

## **Preface to Constitutional Analysis of The Patient Protection and Affordable Care Act”**

The following is a comprehensive analysis of The Patient Protection and Affordable Care Act (better known as OBAMACARE). It was made only after a complete reading of the Act as passed first by the Senate and then by the House and then by a section by section analysis of each part of the Act as downloaded from the internet of the Act as put there by Congress.

Anything that is written in black is from the actual wording of the bill.

Analytical comments are shown in blue letters.

The Page number and the beginning line number as shown on the Congressional Act from the internet is shown for every section commented upon, (usually along with the section number.)

The first 20 pages include a very brief (often misleading) summary of EVERY section of the bill. This was done to keep the analysis in the same order that one would find if reading the bill from front to back. It might be taken as a "table of Contents". Generally, in the first 20 pages you will not find the real "meat" of the constitutional analysis until you get to page 21.

Matters that are considered to be either clearly unconstitutional, or probably unconstitutional (after some further research) that we might use in our suits to have the bill found unconstitutional are highlighted in yellow.

In order to save time and confusion and frustration in reading most of 2000 + pages of “legalese” we did not try to copy every “jot and tittle” of the unconstitutional portions of the bill, but rather summarized with maximum accuracy what the sections referred to actually said in clear English.

To be absolutely clear: EVERYTHING mentioned in this analysis is actually a part of the “**The Patient Protection and Affordable Care Act**”, more commonly known as “OBAMACARE,” and everything listed as unconstitutional is sincerely thought to be something that, with proper research and argumentation, can be effectively presented to the Federal Court as such.

Finally it should be noted that historically, the only Supreme Court Cases which have talked about the 9th amendment and the “right of Privacy” as a constitutionally protected right are ***Griswold v. Connecticut***, 381 U.S. 479 (1965), and ***Roe v. Wade*** (*the abortion case*). The liberal justices who have been supportive of ***Roe v. Wade*** (*the abortion case*) cannot rule against us without seriously undercutting ***Roe v. Wade***. That creates a real question of how the Supreme Court liberals will be able to vote against our position (at least on a merit basis.)

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THE FOLLOWING IS A SHORT LIST OF CONSTITUTIONAL VIOLATIONS FROM ANOTHER SOURCE:

## List of Constitutional Violations in Healthcare bill

Posted on **Monday, March 22, 2010 9:04:02 PM** by **JimWayne**

Article 1, Section 7 - All bills for raising Revenue shall originate in the House of Representatives.

First Amendment (Establishment Clause) and Fourteenth Amendment (Equal Protection Clause) - [Quote: "Exempts from the coverage requirement individuals who object to health care coverage on religious grounds"]: Although the courts allowed the Amish not to pay Social Security tax, this bill would be different if it exempts the Amish and Muslims from participating in the system while forcing the Catholics to participate in it.

Article 1, sections 1 and 8 (Powers of the Congress) and Article 5 (Procedure to Amend the Constitution) - [Quote: "It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection."] - The quoted text effectively amends the Constitution and abridges the law-making authority of Congress. This has been done without two-thirds majority.

Article 1, Section 8 (Commerce Clause) - The commerce clause grants rights to regulate interstate commerce, not intrastate commerce (health insurance is not interstate commerce since you cannot buy it across state lines). Secondly, not buying insurance is not commerce.

Fourth Amendment - The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated.

Fifth Amendment - nor shall private property be taken for public use, without just compensation.

Tenth Amendment - The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people

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**THE FOLLOWING 20 PAGES INCLUDE EVERY WORD FOUND ON THE FIRST 20 PAGES OF THE ACTUAL ACT. THIS IS A LISTING OF ALL SECTIONS WITH A SHORT STATEMENT OF WHAT THEY ARE SUPPOSED TO BE.**

SECOND LIST

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**TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS**

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans  
**WHERE DO THE FEDS GET THE POWER UNDER THE CONSTITUTION TO DO ANY OF THIS?**

Sec. 1001. Amendments to the Public Health Service Act.

**“PART A—INDIVIDUAL AND GROUP MARKET REFORMS**

**“SUBPART II—IMPROVING COVERAGE**

“Sec. 2711. No lifetime or annual limits.

“Sec. 2712. Prohibition on rescissions.

“Sec. 2713. Coverage of preventive health services.

“Sec. 2714. Extension of dependent coverage. “

Sec. 2715. Development and utilization of uniform explanation of coverage documents and standardized definitions.

“Sec. 2716. Prohibition of discrimination based on salary.

Sec. 2717. Ensuring the quality of care.

Sec. 2718. Bringing down the cost of health care coverage.

Sec. 2719. Appeals process.

Sec. 1002. Health insurance consumer information.

**Sec. 1003. Ensuring that consumers get value for their dollars.**

Sec. 1004. Effective dates.

**Subtitle B—Immediate Actions to Preserve and Expand Coverage**

Sec. 1101. Immediate access to insurance for uninsured individuals with a preexisting condition.

Sec. 1102. Reinsurance for early retirees.

Sec. 1103. Immediate information that allows consumers to identify affordable coverage options.

Sec. 1104. Administrative simplification.

Sec. 1105. Effective date.

**Subtitle C—Quality Health Insurance Coverage for All Americans****PART I—HEALTH INSURANCE MARKET REFORMS**

Sec. 1201. Amendment to the Public Health Service Act.

**‘SUBPART I—GENERAL REFORM**

‘Sec. 2701. Fair health insurance premiums.

Sec. 2702. Guaranteed availability of coverage.

‘Sec. 2703. Guaranteed renewability of coverage.

‘Sec. 2704. Prohibition of preexisting condition exclusions or other discrimination based on health status.

Sec. 2705. Prohibiting discrimination against individual participants and beneficiaries based on health status.

‘Sec. 2706. Non-discrimination in health care

**WHAT ABOUT SECTIONS OF THIS BILL WHICH DISCRIMINATE AGAINST MEN?**

‘Sec. 2707. Comprehensive health insurance coverage.

‘Sec. 2708. Prohibition on excessive waiting periods

**PART II—OTHER PROVISIONS**

Sec. 1251. Preservation of right to maintain existing coverage.

**WHAT ABOUT MEDICARE PART C BEING CUT OUT?****Violation of contractual rights?**

Sec. 1252. Rating reforms must apply uniformly to all health insurance issuers and group health plans.

Sec. 1253. Effective dates.

**Subtitle D—Available Coverage Choices for All Americans****PART I—ESTABLISHMENT OF QUALIFIED HEALTH PLANS**

Sec. 1301. Qualified health plan defined.

Sec. 1302. Essential health benefits requirements.

Sec. 1303. Special rules.

Sec. 1304. Related definitions.

**PART II—CONSUMER CHOICES AND INSURANCE COMPETITION THROUGH HEALTH BENEFIT EXCHANGES**

Sec. 1311. Affordable choices of health benefit plans.

Sec. 1312. Consumer choice.

Sec. 1313. Financial integrity.

**PART III—STATE FLEXIBILITY RELATING TO EXCHANGES**

**WHAT GIVES THE FEDERAL GOVERNMENT THE RIGHT TO DO ANY OF THIS UNDER THE 10TH AMENDMENT? I.E. Sec 1321, Sec 1323, Sec. 1324, Sec 1341**

Sec. 1321. State flexibility in operation and enforcement of Exchanges and related requirements.

Sec. 1322. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.

Sec. 1323. Community health insurance option.

Sec. 1324. Level playing field.

**PART IV—STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS**

**WHERE DO THE FEDS HAVE THE POWER TO “GIVE” THE STATES THE RIGHT TO DO THIS UNDER THE 10TH AMENDMENT?**

Sec. 1331. State flexibility to establish basic health programs for low-income individuals not eligible for Medicaid.

Sec. 1332. Waiver for State innovation.

Sec. 1333. Provisions relating to offering of plans in more than one State.

**PART V—REINSURANCE AND RISK ADJUSTMENT**

Sec. 1341. Transitional reinsurance program for individual and small group markets in each State.

Sec. 1342. Establishment of risk corridors for plans in individual and small group markets.

Sec. 1343. Risk adjustment.

**Subtitle E—Affordable Coverage Choices for All Americans**

**PART I—PREMIUM TAX CREDITS AND COST-SHARING REDUCTION**

***THE 16TH AMENDMENT WAS INTENDED FOR THE PURPOSE OF THE FEDERAL GOVERNMENT TO RAISE INCOME FOR THE OPERATION OF PROPER GOVERNMENTAL FUNCTIONS--NOT TO ENFORCE SOCIAL OBJECTIVES. VIOLATION OF 16TH AMENDMENT (+1)***

**SUBPART A—PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS**

Sec. 1401. Refundable tax credit providing premium assistance for coverage under a qualified health plan.

Sec. 1402. Reduced cost-sharing for individuals enrolling in qualified health plans.

**SUBPART B—ELIGIBILITY DETERMINATIONS**

Sec. 1411. Procedures for determining eligibility for Exchange participation, premium tax credits and reduced cost-sharing, and individual responsibility exemptions.

Sec. 1412. Advance determination and payment of premium tax credits and cost-sharing

reductions.

Sec. 1413. Streamlining of procedures for enrollment through an exchange and State Medicaid, CHIP, and health subsidy programs.

Sec. 1414. Disclosures to carry out eligibility requirements for certain programs.

Sec. 1415. Premium tax credit and cost-sharing reduction payments disregarded for Federal and Federally-assisted programs.

## **PART II—SMALL BUSINESS TAX CREDIT**

Sec. 1421. Credit for employee health insurance expenses of small businesses.

## **Subtitle F—Shared Responsibility for Health Care**

### **PART I—INDIVIDUAL RESPONSIBILITY**

Sec. 1501. Requirement to maintain minimum essential coverage.

Sec. 1502. Reporting of health insurance coverage.

***THIS IS A TOTAL VIOLATION OF THE FEDERAL GOVERNMENT'S POWERS AND JURISDICTION UNDER THE 9TH AMENDMENT(+1)***

### **PART II—EMPLOYER RESPONSIBILITIES**

Sec. 1511. Automatic enrollment for employees of large employers.

Sec. 1512. Employer requirement to inform employees of coverage options.

Sec. 1513. Shared responsibility for employers.

Sec. 1514. Reporting of employer health insurance coverage.

Sec. 1515. Offering of Exchange-participating qualified health plans through cafeteria plans.

## **Subtitle G—Miscellaneous Provisions**

Sec. 1551. Definitions.

Sec. 1552. Transparency in government.

Sec. 1553. Prohibition against discrimination on assisted suicide.

Sec. 1554. Access to therapies.

Sec. 1555. Freedom not to participate in Federal health insurance programs.

***THIS IS SIMPLY A STATEMENT THAT NO ONE CAN BE FORCED TO BUY FEDERAL GOVERNMENT HEALTH INSURANCE, I.E. LONG TERM CARE INSURANCE SET UP UNDER SEC. 8002 AND NOTHING MORE.***

Sec. 1556. Equity for certain eligible survivors.

Sec. 1557. Nondiscrimination.

Sec. 1558. Protections for employees.

Sec. 1559. Oversight.

Sec. 1560. Rules of construction.

Sec. 1561. Health information technology enrollment standards and protocols.

***THIS SETS UP STANDARDS FOR KEEPING INDIVIDUAL HEALTH RECORDS IT IS A VIOLATION OF THE 4TH & 9TH AMENDMENT. (+1)***

Sec. 1562. Conforming amendments.

