

114TH CONGRESS
1ST SESSION

H. J. RES. 50

Granting the consent of Congress to the Health Care Compact.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2015

Mr. COLLINS of Georgia introduced the following joint resolution; which was referred to the Committee on the Judiciary

JOINT RESOLUTION

Granting the consent of Congress to the Health Care Compact.

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

3 CONGRESSIONAL CONSENT

4 SECTION 1. Except as provided in section 2, Congress
5 hereby consents to the Health Care Compact. The Com-
6 pact reads as follows:

7 **“SECTION 1. DEFINITIONS.**

8 “As used in this Compact, unless the context clearly
9 indicates otherwise:

10 “(1) ‘Commission’ means the Interstate Advi-
11 sory Health Care Commission.

1 “(2) ‘Effective Date’ means the date upon
2 which this Compact shall become effective for pur-
3 poses of the operation of State and Federal law in
4 a Member State, which shall be the later of—

5 “(A) the date upon which this Compact
6 shall be adopted under the laws of the Member
7 State; or

8 “(B) the date upon which this Compact re-
9 ceives the consent of Congress pursuant to Arti-
10 cle I, Section 10, of the United States Constitu-
11 tion, after at least two Member States adopt
12 this Compact.

13 “(3) ‘Health Care’ means care, services, sup-
14 plies, or plans related to the health of an individual
15 and includes but is not limited to—

16 “(A) preventive, diagnostic, therapeutic,
17 rehabilitative, maintenance, or palliative care
18 and counseling, service, assessment, or proce-
19 dure with respect to the physical or mental con-
20 dition or functional status of an individual or
21 that affects the structure or function of the
22 body;

23 “(B) sale or dispensing of a drug, device,
24 equipment, or other item in accordance with a
25 prescription; and

1 “(C) an individual or group plan that pro-
2 vides, or pays the cost of, care, services, or sup-
3 plies related to the health of an individual,
4 except any care, services, supplies, or plans provided
5 by the United States Department of Defense and
6 United States Department of Veterans Affairs, or
7 provided to Native Americans.

8 “(4) ‘Member State’ means a State that is sig-
9 natory to this Compact and has adopted it under the
10 laws of that State.

11 “(5) ‘Member State Base Funding Level’
12 means a number equal to the total Federal spending
13 on Health Care in the Member State during Federal
14 fiscal year 2010. On or before the Effective Date,
15 each Member State shall determine the Member
16 State Base Funding Level for its State, and that
17 number shall be binding upon that Member State.

18 “(6) ‘Member State Current Year Funding
19 Level’ means the Member State Base Funding Level
20 multiplied by the Member State Current Year Popu-
21 lation Adjustment Factor multiplied by the Current
22 Year Inflation Adjustment Factor.

23 “(7) ‘Member State Current Year Population
24 Adjustment Factor’ means the average population of
25 the Member State in the current year less the aver-

1 age population of the Member State in Federal fiscal
2 year 2010, divided by the average population of the
3 Member State in Federal fiscal year 2010, plus 1.
4 Average population in a Member State shall be de-
5 termined by the United States Census Bureau.

6 “(8) ‘Current Year Inflation Adjustment Fac-
7 tor’ means the Total Gross Domestic Product
8 Deflator in the current year divided by the Total
9 Gross Domestic Product Deflator in Federal fiscal
10 year 2010. Total Gross Domestic Product Deflator
11 shall be determined by the Bureau of Economic
12 Analysis of the United States Department of Com-
13 merce.

14 **“SEC. 2. PLEDGE.**

15 “The Member States shall take joint and separate ac-
16 tion to secure the consent of the United States Congress
17 to this Compact in order to return the authority to regu-
18 late Health Care to the Member States consistent with
19 the goals and principles articulated in this Compact, the
20 Member States shall improve Health Care policy within
21 their respective jurisdictions and according to the judg-
22 ment and discretion of each Member State.

1 **“SEC. 3. LEGISLATIVE POWER.**

2 “The legislatures of the Member States have the pri-
3 mary responsibility to regulate Health Care in their re-
4 spective States.

5 **“SEC. 4. STATE CONTROL.**

6 “Each Member State, within its State, may suspend
7 by legislation the operation of all Federal laws, rules, regu-
8 lations, and orders regarding Health Care that are incon-
9 sistent with the laws and regulations adopted by the Mem-
10 ber State pursuant to this Compact. Federal and State
11 laws, rules, regulations, and orders regarding Health Care
12 will remain in effect unless a Member State expressly sus-
13 pends them pursuant to its authority under this Compact.
14 For any Federal law, rule, regulation, or order that re-
15 mains in effect in a Member State after the Effective
16 Date, that Member State shall be responsible for the asso-
17 ciated funding obligations in its State.

18 **“SEC. 5. FUNDING.**

19 “(a) Each Federal fiscal year, each Member State
20 shall have the right to Federal monies up to an amount
21 equal to its Member State Current Year Funding Level
22 for that Federal fiscal year, funded by Congress as man-
23 datory spending and not subject to annual appropriation,
24 to support the exercise of Member State authority under
25 this Compact. This funding shall not be conditional on any

1 action of or regulation, policy, law, or rule being adopted
2 by the Member State.

