

119TH CONGRESS
1ST SESSION

H. R. 6538

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

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 9, 2025

Mr. PFLUGER (for himself, Mr. BEAN of Florida, Mrs. FEDORCHAK, Mr. BAIRD, and Mr. CLYDE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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

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”.

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

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

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

6 “(a) IN GENERAL.—

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

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

1 requirements under paragraph (4) that the State in-
2 tends to waive and evidence that the State maintains
3 a high-risk insurance pool.

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

6 “(A) the governor of the State; or

7 “(B) the legislature of the State, upon a
8 majority vote by the State legislature.

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

12 “(A) Part 1 of subtitle D.

13 “(B) Part 2 of subtitle D.

14 “(C) Section 1402.

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

17 “(5) MONEY FOLLOWS THE PERSON.—

18 “(A) IN GENERAL.—With respect to a
19 State waiver under paragraph (1), under which,
20 due to the structure of the State plan, individ-
21 uals and small employers in the State would not
22 qualify for the premium tax credits, cost-shar-
23 ing reductions, or small business credits under
24 sections 36B of the Internal Revenue Code of
25 1986 or under part I of subtitle E for which

1 they would otherwise be eligible, the Secretary
2 shall provide for an alternative means by which
3 the aggregate amount of such credits or reduc-
4 tions that would have been paid on behalf of
5 participants in the Exchanges established under
6 this title had the State not received such waiv-
7 er, shall be paid into the Trump Health Free-
8 dom Accounts established under section 223(i)
9 of the Internal Revenue Code of 1986 of eligible
10 residents of the State.

11 “(B) PAYMENTS TO TRUMP HEALTH FREE-
12 DOM ACCOUNTS.—The Secretary shall pay into
13 the Trump Health Freedom Account of each el-
14 igible resident of a State for which a waiver is
15 in effect for a plan year the amount equal to
16 the total amount for which the resident would
17 have been eligible in premium tax credit
18 amounts under section 36B of the Internal Rev-
19 enue Code of 1986 and cost-sharing reduction
20 amounts under section 1402 for the year, had
21 the State not had such waiver in effect. In de-
22 termining the appropriate payment amount
23 under this subparagraph, the Secretary shall
24 calculate premium tax credit amounts and cost-
25 sharing reduction amounts based on the na-

1 tional average annual premium amount for a
2 silver tier benchmark plan among States that
3 do not have such waivers in effect for the appli-
4 cable year. The Secretary shall make payments
5 into the Trump Health Freedom Accounts of el-
6 igible residents on a monthly basis, quarterly
7 basis, or in one lump sum at the beginning of
8 the year, at the option of each eligible resident.

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

19 “(7) EXCHANGES.—

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

23 “(i) the State may—

1 “(I) operate an Exchange estab-
2 lished as described in section 1311(b);
3 or

4 “(II) allow one or more private
5 entities to run commercial platforms
6 that sell health plans approved by the
7 State insurance commissioner; or

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

19 “(B) APPLICATION PROGRAM INTER-
20 FACE.—The Secretary shall make available to
21 any State that allows for commercial platforms
22 described in subparagraph (A)(i)(II), the appli-
23 cation program interface used for operating
24 Federal and State Exchanges, for use by any

1 private entity running such a platform under
2 State authority.

3 “(8) DEFINITIONS.—In this section:

4 “(A) ELIGIBLE RESIDENT.—The term ‘eli-
5 gible resident’ means, with respect to a State
6 for which a waiver is in effect under this sec-
7 tion, a resident who—

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

15 “(ii) enrolls in a plan offered on the
16 Exchange described in paragraph (7) for
17 the applicable plan year.

18 “(B) SECRETARY.—Term ‘Secretary’
19 means—

20 “(i) the Secretary of Health and
21 Human Services with respect to waivers re-
22 lating to the provisions described in sub-
23 paragraph (A) through (C) of paragraph
24 (4); and

1 “(ii) the Secretary of the Treasury
2 with respect to waivers relating to the pro-
3 visions described in paragraph (4)(D).

4 “(b) WAIVER PERIOD.—Each waiver under this sec-
5 tion shall be in effect beginning on January 1 of the plan
6 year for which a timely notice is submitted by the State
7 under subsection (a)(2), and continuing until the entity
8 of the State described in subparagraph (A) or (B) of sub-
9 section (a)(3) that submitted the notification under sub-
10 section (a)(2) submits to the Secretary a notification of
11 intent to discontinue participation in the waiver program
12 under this section.

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

16 “(d) AVAILABILITY OF PLANS.—

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

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

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

12 “(f) RULE OF CONSTRUCTION REGARDING CON-
13 SUMER PROTECTIONS, INCLUDING THE PRE-EXISTING
14 CONDITION PROTECTION.—Nothing in this section shall
15 be construed to allow a State to waive the requirements
16 of title XXVII of the Public Health Service Act, including
17 sections 2701, 2702, 2703, 2704, 2705, 2708, 2711,
18 2712, and 2718 of such Act.”.