## TITLE II—ROLE OF PUBLIC PROGRAMS

### Subtitle A—Improved Access to Medicaid

- Sec. 2001. Medicaid coverage for the lowest income populations.  
 Sec. 2002. Income eligibility for nonelderly determined using modified gross income.  
 Sec. 2003. Requirement to offer premium assistance for employer-sponsored insurance.  
 Sec. 2004. Medicaid coverage for former foster care children.  
 Sec. 2005. Payments to territories.  
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 Sec. 2006. Special adjustment to FMAP determination for certain States recovering from a major disaster.  
 Sec. 2007. Medicaid Improvement Fund rescission.

### Subtitle B—Enhanced Support for the Children’s Health Insurance Program

- Sec. 2101. Additional federal financial participation for CHIP.  
 Sec. 2102. Technical corrections.

### Subtitle C—Medicaid and CHIP Enrollment Simplification

- Sec. 2201. Enrollment Simplification and coordination with State Health Insurance Exchanges.  
 Sec. 2202. Permitting hospitals to make presumptive eligibility determinations for all Medicaid eligible populations.

### Subtitle D—Improvements to Medicaid Services

- Sec. 2301. Coverage for freestanding birth center services.  
 Sec. 2302. Concurrent care for children.  
 Sec. 2303. State eligibility option for family planning services. *Feds, if not States.*

### **WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 10TH AMENDMENT? (+1)**

- Sec. 2304. Clarification of definition of medical assistance.

### Subtitle E—New Options for States to Provide Long-Term Services and Supports

- Sec. 2401. Community First Choice Option.  
 Sec. 2402. Removal of barriers to providing home and community-based services.  
 Sec. 2403. Money Follows the Person Rebalancing Demonstration.  
 Sec. 2404. Protection for recipients of home and community-based services against spousal impoverishment.  
 Sec. 2405. Funding to expand State Aging and Disability Resource Centers.

Sec. 2406. Sense of the Senate regarding long-term care. CHECK THIS

### **Subtitle F—Medicaid Prescription Drug Coverage**

Sec. 2501. Prescription drug rebates.

Sec. 2502. Elimination of exclusion of coverage of certain drugs. CHECK THIS

Sec. 2503. Providing adequate pharmacy reimbursement.

### **Subtitle G—Medicaid Disproportionate Share Hospital (DSH) Payments**

Sec. 2551. Disproportionate share hospital payments.

### **Subtitle H—Improved Coordination for Dual Eligible Beneficiaries**

Sec. 2601. 5-year period for demonstration projects.

Sec. 2602. Providing Federal coverage and payment coordination for dual eligible beneficiaries.

### **Subtitle I—Improving the Quality of Medicaid for Patients and Providers**

Sec. 2701. Adult health quality measures.

Sec. 2702. Payment Adjustment for Health Care-Acquired Conditions.

Sec. 2703. State option to provide health homes for enrollees with chronic conditions.

Sec. 2704. Demonstration project to evaluate integrated care around a hospitalization.

Sec. 2705. Medicaid Global Payment System Demonstration Project.

Sec. 2706. Pediatric Accountable Care Organization Demonstration Project.

Sec. 2707. Medicaid emergency psychiatric demonstration project.

### **Subtitle J—Improvements to the Medicaid and CHIP Payment and Access Commission (MACPAC)**

Sec. 2801. MACPAC assessment of policies affecting all Medicaid beneficiaries.

### **Subtitle K—Protections for American Indians and Alaska Natives**

Sec. 2901. Special rules relating to Indians.

Sec. 2902. Elimination of sunset for reimbursement for all medicare part B services furnished by certain indian hospitals and clinics.

### **Subtitle L—Maternal and Child Health Services**

***WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 9TH & 10TH AMENDMENT?***

***Sec. 2951. Maternal, infant, and early childhood home visiting programs.***

***CLEAR VIOLATION OF THE 4th & 9TH AMENDMENT and maybe 10th (+1)***

Sec. 2952. Support, education, and research for postpartum depression.

Sec. 2953. Personal responsibility education.

***CLEAR VIOLATION OF THE 9TH AMENDMENT (+1)***

Sec. 2954. Restoration of funding for abstinence education

***IDEA IS A VIOLATION OF THE 9TH & 10TH AMENDMENT. (+1)***

Sec. 2955. Inclusion of information about the importance of having a health care power of attorney in transition planning for children aging out of foster care and independent living programs.

***THE WHOLE IDEA IS A VIOLATION OF THE 10TH AMENDMENT (+1)***

**TITLE III—IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE**

**Subtitle A—Transforming the Health Care Delivery System**

**PART I—LINKING PAYMENT TO QUALITY OUTCOMES UNDER THE MEDICARE PROGRAM**

Sec. 3001. Hospital Value-Based purchasing program.

Sec. 3002. Improvements to the physician quality reporting system.

Sec. 3003. Improvements to the physician feedback program.

Sec. 3004. Quality reporting for long-term care hospitals, inpatient rehabilitation hospitals, and hospice programs.

Sec. 3005. Quality reporting for PPS-exempt cancer hospitals.

Sec. 3006. Plans for a Value-Based purchasing program for skilled nursing facilities and home health agencies.

Sec. 3007. Value-based payment modifier under the physician fee schedule.

Sec. 3008. Payment adjustment for conditions acquired in hospitals.

**PART II—NATIONAL STRATEGY TO IMPROVE HEALTH CARE QUALITY**

***WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 10TH AMENDMENT?***

Sec. 3011. National strategy.

Sec. 3012. Interagency Working Group on Health Care Quality.

Sec. 3013. Quality measure development.

Sec. 3014. Quality measurement.

Sec. 3015. Data collection; public reporting.

**PART III—ENCOURAGING DEVELOPMENT OF NEW PATIENT CARE MODELS**

Sec. 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS.

Sec. 3022. Medicare shared savings program.

Sec. 3023. National pilot program on payment bundling.

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Sec. 3024. Independence at home demonstration program.

***GETTING INVOLVED IN THIS IS A VIOLATION OF THE 9TH***

**AMENDMENT (+1)**

- Sec. 3025. Hospital readmissions reduction program.
- Sec. 3026. Community-Based Care Transitions Program.
- Sec. 3027. Extension of gainsharing demonstration.

**Subtitle B—Improving Medicare for Patients and Providers****PART I—ENSURING BENEFICIARY ACCESS TO PHYSICIAN CARE AND OTHER SERVICES****WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 10TH AMENDMENT?(+1)**

- Sec. 3101. Increase in the physician payment update.
- Sec. 3102. Extension of the work geographic index floor and revisions to the practice expense geographic adjustment under the Medicare physician fee schedule.
- Sec. 3103. Extension of exceptions process for Medicare therapy caps.
- Sec. 3104. Extension of payment for technical component of certain physician pathology services.
- Sec. 3105. Extension of ambulance add-ons.
- Sec. 3006. Plans for a Value-Based purchasing program for skilled nursing facilities and home health agencies.
- Sec. 3007. Value-based payment modifier under the physician fee schedule.
- Sec. 3008. Payment adjustment for conditions acquired in hospitals.

**PART II—NATIONAL STRATEGY TO IMPROVE HEALTH CARE QUALITY****WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 9TH & 10TH AMENDMENTS? (+1)**

- Sec. 3011. National strategy.
- Sec. 3012. Interagency Working Group on Health Care Quality.
- Sec. 3013. Quality measure development.
- Sec. 3014. Quality measurement.
- Sec. 3015. Data collection; public reporting. **DOES THIS VIOLATE THE 4TH AND 9TH AMENDMENT?(+1)**

**PART III—ENCOURAGING DEVELOPMENT OF NEW PATIENT CARE MODELS**

- Sec. 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS.
- Sec. 3022. Medicare shared savings program.
- Sec. 3023. National pilot program on payment bundling.
- Sec. 3024. Independence at home demonstration program.
- Sec. 3025. Hospital readmissions reduction program.
- Sec. 3026. Community-Based Care Transitions Program.
- Sec. 3027. Extension of gainsharing demonstration.

**Subtitle B—Improving Medicare for Patients and Providers**

## **PART I—ENSURING BENEFICIARY ACCESS TO PHYSICIAN CARE & OTHER SERVICES**

- Sec. 3101. Increase in the physician payment update.
- Sec. 3102. Extension of the work geographic index floor and revisions to the practice expense geographic adjustment under the Medicare physician fee schedule.
- Sec. 3103. Extension of exceptions process for Medicare therapy caps.
- Sec. 3104. Extension of payment for technical component of certain physician pathology services.
- Sec. 3105. Extension of ambulance add-ons.
- Sec. 3106. Extension of certain payment rules for long-term care hospital services and of moratorium on the establishment of certain hospitals and facilities.
- Sec. 3107. Extension of physician fee schedule mental health add-on.
- Sec. 3108. Permitting physician assistants to order post-Hospital extended care services.
- Sec. 3109. Exemption of certain pharmacies from accreditation requirements.
- Sec. 3110. Part B special enrollment period for disabled TRICARE beneficiaries. [\[CHECK THIS\]](#)
- Sec. 3111. Payment for bone density tests.
- Sec. 3112. Revision to the Medicare Improvement Fund.
- Sec. 3113. Treatment of certain complex diagnostic laboratory tests.
- Sec. 3114. Improved access for certified nurse-midwife services.

## **PART II—RURAL PROTECTIONS**

- Sec. 3121. Extension of outpatient hold harmless provision.
- Sec. 3122. Extension of Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospital patients in certain rural areas.
- Sec. 3123. Extension of the Rural Community Hospital Demonstration Program. [WHERE DO THE FEDS GET THE POWER TO BE INVOLVED IN THIS UNDER THE 10TH AMENDMENT \(+1\)](#)
- Sec. 3124. Extension of the Medicare-dependent hospital (MDH) program.
- Sec. 3125. Temporary improvements to the Medicare inpatient hospital payment adjustment for low-volume hospitals.
- Sec. 3126. Improvements to the demonstration project on community health integration models in certain rural counties.
- Sec. 3127. MedPAC study on adequacy of Medicare payments for health care providers serving in rural areas.
- Sec. 3128. Technical correction related to critical access hospital services.
- Sec. 3129. Extension of and revisions to Medicare rural hospital flexibility program.

## **PART III—IMPROVING PAYMENT ACCURACY**

- Sec. 3131. Payment adjustments for home health care.
- Sec. 3132. Hospice reform.
- Sec. 3133. Improvement to medicare disproportionate share hospital (DSH) payments.
- Sec. 3134. Misvalued codes under the physician fee schedule.
- Sec. 3135. Modification of equipment utilization factor for advanced imaging services.
- Sec. 3136. Revision of payment for power-driven wheelchairs.

- Sec. 3137. Hospital wage index improvement.
- Sec. 3138. Treatment of certain cancer hospitals.
- Sec. 3139. Payment for biosimilar biological products.
- Sec. 3140. Medicare hospice concurrent care demonstration program.
- Sec. 3141. Application of budget neutrality on a national basis in the calculation of the Medicare hospital wage index floor.
- Sec. 3142. HHS study on urban Medicare-dependent hospitals.

### **Subtitle C—Provisions Relating to Part C**

- Sec. 3201. Medicare Advantage payment.
- Sec. 3202. Benefit protection and simplification.
- Sec. 3203. Application of coding intensity adjustment during MA payment transition.
- Sec. 3204. Simplification of annual beneficiary election periods.
- Sec. 3205. Extension for specialized MA plans for special needs individuals.
- Sec. 3206. Extension of reasonable cost contracts.
- Sec. 3207. Technical correction to MA private fee-for-service plans.
- Sec. 3208. Making senior housing facility demonstration permanent.
- Sec. 3209. Authority to deny plan bids.
- Sec. 3210. Development of new standards for certain Medigap plans.