3 “(b) By the start of each Federal fiscal year, Con-
4 gress shall establish an initial Member State Current Year
5 Funding Level for each Member State, based upon reason-
6 able estimates. The final Member State Current Year
7 Funding Level shall be calculated, and funding shall be
8 reconciled by the United States Congress based upon in-
9 formation provided by each Member State and audited by
10 the United States Government Accountability Office.

11 **“SEC. 6. INTERSTATE ADVISORY HEALTH CARE COMMIS-**
12 **SION.**

13 “(a) The Interstate Advisory Health Care Commis-
14 sion is established. The Commission consists of members
15 appointed by each Member State through a process to be
16 determined by each Member State. A Member State may
17 not appoint more than two members to the Commission
18 and may withdraw membership from the Commission at
19 any time. Each Commission member is entitled to one
20 vote. The Commission shall not act unless a majority of
21 the members are present, and no action shall be binding
22 unless approved by a majority of the Commission’s total
23 membership.

24 “(b) The Commission may elect from among its mem-
25 bership a Chairperson. The Commission may adopt and

1 publish bylaws and policies that are not inconsistent with
2 this Compact. The Commission shall meet at least once
3 a year, and may meet more frequently.

4 “(c) The Commission may study issues of Health
5 Care regulation that are of particular concern to the Mem-
6 ber States. The Commission may make non-binding rec-
7 ommendations to the Member States. The legislatures of
8 the Member States may consider these recommendations
9 in determining the appropriate Health Care policies in
10 their respective States.

11 “(d) The Commission shall collect information and
12 data to assist the Member States in their regulation of
13 Health Care, including assessing the performance of var-
14 ious State Health Care programs and compiling informa-
15 tion on the prices of Health Care. The Commission shall
16 make this information and data available to the legisla-
17 tures of the Member States. Notwithstanding any other
18 provision in this Compact, no Member State shall disclose
19 to the Commission the health information of any indi-
20 vidual, nor shall the Commission disclose the health infor-
21 mation of any individual.

22 “(e) The Commission shall be funded by the Member
23 States as agreed to by the Member States. The Commis-
24 sion shall have the responsibilities and duties as may be
25 conferred upon it by subsequent action of the respective

1 legislatures of the Member States in accordance with the
 2 terms of this Compact.

3 “(f) The Commission shall not take any action within
 4 a Member State that contravenes any State law of that
 5 Member State.

6 **“SEC. 7. CONGRESSIONAL CONSENT.**

7 “This Compact shall be effective on its adoption by
 8 at least two Member States and consent of the United
 9 States Congress. This Compact shall be effective unless
 10 the United States Congress, in consenting to this Com-
 11 pact, alters the fundamental purposes of this Compact,
 12 which are—

13 “(1) to secure the right of the Member States
 14 to regulate Health Care in their respective States
 15 pursuant to this Compact and to suspend the oper-
 16 ation of any conflicting Federal laws, rules, regula-
 17 tions, and orders within their States; and

18 “(2) to secure Federal funding for Member
 19 States that choose to invoke their authority under
 20 this Compact, as prescribed by Section 5 above.

21 **“SEC. 8. AMENDMENTS.**

22 “The Member States, by unanimous agreement, may
 23 amend this Compact from time to time without the prior
 24 consent or approval of Congress and any amendment shall
 25 be effective unless, within one year, the Congress dis-

1 approves that amendment. Any State may join this Com-
 2 pact after the date on which Congress consents to the
 3 Compact by adoption into law under its State Constitu-
 4 tion.

5 **“SEC. 9. WITHDRAWAL; DISSOLUTION.**

6 “Any Member State may withdraw from this Com-
 7 pact by adopting a law to that effect, but no such with-
 8 drawal shall take effect until six months after the Gov-
 9 ernor of the withdrawing Member State has given notice
 10 of the withdrawal to the other Member States. A with-
 11 drawing State shall be liable for any obligations that it
 12 may have incurred prior to the date on which its with-
 13 drawal becomes effective. This Compact shall be dissolved
 14 upon the withdrawal of all but one of the Member
 15 States.”.

16 **AGENCIES FOR WHICH CONSENT IS NOT GRANTED**

17 **SEC. 2. (a) IN GENERAL.**—Notwithstanding the con-
 18 sent to the Health Care Compact granted under section
 19 1, the powers granted to Member States under sections
 20 3, 4, and 5 of the Health Care Compact shall not apply
 21 with regard to the agencies listed under subsection (b),
 22 and the Member State Base Funding Level and Member
 23 State Current Year Funding Level shall not include funds
 24 spent by such agencies.

25 **(b) EXCLUDED AGENCIES.**—The agencies to which
 26 subsection (a) applies are as follows:

- 1 (1) The National Institutes for Health.
- 2 (2) The Centers for Disease Control and Pre-
- 3 vention.
- 4 (3) The Food and Drug Administration.