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

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

23 “(i) TRUMP HEALTH FREEDOM ACCOUNTS.—For
24 purposes of this section—

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

4 “(2) TRUMP HEALTH FREEDOM ACCOUNT.—
5 The term ‘Trump Health Freedom Account’ means
6 a health savings account (determined as provided in
7 this subsection) established by or on behalf of an in-
8 dividual residing in a State for which a waiver under
9 section 1335 of the Patient Protection and Afford-
10 able Care Act is in effect which receives deposits of
11 amounts transferred to the individual pursuant to
12 section 1335(a)(5) of such Act.

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

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

22 “(5) HEALTH INSURANCE MAY BE PURCHASED
23 FROM ACCOUNT.—Subsection (d)(2)(B) shall not
24 apply.

1 “(6) ACCOUNT MUST BE ONLY HSA OF INDIVIDUAL.—

2
3 “(A) IN GENERAL.—An individual who has
4 a Trump Health Freedom Account shall not be
5 treated as an eligible individual with respect to
6 any health savings account other than such
7 Trump Health Freedom Account.

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

15 “(7) NO ROLLOVERS PERMITTED.—Except as
16 provided in paragraph (6)(B), subsection (f)(5) shall
17 not apply and no amount shall be contributed from
18 a Trump Health Freedom Account to any health
19 savings account other than a Trump Health Freedom
20 Account.

21 “(8) RESTRICTION ON USE OF AMOUNTS.—No
22 amounts in a Trump Health Freedom Account may
23 be used—

24 “(A) to pay premiums for a health plan
25 that covers—

1 “(i) gender transition procedures, or

2 “(ii) abortion services; or

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

5 “(9) DEFINITIONS.—For purposes of paragraph
6 (8)—

7 “(A) GENDER TRANSITION PROCEDURE.—

8 “(i) IN GENERAL.—The term ‘gender
9 transition procedure’ means any hormonal
10 or surgical intervention for the purpose of
11 gender transition, including—

12 “(I) gonadotropin-releasing hor-
13 mone (GnRH) agonists or other pu-
14 berty-blocking or suppressing drugs to
15 stop or delay normal puberty;

16 “(II) testosterone, estrogen, pro-
17 gesterone, or other androgens to an
18 individual at doses that are
19 supraphysiologic to what would nor-
20 mally be produced endogenously in a
21 healthy individual of the same age
22 and sex;

23 “(III) castration;

24 “(IV) orchiectomy;

25 “(V) scrotoplasty;

- 1 “(VI) implantation of erection or
2 testicular prostheses;
3 “(VII) vasectomy;
4 “(VIII) hysterectomy;
5 “(IX) oophorectomy;
6 “(X) ovariectomy;
7 “(XI) reconstruction of the fixed
8 part of the urethra with or without a
9 metoidioplasty or a phalloplasty;
10 “(XII) metoidioplasty;
11 “(XIII) penectomy;
12 “(XIV) phalloplasty;
13 “(XV) vaginoplasty;
14 “(XVI) clitoroplasty;
15 “(XVII) vaginectomy;
16 “(XVIII) vulvoplasty;
17 “(XIX) reduction
18 thyrochondroplasty;
19 “(XX) chondrolaryngoplasty;
20 “(XXI) mastectomy;
21 “(XXII) tubal ligation;
22 “(XXIII) sterilization;
23 “(XXIV) any plastic, cosmetic, or
24 aesthetic surgery that feminizes or

1 masculinizes the facial or other phys-
2 iological features of an individual;

3 “(XXV) any placement of chest
4 implants to create feminine breasts;

5 “(XXVI) any placement of fat or
6 artificial implants in the gluteal re-
7 gion;

8 “(XXVII) augmentation
9 mammoplasty;

10 “(XXVIII) liposuction;

11 “(XXIX) lipofilling;

12 “(XXX) voice surgery;

13 “(XXXI) hair reconstruction;

14 “(XXXII) pectoral implants; and

15 “(XXXIII) the removal of any
16 otherwise healthy or non-diseased
17 body part or tissue.

18 “(ii) EXCLUSIONS.—The term ‘gender
19 transition procedure’ does not include the
20 following when furnished to an individual
21 by a health care provider with the consent
22 of such individual or, if applicable, such in-
23 dividual’s parents or legal guardian:

24 “(I) Services to individuals born
25 with a medically verifiable disorder of

1 sex development, including an indi-
2 vidual with external sex characteris-
3 tics that are irresolvably ambiguous,
4 such as an individual born with 46
5 XX chromosomes with virilization, an
6 individual born with 46 XY chro-
7 mosomes with undervirilization, or an
8 individual born having both ovarian
9 and testicular tissue.