### **Subtitle D—Medicare Part D Improvements for Prescription Drug Plans and MA–PD Plans**

- Sec. 3301. Medicare coverage gap discount program.
- Sec. 3302. Improvement in determination of Medicare part D low-income benchmark premium.
- Sec. 3303. Voluntary de minimis policy for subsidy eligible individuals under prescription drug plans and MA–PD plans.
- Sec. 3304. Special rule for widows and widowers regarding eligibility for low-income assistance.
- Sec. 3305. Improved information for subsidy eligible individuals reassigned to prescription drug plans and MA–PD plans.
- Sec. 3306. Funding outreach and assistance for low-income programs.
- Sec. 3307. Improving formulary requirements for prescription drug plans and MA–PD plans with respect to certain categories or classes of drugs.
- Sec. 3308. Reducing part D premium subsidy for high-income beneficiaries.
- Sec. 3309. Elimination of cost sharing for certain dual eligible individuals.
- Sec. 3310. Reducing wasteful dispensing of outpatient prescription drugs in long-term care facilities under prescription drug plans and MA–PD plans.
- Sec. 3311. Improved Medicare prescription drug plan and MA–PD plan complaint system.
- Sec. 3312. Uniform exceptions and appeals process for prescription drug plans and MA–PD plans.
- Sec. 3313. Office of the Inspector General studies and reports.
- Sec. 3314. Including costs incurred by AIDS drug assistance programs and Indian Health Service in providing prescription drugs toward the annual out-of-pocket threshold under part D.
- Sec. 3315. Immediate reduction in coverage gap in 2010.

## **Subtitle E—Ensuring Medicare Sustainability**

Sec. 3401. Revision of certain market basket updates and incorporation of pro-improvements into market basket updates that do

not already incorporate such improvements.

Sec. 3402. Temporary adjustment to the calculation of part B premiums.

Sec. 3403. Independent Medicare Advisory Board.

## **Subtitle F—Health Care Quality Improvements**

### **WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 4TH & 9TH & 10th AMENDMENTS? (+1)**

Sec. 3501. Health care delivery system research; Quality improvement technical assistance.

Sec. 3502. Establishing community health teams to support the patient-centered medical home.

### **4TH & 9TH AMENDMENT VIOLATION (+1)**

Sec. 3503. Medication management services in treatment of chronic disease.

### **4TH & 9TH AMENDMENT VIOLATION- P=S3 (+1)**

Sec. 3504. Design and implementation of regionalized systems for emergency care.

Sec. 3505. Trauma care centers and service availability.

Sec. 3506. Program to facilitate shared decision making.

### **WHERE DOES GOVERNMENT HAVE THE RIGHT TO MAKE ANY DECISIONS? 9TH AMENDMENT VIOLATION (+1)**

Sec. 3507. Presentation of prescription drug benefit and risk information.

Sec. 3508. Demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals.

Sec. 3509. Improving women's health.

### **IS THIS A 14TH AMENDMENT DISCRIMINATION AGAINST MEN? +1]**

Sec. 3510. Patient navigator program.

Sec. 3511. Authorization of appropriations.

## **TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH**

### **Subtitle A—Modernizing Disease Prevention and Public Health Systems**

### **WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 10TH AMENDMENT? (+1)**

Sec. 4001. National Prevention, Health Promotion and Public Health Council.

Sec. 4002. Prevention and Public Health Fund.

Sec. 4003. Clinical and community preventive services.

Sec. 4004. Education and outreach campaign regarding preventive benefits.

### **Subtitle B—Increasing Access to Clinical Preventive Services**

Sec. 4101. School-based health centers.

**WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 10TH AMENDMENT? (+1)**

Sec. 4102. Oral healthcare prevention activities.

**WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 9TH AMENDMENT? (+1)**

Sec. 4103. Medicare coverage of annual wellness visit providing a personalized prevention plan.

**WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 9TH AMENDMENT? (+1)**

Sec. 4104. Removal of barriers to preventive services in Medicare.

Sec. 4105. Evidence-based coverage of preventive services in Medicare.

Sec. 4106. Improving access to preventive services for eligible adults in Medicaid.

Sec. 4107. Coverage of comprehensive tobacco cessation services for pregnant women in Medicaid.

**WHERE DO THE FEDS GET THE POWER TO DO THIS UNDER THE 9TH AMENDMENT? (+1)**

Sec. 4108. Incentives for prevention of chronic diseases in Medicaid.

**Subtitle C—Creating Healthier Communities**

Sec. 4201. Community transformation grants. 10TH AMENDMENT VIOLATION (+1)

**Sec. 4202. Healthy aging, living well; evaluation of community-based prevention and wellness programs for Medicare beneficiaries. 9TH AMENDMENT VIOLATION (+1)**

**Sec. 4203. Removing barriers and improving access to wellness for individuals with disabilities. 9TH AMENDMENT VIOLATION (+1)**

Sec. 4204. Immunizations.

Sec. 4205. Nutrition labeling of standard menu items at chain restaurants.

Sec. 4206. Demonstration project concerning individualized wellness plan.

**CLEAR 9TH AMENDMENT VIOLATION (+1)**

Sec. 4207. Reasonable break time for nursing mothers.

**Subtitle D—Support for Prevention and Public Health Innovation**

Sec. 4301. Research on optimizing the delivery of public health services.

**Sec. 4302. Understanding health disparities: data collection and analysis.**

**CLEAR 9TH AMENDMENT VIOLATION (+1)**

Sec. 4303. CDC and employer-based wellness programs.

Sec. 4304. Epidemiology-Laboratory Capacity Grants.

Sec. 4305. Advancing research and treatment for pain care management.

Sec. 4306. Funding for Childhood Obesity Demonstration Project.

**CLEAR 9TH AMENDMENT VIOLATION (+1)**

Subtitle E—Miscellaneous Provisions

Sec. 4401. Sense of the Senate concerning CBO scoring.

Sec. 4402. Effectiveness of Federal health and wellness initiatives.

## **TITLE V—HEALTH CARE WORKFORCE**

### ***WHERE DO THE FEDS GET THE POWER TO DO ANY OF THIS UNDER THE 10TH AMENDMENT? (+1)***

#### **Subtitle A- Purpose and Definitions**

Sec. 5001. Purpose.

Sec. 5002. Definitions.

#### **Subtitle B—Innovations in the Health Care Workforce**

Sec. 5101. National health care workforce commission.

Sec. 5102. State health care workforce development grants.

Sec. 5103. Health care workforce assessment.

#### **Subtitle C—Increasing the Supply of the Health Care Workforce**

Sec. 5201. Federally supported student loan funds.

Sec. 5202. Nursing student loan program.

Sec. 5203. Health care workforce loan repayment programs.

Sec. 5204. Public health workforce recruitment and retention programs.

Sec. 5205. Allied health workforce recruitment and retention programs.

Sec. 5206. Grants for State and local programs.

Sec. 5207. Funding for National Health Service Corps.

Sec. 5208. Nurse-managed health clinics.

Sec. 5209. Elimination of cap on commissioned corps.

Sec. 5210. Establishing a Ready Reserve Corps.

#### **Subtitle D—Enhancing Health Care Workforce Education and Training**

Sec. 5301. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship.

Sec. 5302. Training opportunities for direct care workers.

Sec. 5303. Training in general, pediatric, and public health dentistry.

Sec. 5304. Alternative dental health care providers demonstration project.

Sec. 5305. Geriatric education and training; career awards; comprehensive geriatric education.

Sec. 5306. Mental and behavioral health education and training grants.

Sec. 5307. Cultural competency, prevention, and public health and individuals with disabilities training.

Sec. 5308. Advanced nursing education grants.

Sec. 5309. Nurse education, practice, and retention grants.

Sec. 5310. Loan repayment and scholarship program.

Sec. 5311. Nurse faculty loan program.

Sec. 5312. Authorization of appropriations for parts B through D of title VIII.

Sec. 5313. Grants to promote the community health workforce.

Sec. 5314. Fellowship training in public health.

Sec. 5315. United States Public Health Sciences Track.

### **Subtitle E—Supporting the Existing Health Care Workforce**

- Sec. 5401. Centers of excellence.
- Sec. 5402. Health care professionals training for diversity. [note this]
- Sec. 5403. Interdisciplinary, community-based linkages.
- Sec. 5404. Workforce diversity grants.
- Sec. 5405. Primary care extension program.

### **Subtitle F—Strengthening Primary Care and Other Workforce Improvements**

- Sec. 5501. Expanding access to primary care services and general surgery services.
- Sec. 5502. Medicare Federally qualified health center improvements.
- Sec. 5503. Distribution of additional residency positions.
- Sec. 5504. Counting resident time in outpatient settings and allowing flexibility for jointly operated residency training programs.
- Sec. 5505. Rules for counting resident time for didactic and scholarly activities and other activities.
- Sec. 5506. Preservation of resident cap positions from closed hospitals.
- Sec. 5507. Demonstration projects To address health professions workforce needs; extension of family-to-family health information centers.
- Sec. 5508. Increasing teaching capacity.
- Sec. 5509. Graduate nurse education demonstration.

### **Subtitle G—Improving Access to Health Care Services**

- Sec. 5601. Spending for Federally Qualified Health Centers (FQHCs).
- Sec. 5602. Negotiated rulemaking for development of methodology and criteria for designating medically underserved populations and health professions shortage areas.
- Sec. 5603. Reauthorization of the Wakefield Emergency Medical Services for Children Program.
- Sec. 5604. Co-locating primary and specialty care in community-based mental health settings.

***WHERE DO THE FEDS GET THE POWER TO DO ANY OF THIS UNDER THE 10TH AMENDMENT? (+1)***

- Sec. 5605. Key National indicators.

### **Subtitle H—General Provisions**

- Sec. 5701. Reports.

## **TITLE VI—TRANSPARENCY AND PROGRAM INTEGRITY**

### **Subtitle A—Physician Ownership and Other Transparency**

***HOW DOES THE FEDERAL GOVERNMENT HAVE ANY POWER TO DO THIS EXCEPT WHERE THE FEDERAL GOVERNMENT IS PAYING THE BILL? VIOLATES THE RIGHT TO OWN PROPERTY AND THE RIGHT TO CONTRACT. NEED DR. PLAINTIFF (+1)***

- Sec. 6001. Limitation on Medicare exception to the prohibition on certain physician referrals for hospitals.

12

- Sec. 6002. Transparency reports and reporting of physician ownership or investment interests.  
 Sec. 6003. Disclosure requirements for in-office ancillary services exception to the prohibition on physician self-referral for certain imaging services.  
 Sec. 6004. Prescription drug sample transparency.  
 Sec. 6005. Pharmacy benefit managers transparency requirements.

### **Subtitle B—Nursing Home Transparency and Improvement**

***WHERE DO THE FEDS GET THE POWER TO DO ANY OF THIS UNDER IN VIOLATION OF STATE POLICE POWERS UNDER THE 10TH AMENDMENT (+1)***

#### **PART I—IMPROVING TRANSPARENCY OF INFORMATION**

- Sec. 6101. Required disclosure of ownership and additional disclosable parties information.  
 Sec. 6102. Accountability requirements for skilled nursing facilities and nursing facilities.  
 Sec. 6103. Nursing home compare Medicare website.  
 Sec. 6104. Reporting of expenditures.  
 Sec. 6105. Standardized complaint form.  
 Sec. 6106. Ensuring staffing accountability.  
 Sec. 6107. GAO study and report on Five-Star Quality Rating System.

