S.C.  
16 App.) shall apply to the Panel.

17 “(8) AUTHORIZATION OF APPROPRIATIONS.—  
18 There is authorized to be appropriated such sums as  
19 may be necessary to the Panel for carrying out the  
20 duties of the panel for each of fiscal years 2026  
21 through 2031.

22 “(h) GUIDANCE RELATING TO AMERICAN INDIANS  
23 AND ALASKA NATIVES.—

24 “(1) IN GENERAL.—The Secretary shall issue  
25 guidance with respect to applying the provisions of

1       this section in a manner consistent with the fol-  
2       lowing:

3               “(A) To further the goal that Federal  
4       health services to maintain and improve the  
5       health of Indians are consonant with and re-  
6       quired by the Federal Government’s historical  
7       and unique legal relationship with, and result-  
8       ing responsibility to, Indians.

9               “(B) No enrollment fee, premium, or simi-  
10      lar charge, and no deduction, copayment, cost  
11      sharing, or similar charge, is to be imposed  
12      against an Indian who is furnished an item or  
13      service through a waiver under this section. All  
14      costs incurred in waiving such charges shall be  
15      borne by the Federal Government in fulfillment  
16      of the trust responsibility.

17              “(C) A State may not require the enroll-  
18      ment of an individual who is an Indian in  
19      health insurance offered through a waiver under  
20      this section.

21              “(D) Health insurance issuers offering cov-  
22      erage pursuant to a waiver under this section  
23      must make good faith efforts to contract with  
24      Indian health care providers operating within  
25      the area served by the issuers.

1           “(E) Health insurance issuers offering cov-  
2           erage pursuant to a waiver under this section  
3           shall pay Indian health care providers, whether  
4           such providers are participating or nonpartici-  
5           pating providers with respect to the coverage,  
6           for covered services provided to those Indian  
7           enrollees who are eligible to receive services  
8           from such providers at a rate equal to the rate  
9           negotiated between such entity and the provider  
10          involved or, if such a rate has not been nego-  
11          tiated, at a rate that is not less than the level  
12          and amount of payment which the entity would  
13          make for the services if the services were fur-  
14          nished by a participating provider which is not  
15          an Indian health care provider.

16          “(F) Health insurance issuers offering cov-  
17          erage pursuant to a waiver under this section  
18          will include a standard contract addendum  
19          when contracting with Indian health care pro-  
20          viders. The contract addendum will be devel-  
21          oped in consultation with Tribes and in con-  
22          ference with urban Indian health programs op-  
23          erating within the service area of the State.

24          “(G) The treatment of Indians under this  
25          section does not constitute invidious racial dis-

1           crimination in violation of the due process  
2           clause of the Fifth or Fourteenth Amendments,  
3           but is reasonable and rationally designed to fur-  
4           ther the health of Indians.

5           “(H) In the case of any State in which 1  
6           or more Indian health care programs furnishes  
7           health care services, the State will provide for  
8           a process under which the State seeks advice on  
9           a regular, ongoing basis from designees of such  
10          Indian health care programs and urban Indian  
11          organizations on matters relating to the appli-  
12          cation of a waiver under this section that are  
13          likely to have a direct effect on such Indian  
14          health programs and that—

15               “(i) shall include solicitation of advice  
16               prior to submission of any plan amend-  
17               ments, waiver requests, and proposals for  
18               demonstration projects likely to have a di-  
19               rect effect on Indians or Indian health care  
20               programs; and

21               “(ii) may include appointment of an  
22               advisory committee and of a designee of  
23               such Indian health care programs to the  
24               medical care advisory committee advising  
25               the State on its waiver under this section.

1           “(2) DEFINITIONS.—For purposes of this sub-  
2       section:

3           “(A) The term ‘Indian’ has the meaning  
4       given such term in section 447.50 of title 42,  
5       Code of Federal Regulations (as in effect on  
6       July 1, 2010).

7           “(B) The term ‘Indian health care pro-  
8       vider’ has the meaning given such term in sec-  
9       tion 438.14(a) of title 42, Code of Federal Reg-  
10      ulations.

11      “(i) DEFINITIONS.—In this section:

12           “(1) HEALTH BENEFITS COVERAGE.—The term  
13      ‘health benefits coverage’—

14           “(A) means—

15           “(i) health insurance coverage, as  
16       such term is defined in section 2791(b) of  
17       the Public Health Service Act (42 U.S.C.  
18       300gg–(b)); and

19           “(ii) coverage under a group health  
20       plan, as such term is defined in section  
21       2791(a) of the Public Health Service Act  
22       (42 U.S.C. 300gg–(a)); and

23           “(B) includes any medical coverage or  
24       health benefits provided under one or more of  
25       the specified Federal health program described

1 in subparagraphs (A) through (E) of paragraph  
2 (4), as applicable to a waiver under subsection  
3 (a)(1).

4 “(2) RESIDENT.—With respect to a State, the  
5 term ‘resident’ means an individual—

6 “(A) who is—

7 “(i) a citizen or national of the United  
8 States; or

9 “(ii) an alien lawfully residing in the  
10 State (including an alien who is granted  
11 deferred action or who is otherwise author-  
12 ized to remain in the United States); and

13 “(B) whose primary residence (as defined  
14 by the State) is located in the State.

15 “(3) SECRETARY.—The term ‘Secretary’  
16 means—

17 “(A) the Secretary of Health and Human  
18 Services with respect to waivers relating to the  
19 provisions described in subparagraphs (A), (B),  
20 and (D) through (G) of paragraph (2) of sub-  
21 section (a);

22 “(B) the Secretary of the Treasury with  
23 respect to waivers relating to the provisions de-  
24 scribed in subparagraph (C) of such paragraph;

1           “(C) the Director of the Office of Per-  
2           sonnel Management with respect to waivers re-  
3           lating to the provisions described in subpara-  
4           graph (H) of such paragraph;

5           “(D) the Secretary of Defense with respect  
6           to waivers relating to the provisions described  
7           in subparagraph (I) of such paragraph; and

8           “(E) the Secretary of Labor with respect  
9           to waivers relating to the provisions described  
10          in subparagraph (J) of such paragraph.

11          “(4) SPECIFIED FEDERAL HEALTH PROGRAM.—  
12          The term ‘specified Federal health program’ means  
13          one or more of the following programs, as applicable  
14          to a waiver under subsection (a)(1):

15               “(A) The Medicare program under title  
16               XVIII of the Social Security Act.

17               “(B) The Medicaid program under title  
18               XIX of the Social Security Act.

19               “(C) The Children’s Health Insurance Pro-  
20               gram under title XXI of the Social Security  
21               Act.

22               “(D) The Federal Employees Health Bene-  
23               fits Plan under chapter 89 of title 5, United  
24               States Code.

1           “(E) Medical coverage under chapter 55 of  
2           title 10, United States Code, including coverage  
3           under the TRICARE program.

4           “(F) An Exchange established under this  
5           subtitle.

6           “(G) Subsidies under section 1402.

7           “(H) Tax credits under sections 36B and  
8           45R of the Internal Revenue Code of 1986.”.

9           (b) CLERICAL AMENDMENT.—The table of contents  
10          in section 1(b) of the Patient Protection and Affordable  
11          Care Act (42 U.S.C. 18001 note) is amended by inserting  
12          after the item relating to section 1334 the following new  
13          item:

          “1335. Waiver for State universal health care.”.

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