10 “(II) Services provided when a
11 physician has otherwise diagnosed a
12 disorder of sexual development in
13 which the physician has determined
14 through genetic or biochemical testing
15 that the individual does not have nor-
16 mal sex chromosome structure, sex
17 steroid hormone production, or sex
18 steroid hormone action for a healthy
19 individual of the same sex and age.

20 “(III) The treatment of any in-
21 fection, injury, disease, or disorder
22 that has been caused by or exacer-
23 bated by the performance of gender
24 transition procedures, whether or not
25 the gender transition procedure was

1 performed in accordance with State
2 and Federal law or whether or not
3 funding for the gender transition pro-
4 cedure is permissible under this sec-
5 tion.

6 “(IV) Any procedure undertaken
7 because the individual suffers from a
8 physical disorder, physical injury, or
9 physical illness (but not mental, be-
10 havioral, or emotional distress or a
11 mental, behavioral, or emotional dis-
12 order) that would, as certified by a
13 physician, place the individual in im-
14 minent danger of death or impairment
15 of major bodily function, unless the
16 procedure is performed.

17 “(V) Puberty suppression or
18 blocking prescription drugs for the
19 purpose of normalizing puberty for a
20 minor experiencing precocious pu-
21 berty.

22 “(VI) Male circumcision.

23 “(B) GENDER TRANSITION.—The term
24 ‘gender transition’ means the process in which
25 an individual goes from identifying with or pre-

1 senting as his or her sex to identifying with or
2 presenting a self-proclaimed identity that does
3 not correspond with or is different from his or
4 her sex, and may be accompanied with social,
5 legal, or physical changes.

6 “(C) SEX.—The term ‘sex’, when referring
7 to an individual’s sex, means to refer to either
8 male or female, as biologically determined.

9 “(D) FEMALE.—The term ‘female’, when
10 used to refer to a natural person, means an in-
11 dividual who naturally has, had, will have, or
12 would have, but for a congenital anomaly, his-
13 torical accident, or intentional or unintentional
14 disruption, the reproductive system that at
15 some point produces, transports, and utilizes
16 eggs for fertilization.

17 “(E) MALE.—The term ‘male’, when used
18 to refer to a natural person, means an indi-
19 vidual who naturally has, had, will have, or
20 would have, but for a congenital anomaly, his-
21 torical accident, or intentional or unintentional
22 disruption, the reproductive system that at
23 some point produces, transports, and utilizes
24 sperm for fertilization.

25 “(F) ABORTION SERVICES.—

1 “(i) IN GENERAL.—The term ‘abor-

2 tion services’ means—

3 “(I) drugs or procedures used

4 with the primary intent to end the life

5 of the human being in the womb,

6 “(II) pre-viable delivery not de-

7 scribed in clause (ii), and

8 “(III) post-viable delivery with

9 intentional death of the fetus.

10 “(ii) EXCLUSIONS.—Such term does

11 not include—

12 “(I) separation of the mother

13 and her embryo or fetus to prevent

14 the mother’s death or immediate irre-

15 versible bodily harm, which cannot be

16 mitigated in any other way,

17 “(II) treatment of ectopic or

18 molar pregnancy,

19 “(III) treatment of miscarriage,

20 or

21 “(IV) any service described in

22 clause (i) in the case of a pregnancy

23 which is the result of an act of rape

24 or incest.”.

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

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

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

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

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

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

22 “(3) QUALIFIED PLANS.—Subsections (b) and
23 (d)(4) shall be applied by treating any health plan
24 authorized to be made available on an Exchange in

1 such State by section 1335(d) of such Act as a
2 qualified health plan offered through an Exchange.

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

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

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

9 “(B) without regard to subparagraph (B)
10 of paragraph (1) thereof.

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

13 “(7) CREDIT PERIOD.—Subsection (e)(2) shall
14 not apply, and the credit period with respect to any
15 such employer shall be the period consisting of the
16 1st taxable year in which the employer (or any pred-
17 ecessor) offers 1 or more qualified health plans to its
18 employees, and any subsequent taxable year.

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

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

1 **SEC. 5. PROMOTING BETTER PRICE REPORTING AND OUT-**
2 **COMES DATA.**

3 Not later than 90 days after the date of enactment
4 of this Act, the Secretary of Health and Human Services,
5 in coordination with the Secretary of the Treasury and
6 the Secretary of Labor, shall update all regulations and
7 guidance issued by such secretaries pursuant to Executive
8 Order 13877 (84 Fed. Reg. 30849 (June 24, 2019)), in-
9 cluding by—

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

12 (2) issuing updated guidance or regulations en-
13 suring pricing information is standardized and easily
14 comparable across hospitals and health plans;

15 (3) issuing guidance or proposed regulatory ac-
16 tion updating enforcement policies designed to en-
17 sure compliance with the transparent reporting of
18 complete, accurate, and meaningful data; and

19 (4) requiring the public reporting of outcomes
20 data by providers.

○