#### **PART II—TARGETING ENFORCEMENT**

- Sec. 6111. Civil money penalties.  
 Sec. 6112. National independent monitor demonstration project.  
 Sec. 6113. Notification of facility closure.

**Sec. 6114. National demonstration projects on culture change and use of information technology in nursing homes.**

***WHERE DO THE FEDS GET THE POWER TO DO ANY OF THIS UNDER THE 10TH AMENDMENT? (+1)***

#### **PART III—IMPROVING STAFF TRAINING**

- Sec. 6121. Dementia and abuse prevention training.

### **Subtitle C—Nationwide Program for National and State Background Checks**

***WHERE DO THE FEDS GET THE POWER TO DO ANY OF THIS UNDER THE 10TH AMENDMENT (+1)?***

- Sec. 6201. Nationwide program for National and State background checks on direct patient access employees of long-term care facilities and providers.

### **Subtitle D—Patient-Centered Outcomes Research**

- Sec. 6301. Patient-Centered Outcomes Research. --

***VIOLATES THE 9TH AMENDMENT -- P=S3 (+1)***

- Sec. 6302. Federal coordinating council for comparative effectiveness research.

### **Subtitle E—Medicare, Medicaid, and CHIP Program Integrity Provisions**

**Sec. 6401. Provider screening and other enrollment requirements under Medicare, Medicaid, and CHIP.**

Sec. 6402. Enhanced Medicare and Medicaid program integrity provisions.

Sec. 6403. Elimination of duplication between the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.

Sec. 6404. Maximum period for submission of Medicare claims reduced to not more than 12 months.

Sec. 6405. Physicians who order items or services required to be Medicare enrolled physicians or eligible professionals.

***A CLEAR 9TH AMENDMENT VIOLATION--NEED A PHYSICIAN PLAINTIFF***

**Sec. 6406. Requirement for physicians to provide documentation on referrals to programs at high risk of waste and abuse.**

***A CLEAR 9TH AMENDMENT VIOLATION-WHAT IF PATIENT WANTS TO USE A TREATMENT IS THE ONLY ONE THAT WORKS FOR THEM***

***(+1)***

Sec. 6407. Face to face encounter with patient required before physicians may certify eligibility for home health services or durable medical equipment under Medicare.

Sec. 6408. Enhanced penalties.

Sec. 6409. Medicare self-referral disclosure protocol.

Sec. 6410. Adjustments to the Medicare durable medical equipment, prosthetics, orthotics, and supplies competitive acquisition program.

Sec. 6411. Expansion of the Recovery Audit Contractor (RAC) program.

**Subtitle F—Additional Medicaid Program Integrity Provisions**

Sec. 6501. Termination of provider participation under Medicaid if terminated under Medicare or other State plan.

Sec. 6502. Medicaid exclusion from participation relating to certain ownership, control, and management affiliations.

Sec. 6503. Billing agents, clearinghouses, or other alternate payees required to register under Medicaid.

Sec. 6504. Requirement to report expanded set of data elements under MMIS to detect fraud and abuse.

Sec. 6505. Prohibition on payments to institutions or entities located outside of the United States.

Sec. 6506. Overpayments.

Sec. 6507. Mandatory State use of national correct coding initiative.

Sec. 6508. General effective date.

**Subtitle G—Additional Program Integrity Provisions**

Sec. 6601. Prohibition on false statements and representations.

Sec. 6602. Clarifying definition.

Sec. 6603. Development of model uniform report form.

Sec. 6604. Applicability of State law to combat fraud and abuse.

Sec. 6605. Enabling the Department of Labor to issue administrative summary cease and desist orders and summary seizures orders against plans that are in financially hazardous condition.

**A VIOLATION OF DUE PROCESS--THE 5TH AND 14TH AMENDMENTS**

**(+1)**

Sec. 6606. MEWA plan registration with Department of Labor.

Sec. 6607. Permitting evidentiary privilege and confidential communications.

**A VIOLATION OF DUE PROCESS--THE 5TH, 9TH & 14TH amendments**

**(+1)**

**Subtitle H—Elder Justice Act (THIS COMES UNDER STATE POLICE POWER, NOT THE FEDERAL GOVERNMENT JURISDICTION)**

Sec. 6701. Short title of subtitle.

Sec. 6702. Definitions.

Sec. 6703. Elder Justice.

**Subtitle I—Sense of the Senate Regarding Medical Malpractice**

Sec. 6801. Sense of the Senate regarding medical malpractice.

**TITLE VII—IMPROVING ACCESS TO INNOVATIVE MEDICAL THERAPIES**

**Subtitle A—Biologics Price Competition and Innovation**

Sec. 7001. Short title.

Sec. 7002. Approval pathway for biosimilar biological products.

Sec. 7003. Savings.

**Subtitle B—More Affordable Medicines for Children and Underserved Communities**

**A CLEAR 10TH AMENDMENT VIOLATION (+1)**

Sec. 7101. Expanded participation in 340B program.

Sec. 7102. Improvements to 340B program integrity.

Sec. 7103. GAO study to make recommendations on improving the 340B program.

**TITLE VIII—CLASS ACT**

Sec. 8001. Short title of title.

Sec. 8002. Establishment of national voluntary insurance program for purchasing community living assistance services and support.

**P 1926 II5 -- P1979 II 15 SEE TITLE XXXII  
COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS**

**TITLE IX—REVENUE PROVISIONS**

**Subtitle A—Revenue Offset Provisions**

- Sec. 9001. Excise tax on high cost employer-sponsored health coverage.
- Sec. 9002. Inclusion of cost of employer-sponsored health coverage on W-2.
- Sec. 9003. Distributions for medicine qualified only if for prescribed drug or insulin.
- Sec. 9004. Increase in additional tax on distributions from HSAs and Archer MSAs not used for qualified medical expenses.
- Sec. 9005. Limitation on health flexible spending arrangements under cafeteria plans.
- Sec. 9006. Expansion of information reporting requirements.
- Sec. 9007. Additional requirements for charitable hospitals.
- Sec. 9008. Imposition of annual fee on branded prescription pharmaceutical manufacturers and importers.
- Sec. 9009. Imposition of annual fee on medical device manufacturers and importers.
- Sec. 9010. Imposition of annual fee on health insurance providers.
- Sec. 9011. Study and report of effect on veterans health care.
- Sec. 9012. Elimination of deduction for expenses allocable to Medicare Part D subsidy.
- Sec. 9013. Modification of itemized deduction for medical expenses.
- Sec. 9014. Limitation on excessive remuneration paid by certain health insurance providers.
- Sec. 9015. Additional hospital insurance tax on high-income taxpayers.
- Sec. 9016. Modification of section 833 treatment of certain health organizations.
- Sec. 9017. Excise tax on elective cosmetic medical procedures.

#### **Subtitle B—Other Provisions**

- Sec. 9021. Exclusion of health benefits provided by Indian tribal governments.
- Sec. 9022. Establishment of simple cafeteria plans for small businesses.
- Sec. 9023. Qualifying therapeutic discovery project credit.

**A MORE DETAILED DISCUSSION OF ENTIRE BILL  
FOLLOWS AND SHOWS AT LEAST (75--80  
VIOLATIONS OF THE CONSTITUTION)--SEC 8003--  
SEE PAGES 21-**

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TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR  
ALL AMERICANS

3

Subtitle A—Immediate Improvements in Health Care  
Coverage for All Americans

6

**SEC. 1001. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT**

8

Part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.)  
is amended by striking the part heading and inserting ...

11

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**P-16**

**“Subpart II—Improving Coverage**

1

“SEC. 2711. NO LIFETIME OR ANNUAL LIMITS.

2

“SEC. 2712. PROHIBITION ON RESCISSIONS.

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**P 17-- II 6 ‘SEC. 2713. COVERAGE OF PREVENTIVE HEALTH  
SERVICES. -- Bill requires all insurance to have preventive  
medicine services that are qualified as such by a Federal  
panel-- THIS HAS PARTICULAR REQUIREMENTS IN LATER SECTIONS  
WHERE YOU MIGHT WONDER WHETHER THE LANGUAGE IS  
REQUIRED OR NOT. -- WHERE DO THE FEDS GET ANY POWER TO  
HAVE ANY SUCH REQUIREMENTS? IF I DO NOT WANT THIS WHY  
SHOULD I HAVE TO PAY FOR IT? IF I DISAGREE WITH ITS VALUE  
WHY SHOULD I HAVE TO PAY FOR IT? IT IS APPLIED IN A NUMBER  
OF VIOLATIONS OF PRIVACY IN FOLLOWING SECTIONS. ISN'T  
THIS A VIOLATION OF THE 9TH AMENDMENT ?**

**P 18-- II 16**

16 “SEC. 2714. EXTENSION OF DEPENDENT COVERAGE.

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**P19-- II 8** “SEC. 2715. DEVELOPMENT AND UTILIZATION OF UNIFORM EXPLANATION OF COVERAGE DOCUMENTS AND STANDARDIZED DEFINITIONS.

10

“SEC. 2715. DEVELOPMENT AND UTILIZATION OF UNIFORM EXPLANATION OF COVERAGE DOCUMENTS AND STANDARDIZED DEFINITIONS.

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**P 26--I 1**“SEC. 2716. PROHIBITION OF DISCRIMINATION BASED ON SALARY.

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--II 19 “SEC. 2717. ENSURING THE QUALITY OF CARE.

*What a bureaucrat in Washington D.C. might consider to be Quality of Care, might well be considered to be anything BUT quality of care, with general standards of care in some areas being entirely different. It might certainly be something that I would not accept as quality of care*

***VIOLATION OF THE 9TH AND/OR 10TH AMENDMENTS. (+1)***

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19

a) QUALITY REPORTING.—

**P 27-- II 5**

...improve health outcomes through the implementation of activities such as ....., effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical homes....., for treatment or services under the plan or coverage;

*What the Feds call “effective case management” necessarily interposes a Federal Governmental Agency between the individual citizen and their doctor (or simply dictates how*

*that case will be managed) regardless of the individual's desires or beliefs.--CLEAR VIOLATION OF THE 9TH AMENDMENT.(+1)*

**P27--II 15 14**

THE SECRETARY SHALL... implement activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional; *-The mere fact that this LAW requires “patient centered education and counseling, comprehensive discharge planning, and post discharge reinforcement” necessarily interposes a Federal Governmental Agency between the individual citizen and their doctor (or simply dictates how that case will be managed regardless of the individual's desires or beliefs).--*

*ANOTHER (1) CLEAR VIOLATION OF THE 9TH AMENDMENT. (+1)*

**P-28 II 3** “(D) implement wellness and health promotion activities.” The mere fact that this LAW requires A Federal Agency to “implement wellness and health promotion activities” interposes that Federal agency between the individual citizen and their doctor (or simply necessarily interposes a Federal Governmental Agency that dictates how the individual will live.-- ANOTHER CLEAR VIOLATION OF THE 9TH AMENDMENT (+1).

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**P-29 II 9**

2)

9) **(b) WELLNESS AND PREVENTION PROGRAMS.**—For purposes of subsection (a) (1) wellness and health promotion activities may include personalized wellness and prevention services, which are coordinated, maintained or delivered by a health care provider, a wellness and prevention plan manager, or a health, wellness or prevention services organization that conducts health risk assessments or offers ongoing face-to-face, telephonic or web based intervention efforts for each of the

program’s participants, and which may include the following wellness and prevention efforts: 19

“(1) Smoking cessation.

“(2) Weight management.

21 (3) Stress management.

22 (4) Physical fitness.

23 (5) Nutrition.

24 (6) Heart disease prevention.

## **P-30 II 1**

“(7) Healthy lifestyle support.

1

“(8) Diabetes prevention.

2

***CLEAR VIOLATIONS OF THE 9TH AMENDMENT (+1): Subsections (c) and (d) then give the Secretary 2 years to come up with regulations to see that a “reimbursement structure” is in place to see that these wellness programs are in place and working. these programs are clearly invasive of personal issues in violation of the 9th Amendment as set forth in Roe and in Griswold V. Conneticut .***

## **P-34**

SEC. 1002. HEALTH INSURANCE CONSUMER INFORMATION.

**P-36(d) DATA COLLECTION.**—As a condition of receiving a grant under subsection (a), an office of health insurance consumer assistance or ombudsman program shall be required to collect and report data to the Secretary on the types of problems and inquiries encountered by consumers. The Secretary shall utilize such data to identify areas where more enforcement action is necessary and shall share such information with State insurance regulators, the Secretary of Labor, and the Secretary of the Treasury for use in the enforcement activities of such agencies ***In order to get such information, the ombudsman office must collect and publish to government agencies medical***

*information on individuals who may not want anyone but their doctors to know what their medical problems might be.--If this isn't a violation of the 4th and the 9th Amendments, what is? (+1)*

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**P-37 SEC. 1003. ENSURING THAT CONSUMERS GET VALUE FOR THEIR DOLLARS.**

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**P- 41 Subtitle B-Immediate Actions to Preserve and Expand Coverage**

9

SEC. 1101. IMMEDIATE ACCESS TO INSURANCE FOR UNINSURED INDIVIDUALS WITH A PREEXISTING CONDITION. --

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**P 115--II 12-24: REFERENCE TO SECTION 5000A(e)(1)**

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**P-116 Sec 1303 (a) Special rules relative to Abortion**

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**P118--II4 --Sec 3509 “Improving Womans’ Heath” sets up a special agency on Woman’s health -**

*-Discrimination based on sex:- There is no such thing for men’s health. Is this not a violation of the 14th (and maybe the 5th) Amendment (+1)*

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**P-140--II 15-20** Transfer lists of names to treasury those who: **Employer** doesn’t meet all requirements

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**P-148--II 10** Restrictions on Hospitals with greater than 50 beds--may not deal with “exchanges” unless it meets the bill as follows after this

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**P152--II 17--21** Requires health insurance plans to cover mental health problems. **SUPPOSE I DO NOT WANT COVERAGE FOR THIS! BUT I HAVE TO PAY FOR IT ANYWAY. DOES**

**THIS OPEN THE WAY FOR REQUIRED “MENTAL HEALTH EXAMINATIONS? Does this not create a way for the Govt. to get someone who is “strange” OR ANTI-GOVERNMENT out of the way I-- A LA SOVIET RUSSIA -- ISN'T THIS A VIOLATION OF THE 9TH AMENDMENT (1+)**

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**P155--II 11-25** “minimum essential coverage under Sec 5000A (f)

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**P160--II 3-11** --Illegal aliens not covered

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**P166--II1-- II 18** --allows Federal govt to go into state that doesn't comply with Federal Law and set up federal exchange. **WHAT IN THE CONSTITUTION GIVES THE FEDERAL GOVT. THE RIGHT TO COME INTO ANY STATE AND SET UP ANY AGENCY THAT IS NOT ESSENTIAL TO THE OPERATION OF THE FEDERAL GOVERNMENT (SUCH AS A MILITARY BASE) IN THAT STATE?**

**ISN'T THIS A VIOLATION OF THE 10TH AMENDMENT (+1)?**

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**P168--LL1-- 26** SEC. 1322. FEDERAL PROGRAM TO ASSIST ESTABLISHMENT AND OPERATION OF NONPROFIT, MEMBER-RUN HEALTH INSURANCE ISSUERS.

3

(a) ESTABLISHMENT OF PROGRAM.—

4

(1) IN GENERAL.—The Secretary shall establish a program to carry out the purposes of this section to be known as the Consumer Operated and Oriented Plan (CO-OP) program.

8

**WHAT CONSTITUTIONAL SECTION ALLOWS THE FEDERAL GOVT THE RIGHT TO SET UP ANY CO-OPS? Is this a violation of the 10th Amendment? (1+)**

**P182--II 8-- p 200 II 25**

*THIS ALLOWS THE FEDERAL GOVT THE RIGHT TO BYPASS THE STATES AND GO DIRECTLY TO “COMMUNITY HEALTH ORGANIZATIONS. ISN'T THIS A VIOLATION OF THE 10TH AMENDMENT (+1)?*

**3) STATE OPT OUT.—**

(A) IN GENERAL.— A State may elect to prohibit Exchanges in such State from offering a community health insurance option if such State enacts a law to provide for such prohibition.

25

**P 20--II 6 -- P 222 LL 13 SEC. 1324. LEVEL PLAYING FIELD. (State Plans approved by Secretary and Regional Plans and Nationwide Plans.)**

*WHAT CONSTITUTIONAL SECTION ALLOWS THE FEDERAL GOV. THE POWER and THE RIGHT TO TELL ANY STATE WHAT IT HAS TO DO. STATES ARE NOT SUBSIDIARIES OF THE FEDERAL GOVERNMENT AND IF WE ALLOW ANY OF THIS TO GO UNCHALLENGED, THEN STATES WILL BECOME NO MORE TO THE FEDERAL GOVT. THAN COUNTIES ARE TO THE COMMONWEALTH!*

*THIS IS A CLEAR VIOLATION OF THE 10TH AMENDMENT (+1)*

**P20--II 7 PART IV — STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS**

8

SEC. 1331. STATE FLEXIBILITY TO ESTABLISH BASIC HEALTH PROGRAMS FOR LOW-INCOME INDIVIDUALS NOT ELIGIBLE FOR MEDICAID

**P20--II 4 ENHANCED AVAILABILITY.—**

(A) MULTIPLE PLANS.— A State shall, to The maximum extent feasible, seek to make multiple standard health plans available to eligible individuals within a State to ensure individuals have a choice of such plans. **AGAIN, WHERE DOES THE FEDERAL GOVERNMENT HAVE THE POWER TO TELL THE STATES WHAT THEY HAVE TO DO?**

**P225--II 16 PART V—REINSURANCE AND RISK ADJUSTMENT**

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**P 226--II 17 SEC. 1341. TRANSITIONAL REINSURANCE PROGRAM FOR INDIVIDUAL AND SMALL GROUP MARKETS IN EACH STATE.**

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**P233--II1 -- P** Gives the State the “right” to exercise their own discretion for re-insurance arrangements so long as that discretion meets minimum Federal standards.

*WHAT CONSTITUTIONAL SECTION ALLOWS THE FEDERAL GOV. THE POWER THE RIGHT TO TELL ANY STATE THAT IT HAS “DISCRETION TO DO ANYTHING.” UNCHALLENGED, THEN STATES WILL BECOME NO MORE TO THE FEDERAL GOVT. THAN COUNTIES ARE TO THE COMMONWEALTH!*

*A VIOLATION OF THE 10TH AMENDMENT (+1)*

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**P238--II 6 -- P 265 II25 Subtitle E—Affordable Coverage Choices for All Americans**

5 PART 1 —PREMIUM TAX CREDITS AND COST- SHARING REDUCTIONS

7 Subpart A—Premium Tax Credits and Cost-sharing Reductions

9

Sec. 1401. REFUNDABLE TAX CREDIT PROVIDING PREMIUM ASSISTANCE FOR COVERAGE UNDER A QUALIFIED HEALTH PLAN.

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**P 245--II 7--Provisions to cover LEGAL aliens**

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**P 246--II 8--Married couples MUST file joint returns **ISN'T THIS A VIOLATION OF THE 9TH AMENDMENT? (+1)****

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**P 252--II 14--Rules for illegal aliens**

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**P 264--II 17--Special Rules for Indians *ISN'T THIS A SPECIFIED TREATMENT OF PEOPLE BASED UPON THE COLOR***

***OF THEIR SKIN IN VIOLATION OF THE 5TH AND THE 14TH AMENDMENT (+1)?***

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**P 269--II 1--Subpart B—Eligibility Determinations**

**SEC.1411. PROCEDURES FOR DETERMINING ELIGIBILITY FOR EXCHANGE PARTICIPATION, PREMIUM TAX CREDITS AND REDUCED COST-SHARING, AND INDIVIDUAL RESPONSIBILITY EXEMPTIONS.**

**P 271--II 1--(2) CITIZENSHIP OR IMMIGRATION STATUS.—**

The following information shall be provided with respect to every enrollee:

3

(A) In the case of an enrollee whose eligibility is based on an attestation of citizenship of

5

the enrollee, the enrollee's social security number.

***THE PROGRAM REQUIRES ENROLLMENT OF EVERYONE. IN ENROLLING, IT REQUIRES EVERY CITIZEN TO PRODUCE AND GIVE THEIR SOCIAL SECURITY NUMBER. THIS VIOLATES SOME CITIZENS' MOST DEEPLY HELD RELIGIOUS BELIEFS (E.G. S3) THIS IS NOT ONLY A VIOLATION OF THEIR 1ST AMENDMENT FREEDOM OF RELIGION, BUT A VIOLATION OF THEIR 9TH AMENDMENT RIGHTS. (+1)--(S3 CASE)***

**P-274--II 20- 275 II (2) CITIZENSHIP OR IMMIGRATION STATUS.—**

(A) COMMISSIONER OF SOCIAL SECURITY.—The Secretary shall submit to the Commissioner of Social Security the following information for a determination as to whether the

**P-275--II 1-6**

information provided is consistent with the information in the records of the Commissioner:

2 (i) The name, date of birth, and social security number of each individual for 4 whom such information was provided under subsection (b)(2).

***THIS IS JUST A CONTINUANCE OF THE CONSTANT GATHERING OF PERSONAL INFORMATION ON INDIVIDUALS BY GOVERNMENT AGENTS. ISN'T THIS ANOTHER VIOLATION OF THE 9TH AMENDMENT?***

**(+1)--(S3 CASE)**

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**P277 II 1--P286 II 6** Sets up system of National Health Care Identification Cards so that they can control 100% insurance coverage-

**IN EFFECT IT IS A NATIONAL PERSONAL ID CARD (SUPPOSEDLY FOR INSURANCE BUT IN REALITY A LA NAZI GERMANY-WHERE DOES THE FEDERAL GOVERNMENT GET THE POWER TO DO THIS.--THIS IS A VIOLATION OF THE 4TH & 5TH & 9TH AMENDMENT--**

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**P285--II10- P286 II 6**

(B) CONFIDENTIALITY.—Notwithstanding any provision of this title (or the amend- ments made by this title) or section 6103 of the Internal Revenue Code of 1986, an employer shall not be entitled to any taxpayer return information with respect to an employee for purposes of determining whether the employer is subject to the penalty under section 4980H of such Code with respect to the employee,.

***This prevents the employer from getting information necessary to defend itself in case of litigation saying it owes tax. It denies Due Process and is a VIOLATION OF THE 5TH AMENDMENT (+1)--NEED AN EMPLOYER FOR A PLAINTIFF***

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**P 286--II 7--(g) CONFIDENTIALITY OF APPLICANT INFORMATION.**

**P287--II 7--II 24--P 288--II 7-19** This allows the Govt. to fine anyone up to \$25,000 if they are guilty of negligence or if they disregard all the things they have to file with the government. -It Allows Govt. to fine anyone they think deliberately providing false or fraudulent information on \$250,000. **VIOLATION OF 8TH AMENDMENT (+1) --**

(1) FALSE OR FRAUDULENT INFORMATION.—

(i) IN GENERAL.— If—

(I) any person fails to provide correct information under subsection and  
 (II) such failure is attributable to negligence or disregard of any rules or regulations of the Secretary, such person shall be subject, in addition to any other penalties that may be prescribed by law, to a civil penalty of not more than \$25,000 with respect to any failures involving an application for a plan year.

**P 302--II 1-- (21) DISCLOSURE OF RETURN INFORMATION TO CARRY OUT ELIGIBILITY REQUIREMENTS FOR CERTAIN PROGRAMS—**

11 ‘(A) IN GENERAL.— The Secretary, upon written request from the Secretary of Health and Human Services, **shall disclose** to officers, employees, and contractors of the Department of Health and Human Services return information of any taxpayer whose income is relevant in determining any premium tax credit under section 36B or any cost-sharing reduction under section 1402 of the Patient Protection and Affordable Care Act or eligibility for participation in a State medicaid program under title XIX of the Social Security Act, a State’s ...or a basic health program under section 1331 of Patient Protection and Affordable Care Act. *This Requires use of Social Security number for health care purposes. THIS violates constitutional rights for freedom of religion where ONE cannot use HIS social security number for anything not connected to social security. 1ST AMENDMENT (+1) IT IS ALSO A VIOLATION OF THE 14TH AMENDMENT (+1) where the Health Care Bill in other sections exempts members of certain religious groups.*

**(S#CASE)**

**P 320--II 16--P 324--17** Subtitle F— Shared Responsibility for Health Care

**17 PART I—INDIVIDUAL RESPONSIBILITY**

18

**SEC. 1501. REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL COVERAGE.**

20

Finding the Insurance is Interstate Commerce--Citing *United States v. Southeastern Underwriters Association* (322U.S.533 (1944))

**P 321--LL 4 (2) EFFECTS ON THE NATIONAL ECONOMY AND INTERSTATE COMMERCE.**—The effects described in this paragraph are the following:

6 (A) The requirement regulates activity that is commercial and economic in nature: economic and financial decisions about how and when health care is paid for, and when health insurance is purchased-

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**P 324--ll 18 Section 5000A: Requires maintenance of minimum essential coverage OR ELSE**

“(a) REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL COVERAGE. —An applicable individual shall for each month beginning after 2013 ensure that the individual,

**325**

and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for such month.

3

“(b) SHARED RESPONSIBILITY PAYMENT.—

4

“(1) IN GENERAL.—If an applicable individual fails to meet the requirement of subsection (a) for 1 or more months during any calendar year beginning after 2013, then, except as provided in subsection (d), there is hereby imposed a penalty with respect to the individual in the amount determined under subsection (c).

***THIS IS THE VIOLATION OF 9TH AND 10TH AMENDMENT--Where can Congress make individuals buy anything. Congress can control interstate commerce--but nothing says it can make anyone involve themselves in Interstate commerce by simply existing. IF THEY CAN DO THAT THEY CAN MAKE PEOPLE BUY ANYTHING (+1)***

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**P 330 ll 1 *Allows an exception for anyone who is a member of a recognized religious sect or division thereof described in section 1402(g)(1) and an adherent of established tenets or***

*teachings of such sect or division as described in such section. (ISN'T THE DESCRIPTION OF A RELIGIOUS SECT OR GROUP AND SAYING ( THAT CERTAIN ONES ARE IN AND CERTAIN ONES ARE CLEARLY A VIOLATION OF THE 1ST AMENDMENT -- AND MAYBE THE 9TH? (+1)*

“(B) HEALTH CARE SHARING MINISTRY.—

12

“(i) IN GENERAL.—Such term shall not include any individual for any month if such individual is a member of a health care sharing ministry for the month.

16

“(ii) HEALTH CARE SHARING MINISTRY.—The term ‘health care sharing ministry’ means an organization—

“(I) which is described in section 501(c)(3) and is exempt from taxation under section 501(a),

“(II) members of which share a common set of ethical or religious beliefs and share medical expenses

25

### **P-331**

among members in accordance with those beliefs and without regard to the State in which a member resides or is employed,

4

“(III) members of which retain membership even after they develop a medical condition,

7

“(IV) which (or a predecessor of which) has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999, and

‘(V) which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request

20

***A violation of the 1st and the 14th Amendments by giving***

*special provisions for people who are members of certain specific religious groups established by a certain time and not allowing others who feel the same way but were not established as a group by 2000 AD. In effect it establishes those who were members of certain religious groups by a certain time, but disestablishes any group set up after that time (+1) (PHILIP HORTON CASE )*

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**P332 II 11-23** People will not be required to pay more than 8% of their income.

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**P 367 II 7 Sec 1555** Says that insurance companies may operate outside of the Federal System (BUT EVERYONE HAS GOT TO BUY INSURANCE UNDER THE FEDERAL SYSTEM)

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**P 373 II 6** “SEC. 3021. HEALTH INFORMATION TECHNOLOGY ENROLLMENT STANDARDS AND PROTOCOLS.

8

“(a) IN GENERAL.—

9

“(1) STANDARDS AND PROTOCOLS.—Not later than 180 days after the date of enactment of this title, the Secretary, in consultation with the HIT Policy Committee and the HIT Standards Committee, shall develop interoperable and secure standards and protocols that facilitate enrollment of individuals in Federal and State health and human services programs, ...

**P374--II 1**

(b) CONTENT.—The standards and protocols for electronic enrollment in the Federal and State programs described in subsection (a) shall allow for the following:

3 “(1) Electronic matching against existing Federal and State data, including vital records, employment history, enrollment systems, tax records, and other data determined appropriate by the Secretary

***THIS SHOWS FURTHER INTENSIFICATION OF THE GOVERNMENT’S***

***DRIVE TO GET MAXIMUM INFORMATION ON EVERY CITIZEN. IT SHOWS MORE AND MORE INVASION OF PERSONAL PRIVACY. IT IS IN THAT SENSE A VIOLATION OF THE 4TH & 9TH AMENDMENT.***

***(+1)***

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**P 451--II 12 SEC. 2303. STATE ELIGIBILITY OPTION FOR FAMILY PLANNING SERVICES. *ISN'T THE FEDERAL GOVERNMENT (OR STATE GOVERNMENT) GETTING INTO FAMILY PLANNING SERVICES REALLY GETTING INTO PRIVATE PERSONAL SERVICES--THE OPPOSITE OF THE *Griswold v. Connecticut*, 381 U.S. 479 (1965) CASE (+1)***

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**P 568 II2-- P595 II19 Subtitle L—Maternal and Child Health Services**

**2 SEC. 2951. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS.**

‘SEC. 511. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS.

(a) PURPOSES.—The purposes of this section are—

10

(b) REQUIREMENT FOR ALL STATES TO ASSESS STATEWIDE NEEDS AND IDENTIFY AT RISK COMMUNITIES.— ***HOW IS THIS NOT A VIOLATION OF THE 10TH AMENDMENT? HOW DOES THE FEDERAL GOVERNMENT HAVE THE RIGHT OR POWER TO MAKE THE STATES DO ANYTHING WITHOUT A CONSTITUTIONAL AMENDMENT? (+1)***

20

“(1) IN GENERAL.—Not later than 6 months after the date of enactment of this section, each State shall, as a condition of receiving payments from an allotment for the State under section 502 for fiscal year 2011, conduct a statewide needs assessment (which shall be separate from the statewide needs assessment required under section 505(a))

AUTHORITY TO MAKE GRANTS.—In addition to any other payments made under this title to a State, the Secretary shall make grants to eligible entities to enable the entities to deliver services under early childhood home visitation

programs that satisfy the requirements of subsection (d) to eligible families in order to promote improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development-

(B) PARTICIPANT OUT COMES.—The participant outcomes described in this subparagraph are the following:

17

“(i) Improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes

20

“(ii) Improvements in child health and development, including the prevention of child injuries and maltreatment and improvements in cognitive, language, social-

24

P 577

emotional, and physical developmental indicators.

**P.571 II 1 Aren't requirements on states to make reports to the "Secretary" a violation of the 10th Amendment? ALSO, WHAT ABOUT THE 4TH AND 9TH. If not why not? (+1)**

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**P. 571 II 13 (c) GRANTS FOR EARLY CHILDHOOD HOME**

**VISITATION PROGRAMS.—14 VIOLATION OF 9TH & 10TH AMENDMENTS (+1)**

**NOTE: HOME VISITATION MUST BE VOLUNTARY, BUT WHAT PRESSURE WILL BE BROUGHT ON THEM BY FEDERAL AGENTS? P 584 II 3**

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**P 576 II 6 “(2) IMPROVEMENTS IN OUTCOMES FOR INDIVIDUAL FAMILIES.—**

**OVERALL A VIOLATION OF THE 9TH AMENDMENT (+1)**

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**P 586 II 1 Evaluation of State Programs--**

**A VIOLATION OF THE 10TH AMENDMENT(+1)**

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**P 596 II 20--P604 II 2 Funding for post partum depression and grants to families THIS IS STRICTLY FOR WOMEN--ISN'T IT A MATTER**

**OF DISCRIMINATION BASED ON SEX -- 14TH AMENDMENT VIOLATION (+1)**

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**P604 II1--P 612 II 23 SEC. 2953. PERSONAL RESPONSIBILITY EDUCATION.**

(C) ADULTHOOD PREPARATION SUBJECTS.—The adulthood preparation subjects 12 described in this subparagraph are the following:

14

“(i) Healthy relationships, such as positive self-esteem & relationship dynamics, friendships, dating, romantic involvement, marriage, & family interactions.

“(ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.

24

Financial literacy. 25

xvii) P 613

“(iv) Parent-child communication.

1

“(v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.

6“(vi) Healthy life skills, such as goal setting, decision making, negotiation, communication and interpersonal skills, and stress management.

10

**--SEX EDUCATION FOR ABSTINENCE AND USE OF CONDOMS -- ALSO  
“ADULTHOOD PREPARATION-- POSITIVE SELF ESTEME, DATING,  
RACIAL AND ETHNIC DIVERSITY-- Funding for State personal responsibility for youth pregnancy--DOESN'T THIS SOMEHOW VIOLATE 9TH AMENDMENT PARENTAL RIGHTS ON RAISING CHILDREN (+1)**

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**P619--II4--20 (Sec 2955) P 621--II 1-9--IMPORTANCE FOR  
HAVING A HEALTH CARE POWER OF ATTORNEY FOR CHILDREN  
AGING OUT OF FOSTER CARE AND INDEPENDENT LIVING  
PROGRAMS?=WHERE DOES THE FEDERAL GOVERNMENT HAVE  
THE RIGHT OR POWER TO SET UP ANY SUCH PROGRAM--**

## **VIOLATION OF 9TH AMENDMENT (1+).**

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### **P 693 II 15-- PART II—NATIONAL STRATEGY TO IMPROVE HEALTH CARE QUALITY**

16 “PART S—HEALTH CARE QUALITY PROGRAMS

### ***A VIOLATION OF THE 10th and 9TH AMENDMENTS (1+)***

1

‘Subpart I—National Strategy for Quality Improvement in Health Care

### **“SEC. 399HH. NATIONAL STRATEGY FOR QUALITY IMPROVEMENT IN HEALTH CARE.**

(a) ESTABLISHMENT OF NATIONAL STRATEGY AND PRIORITIES.—

7

1) NATIONAL STRATEGY.—The Secretary, through a transparent collaborative process, shall establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health. ---

2)

5 (a) ESTABLISHMENT OF NATIONAL STRATEGY AND PRIORITIES.—

7

“(1) NATIONAL STRATEGY.—The Secretary, through a transparent collaborative process, shall establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health....

‘(viii) reduce health disparities across health disparity populations (as defined in section 485E) and geographic areas; and address other areas as determined appropriate by the Secretary. ...

### **WHERE AND HOW DOES THE FEDERAL GOVERNMENT HAVE ANY RIGHT OR POWER TO SET ANY NATIONAL STRATEGY FOR QUALITY IMPROVEMENT IN HEALTH CARE UNDER ANY PART OF THE CONSTITUTION--10TH AMENDMENT VIOLATION (+1)**

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709

SEC. 3014. QUALITY MEASUREMENT.

1 NEW DUTIES FOR CONSENSUS-BASED ENTITY..... — 2

**P774**

“(2) **MONITORING APPLICABLE BENEFICIARIES.**—The Secretary may monitor data on expenditures and quality of services under this title after an applicable beneficiary discontinues receiving services under this title through a qualifying independence at home medical practice....

**P784 II 1 (6) REPORTING HOSPITAL SPECIFIC INFORMATION.**—

17

A) **IN GENERAL.**—The Secretary shall make information available to the public regarding readmission rates of each subsection (d) hospital under the program.

B) **OPPORTUNITY TO REVIEW AND SUBMIT CORRECTIONS.**—The Secretary shall ensure That a subsection (d) hospital has the opportunity to review, and submit corrections .....

**P 785**

**25“(7) LIMITATIONS ON REVIEW.**— There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the following:

9

*THIS PUTS EVERYTHING IN THE NATION’S MEDICAL FIELD UNDER THE SECRETARY AND GIVES THE SECRETARY FULL POWER TO DO ANYTHING THEY WANT IN ANY AREA OF THE COUNTRY. IT ALSO ALLOWS THIS POWER TO COME DOWN TO THE SMALL HOSPITALS (NOT INVOLVED IN INTERSTATE COMMERCE) AND ANY INDIVIDUAL “BENEFICIARY”*

24

*WHERE DOES THE FEDERAL GOVERNMENT HAVE ANY RIGHT OR POWER TO DO ANY OF THIS UNDER THE PROVISIONS OF ARTICLE 1 SEC. 8 AND THE 10TH AMENDMENT TO THE CONSTITUTION? IT DOESN’T (1+) AND GIVES NO CHANCE OF JUDICIAL REVIEW OF THE SECRETARY’S DECISION. THIS IS A 5TH & 14TH AMENDMENT VIOLATION (+1) IT MAY ALSO ALLOW CLEAR VIOLATIONS OF THE 9TH AMENDMENT (+1)*

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P869--II 15--P923 II7 PART C MEDICARE ADVANTAGE--SEC 3201

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**P984--II 4-- P987--II1 (f) PSYCHIATRIC HOSPITALS-**

*--RE: COLD WAR SOVIET UNION*

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**P1000--II19-- P 1007 I16 Section 3403 INDEPENDENT MEDICARE ADVISORY BOARD --Does this say what medicare procedures will be available? Does it impinge on one's right to decide what medical care he or she is going to be able to get?**

***Does it violate the 9th Amendment under Grizwold V. Conneticut? It will limit medical care available if costs exceed target growth of use of medical care (1+)***

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**P- 1001:** Regarding the discussion of an independent medicare advisory board to cut the cost of medicare/medicaid...This will undoubtedly result in the federal government determining which services are allowable. Since ***Roe v. Wade***, the constant justification for legalization of abortion (and following along to similar cases like ***Griswold v. Conneticut***) is that abortion, when you strip away the spiritual and emotional arguments about the sanctity of life, is a medical procedure, and the Supreme Court has found an implied right to privacy in the fourth amendment regarding medical care and treatment. How does allowing the government to choose what procedures are available reconcile with the long line of cases on abortion?

**VIOLATION OF THE 4TH & 9TH AMENDMENT (1+)**

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**P1004--II 4 The proposal shall not include "rationing health care" BUT P1005--II 5 The proposal "shall include recommendations to reduce medicare payments under parts C and D such as reductions in direct subsidy payments to Medicare Advantage and prescription drug plans specified under paragraph (1) and (2) of section 1860D-15(a)**

P1006--II 6 & 7 -- this only applies to Medicare

AND see section 3503 P1075 III -- Which legislates medication management services in the treatment of chronic disease--SUPPOSE I WANT SOMETHING ELSE?

**ISN'T THIS A VIOLATION OF THE 4TH & 9TH AMENDMENT (1+)**

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P1014--119-10 talks about “(C) MEDICARE PER CAPITA TARGET GROWTH RATE“

*-P1015--115-P10-23 talks about the “Savings Requirement.”*

*Do savings requirements not call for lesser services? See also P 113--11 10 (C) LIMITATIONS ON PERSONAL CHOICE-- VIOLATION OF 4TH & 9TH AMENDMENT (+1)*

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(C) LIMITATION.—Funds under this paragraph shall not be used to purchase or implement use of patient decision aids other than those certified under the process identified in subsection (c).

---

P 1017 III -- P 1036 II 23 purports to tell future Congresses how to handle growth in health care costs.

**Is this constitutional under Article 2 of the Constitution? (1+) MORGAN GRIFFITH--future congressman for PL)**

HOW ABOUT P1020 II 15--P1031 II 22 which starts:

**(C) LIMITATION ON CHANGES TO THIS SUBSECTION.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.**

20

“(D) WAIVER.—This paragraph may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

24

**How about rules for future Congresses found on p 1132?**

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**P1075 SEC. 3503. MEDICATION MANAGEMENT SERVICES IN TREATMENT OF CHRONIC DISEASE.**

Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.), as amended by section 3501, is further amended by inserting after section 934 the following:

**“SEC. 935. GRANTS OR CONTRACTS TO IMPLEMENT MEDICATION MANAGEMENT SERVICES IN TREATMENT OF CHRONIC DISEASES.**

**8**

“(a) IN GENERAL.—The Secretary, acting through the Patient Safety Research Center established in section 933 (referred to in this section as the ‘Center’), shall establish a program to provide grants or contracts to eligible entities to implement medication management (referred to in this section as ‘MTM’) services provided by licensed pharmacists, as a collaborative, multidisciplinary, interprofessional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of care and reduce overall cost in the treatment of such diseases. The Secretary shall commence the program under this section not later than May 1, 2010....

**(c) MTM SERVICES TO TARGETED INDIVIDUALS.—**

The MTM services provided with the assistance of a grant or contract awarded under subsection (a) shall, as allowed by State law including applicable collaborative pharmacy practice agreements, include—

17

“(1) performing or obtaining necessary assessments of the health and functional status of each patient receiving such MTM services;

20

(2)formulating a medication treatment plan according to therapeutic goals agreed upon by the prescriber and the patient or caregiver or authorized representative of the patient;

(3)24 (3) selecting, initiating, modifying, recommending changes to, or administering medication therapy;

(4) monitoring, which may include access to, ordering, or performing laboratory assessments, and evaluating the response of the patient to therapy, including safety and effectiveness;

7

“(5) performing an initial comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events, quarterly targeted medication reviews for on 11

(6) documenting the care delivered and communicating essential information about such care, including a summary of the medication review, and the recommendations of the pharmacist to other appropriate health care providers of the patient in a timely fashion;

20

(7) providing education and training designed to enhance the understanding and appropriate use of the medications by the patient, caregiver, and other authorized representative;....

(d) TARGETED INDIVIDUALS.—MTM services provided by licensed pharmacists under a grant or contract awarded under subsection (a) shall be offered to targeted individuals who—

14

“(1) take 4 or more prescribed medications (including over-the-counter medications and dietary supplements);

17

“(2) take any ‘high risk’ medications;

18

“(3) have 2 or more chronic diseases, as identified by the Secretary; or

20

“(4) have undergone a transition of care, or other factors, as determined by the Secretary, that are likely to create a high risk of medication-related problems.

24

**S3 AS PLAINTIFF IN THIS--CLEAR VIOLATION OF PRIVACY  
DO NOT ALL OF THESE SERIOUSLY IMPINGE UPON  
PERSONAL PRIVACY THAT WAS HELD TO BE  
PROTECTED BY THE 4TH AND 9TH AMENDMENTS  
BY THE S.CT. IN GRISWALD V. CONNETICUT AND  
ROE V. WADE? (VIOLATION OF THE 4TH AND 9TH  
AMENDMENT (+1)**

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**P1106 II 1--P1113 II 21 SEC. 936. PROGRAM TO FACILITATE SHARED DECISION-MAKING.**

**THIS IS AN UNCONSTITUTIONAL INTERFERENCE WITH THE INDIVIDUAL'S MEDICAL CARE UNDER 4TH & 9TH AMENDMENT**

**(1+)**

**Program to “AID” patients in making decisions provides patients, caregivers or authorized representatives with information about trade-offs among treatment options, and facilitates the incorporation of patient preferences and values into the medical plan.**

10

“(b) DEFINITIONS.—In this section:

1) PATIENT DECISION AID. **(PROPAGANDA)**—The term ‘patient decision aid’ means an educational tool that helps patients, caregivers or authorized representatives understand and communicate their beliefs and preferences related to their treatment options, and to decide with their health care provider what treatments are best for them based on their treatment options, scientific evidence, circumstances, beliefs, and preferences.

20

“(2) PREFERENCE SENSITIVE CARE.—The term preference sensitive care’ means medical care for which the clinical evidence does not clearly support one treatment option such that the appropriate course of treatment depends on the values of the patient or the preferences of the patient, caregivers or authorized representatives regarding the benefits, harms and scientific evidence for each treatment option, the use of such care should depend on the informed patient choice among clinically appropriate treatment options.

5 (c) ESTABLISHMENT OF INDEPENDENT STANDARDS FOR PATIENT DECISION AIDS FOR PREFERENCE SENSITIVE CARE. —

8 -47-

“(1) CONTRACT WITH ENTITY TO ESTABLISH STANDARDS AND CERTIFY PATIENT DECISION AIDS.—

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**P1132 II 21** Sec 3510--What is the Patient Navigator Program and what does it mean for interference with individual patient health care?

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**P1134 Title IV PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH --- where in the constitution does the Federal Government have the right or power (without a constitutional amendment) to do anything about this? 10TH AMENDMENT VIOLATION (1+)**

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**- P1143 II3--1146 II 18“(a) PREVENTIVE SERVICES TASK FORCE. Where does the constitution give the Federal Government the right or power to carry out the duties of a “COMMUNITY Preventative Services Taskforce? (AGAIN note Communist like “5 year plan.”)**

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**P1146 II 19 -- P1150 II 5 Where does the constitution give the --Federal Government the right or power to carry out the duties of a “COMMUNITY Preventative Services Taskforce? (1+) (AGAIN note Communist like “5 year plan.”)**

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**P-1150 II 6 EDUCATION & OUTREACH CAMPAIGN REGARDING PREVENTIVE BENEFITS.**

**--Pushes preventive services. Isn't this a very intense intervention in personal rights--  
VIOLATION OF 9TH AMENDMENT (1+)**

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**P 1154 II 20 (f) PERSONALIZED PREVENTION PLANS.**  
 — Where does the constitution give the Federal Government the right or power to carry out the duties of a  
**“PERSONALIZED PREVENTION PLANS?”**

***9th amendment challenge (1+)***

**P1154 II 24--P 1155 II 22 (i) PUBLIC PREVENTIVE & OBESITY-RELATED SERVICES.**

Where does the constitution give the Federal Government the right or power to do anything about individual obesity?

**PLAINTIFF FOR THIS: Brian Reicke**

***9th amendment challenge(1+)***

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**P1156 II 1-- Subtitle B—Increasing Access to Clinical Preventive Services**

**SEC. 4101. SCHOOL-BASED HEALTH CENTERS.** Where does the constitution give the Federal Government the right or power to put health centers in schools? Does this mean abortions for teenage girls? (Shouldn't people who put life above everything else support us financially in this?)

**NOTE: THIS ALLOWS FUNDS ONLY FOR FACILITIES--NOT SERVICES BUT....)**

***10th amendment challenge(1+)***

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P 1174 || 1- SEC. 4103. MEDICARE COVERAGE OF ANNUAL WELLNESS VISIT PROVIDING A PERSONALIZED PREVENTION PLAN.

3

**Coverage of personalized prevention plan services  
Calls for an annual “wellness visit” to set up a  
“personalized prevention plan” that calls for massive  
intervention by Federal authorities in individual lives**

## **9th amendment challenge (1+)**

**...that includes a health risk assessment (that meets the guidelines established by the Secretary under paragraph (4)(A)) of the individual that is completed prior with a health professional [approved by the Federal Government]**

9

“(B) that—takes into account ....

ii) “(A) The establishment of, or an update to, the individual’s medical and family history.

“(B) A list of current providers and suppliers that are regularly involved in providing medical care to the individual (including a list of all prescribed medications).

“(C) A measurement of height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements.

**(D) Detection of any cognitive impairment.**

(E) The establishment of, or an update to, the following:

iii) A screening schedule for the next 5 to 10 years, as appropriate, based on recommendations of the United States Preventive Services Task Force and -

iv) the Advisory Committee on Immunization Practices, and the individual’s health

v) status, screening history, and age-appropriate preventive services covered under this title.

11

“(ii) A list of risk factors and conditions for which primary, secondary, or tertiary prevention interventions are recommended or are underway, including any mental health conditions or any such risk factors or conditions that have been identified through an initial preventive physical examination (as described under subsection (ww)(1)), and a list of treatment options and their associated risks and benefits.....

The furnishing of personalized health advice and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management, or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition.

(G) Any other element determined appropriate by the Secretary. .... or a team of medical professionals, as determined appropriate by the Secretary, ...

(4)(A) For purposes of paragraph (1)(A), the Secretary, not later than 1 year after the date of enactment of this subsection, shall establish publicly available guidelines for health risk assessments. Such guidelines shall be developed in consultation with relevant groups and entities and shall provide that a health risk assessment—

22

i) identify chronic diseases, injury risks, modifiable risk factors, and urgent health needs of the individual; and

**DOES THIS NOT INVADE PERSONAL PRIVACY WHICH THE S. CT. HAS SAID IS PROTECTED BY THE 4TH AND 9TH AMENDMENTS TO THE CONSTITUTION? (+1)**

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**P 1 1 9 2****Sec. 4107. COVERAGE OF COMPREHENSIVE TOBACCO CESSATION SERVICES FOR PREGNANT WOMEN IN MEDICAID.**

8

(a) REQUIRING COVERAGE OF COUNSELING AND PHARMACOTHERAPY FOR CESSATION OF TOBACCO USE BY PREGNANT WOMEN

(b).11

**VIOLATION OF 9TH AMENDMENT (+1)****P 1195 II 19 SEC. 4108. INCENTIVES FOR PREVENTION OF CHRONIC DISEASES IN MEDICAID.**

20

(a) INITIATIVES.—

(1) ESTABLISHMENT.—

22

(A) IN GENERAL.—The Secretary shall award grants to States to carry out initiatives

24

**P-1196**

to provide incentives to Medicaid beneficiaries who—

2

(i) successfully participate in a program described in paragraph (3); and

4

(ii) upon completion of such participation, demonstrate changes in health risk and outcomes, including the adoption and maintenance of healthy behaviors by meeting specific targets (.....

**DOES THE 9TH AMENDMENT ALLOW THE FEDS TO HAVE PROGRAMS TO CHANGE INDIVIDUAL BEHAVIOR OF THOSE WHO ARE NOT FEDERAL FELONS OR IN THE MILITARY? (1+)**

10

(B) PURPOSE.—The purpose of the initiatives under this section is to test approaches that may encourage behavior modification and determine scalable solutions.

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**P. 1203 II 17 Subtitle C—Creating Healthier Communities**

18

**SEC. 4201. COMMUNITY TRANSFORMATION GRANTS.**

19 **WHERE DO THE FEDS HAVE THE RIGHT OR POWER TO BYPASS THE STATES TO THEIR COMMUNITIES UNDER THE 10TH AMENDMENT?--ISN'T THIS A VIOLATION THEREOF? (1+) ALSO, WHERE DOES THE FEDERAL GOVERNMENT HAVE ANY POWER OVER STATE AND LOCAL SCHOOL SYSTEMS EXCEPT BY GRANTS TO THE STATES WITH THE STATES VOLUNTARILY ACCEPTING THE CONDITIONED GRANTS? (+1)**

(B) ACTIVITIES.—Activities within the plan may focus on (but not be limited to)—

16 (i) creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, and prevention curricula, and activities to prevent chronic diseases;  
**WHERE DOES THE FEDERAL GOVERNMENT GET ANY RIGHT OR POWER TO DO ANY OF THIS?**

22

(ii) creating the infrastructure to support active living and access to nutritious foods in a safe environment;

25

**P1206**

(iii) developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation,

(iv) improves social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;

8

(iv) **assessing & implementing worksite wellness programming and incentives;**

10 (v) working to highlight healthy options at restaurants and other food venues;

12

(vi) prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and

16

(vii) addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban and rural areas.

---

## **P 1209 II 21**

SEC. 4202. HEALTHY AGING, LIVING WELL; EVALUATION OF COMMUNITY-BASED PREVENTION AND WELLNESS PROGRAMS FOR MEDICARE BENEFICIARIES.

24

(a) HEALTHY AGING, LIVING WELL.—

25

## **P-1210**

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), ..., shall award grants to State or local health departments and Indian tribes to carry out 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age. **WHERE DOES THE FEDERAL GOVERNMENT HAVE THE RIGHT TO BUY-PASS THE STATES AND GO TO LOCAL AGENCIES IN ANY AREA?**

**10TH AMENDMENT VIOLATION (1+)**

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## **P 1212 (C) COMMUNITY PREVENTIVE SCREENINGS. ....**

**(ii) TYPES OF SCREENING ACTIVITIES.**

—**Screening activities conducted** under this subparagraph may include—

(I) mental health/behavioral health and substance use disorders;

II) physical activity, smoking, and nutrition; and mental health/behavioral health and substance use disorders;

**P 1213**

III) any other measures deemed appropriate by the Secretary.

**DOESN'T "SCREENING" FOR MENTAL HEALTH/BEHAVIORAL HEALTH; SUBSTANCE ABUSERS; PHYSICAL ACTIVITY; SMOKING; NUTRITION OF INDIVIDUALS CLEARLY VIOLATE THE 9TH AMENDMENT AND IMPOSE A REAL DANGER TO INDIVIDUAL LIBERTY? WHAT COULD HITLER HAVE DONE WITH THIS? (1+)**

**P--1213 ll 20 (ii) MECHANISM.—(I) IDENTIFICATION AND DETERMINATION OF STATUS.**—With respect to each individual with risk factors for or having heart disease, stroke, diabetes, or any other condition for which such individual was screened under subparagraph (C), a grantee under this section shall determine whether or not such individual is covered under any public or private health insurance program.

**P-1214 ll 6**

**(II) INSURED INDIVIDUALS.**—An individual determined to be covered under a health insurance program under subclause (I) shall be referred by the grantee to the existing providers under such program or, if such

12

individual does not have a current provider, to a provider who is in-network with respect to the program involved.

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**MORE PERSONAL INTRUSION--9TH AMENDMENT VIOLATION (+1)**

**P-1217(i) EVIDENCE REVIEW.**—The Secretary shall review .... resources that are relevant to programs that promote healthy lifestyles and reduce risk factors for the Medicare population. ... include, at a minimum—

15

(I) physical activity, nutrition, and obesity;

17

(II) falls;

18

(III) chronic disease self-management; and

(IV)20 (IV) mental health

SEE ALSO P 1237 II4 SEC 4206

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## Additional evidence of personal intrusion--9th Amendment (+1)

**P 1218 II 1** the Assistant Secretary for Aging, shall, ... conduct an evaluation of existing community prevention and wellness programs that are sponsored by the Administration on Aging to assess the extent to which Medicare beneficiaries who participate in such programs—

9

(I) reduce their health risks, improve their health outcomes, and adopt and maintain **healthy behaviors**;

12 (II) improve their ability to manage their chronic conditions; and

14 (III) reduce their utilization of health services and associated costs--NOTE RATIONING

---

### **P1228 SEC. 4205. NUTRITION LABELING OF STANDARD MENU ITEMS AT CHAIN RESTAURANTS.**

(H) RESTAURANTS, RETAIL FOOD ESTABLISHMENTS, AND VENDING MACHINES.—

14

“(i) GENERAL REQUIREMENTS FOR RESTAURANTS AND SIMILAR RETAIL FOOD ESTABLISH-

MENTS.—Except for food described in subclause 17

(vii), in the case of food that is a standard menu item that is offered for sale in a restaurant or similar retail food establishment that is part of a chain with 20 or more locations doing business under the same name (regardless of the type of ownership of the locations) and offering for sale substantially the same menu items, the restaurant or similar retail food establishment shall disclose the information described in subclauses (ii) and (iii).

26

**WHERE DO THE FEDS HAVE THE POWER? IS THERE A SUIT HERE-- WHAT ABOUT CHAIN RESTURANTS THAT DO NOT HAVE RESTURANTS IN MORE THAN ONE STATE EVEN WITH THE “COMMERCE CLAUSE”, IS THIS AN OVERBROAD ASSERTION OF POWER UNDER**

**THE 9TH AMENDMENT? (+1)****P 1237 II 23----**

“(3) WELLNESS PLANS.—

“(A) IN GENERAL.— An individualized wellness plan prepared under the pilot program

25

**P 1238**

under this subsection may include one or more of the following as appropriate to the individual’s identified risk factors:

3

“(i) Nutritional counseling.

4

“(ii) A physical activity plan.

5

“(iii) Alcohol and smoking cessation counseling and services.

7

Stress management.

8

v) Dietary supplements that have health claims approved by the Secretary.

**SO ANY DIETARY SUPPLEMENTS THAT I MAY WANT TO TAKE MUST BE APPROVED BY THE SECRETARY! ANOTHER 9TH AMENDMENT VIOLATION (+1)**

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“(vi) Compliance assistance provided by a community health center employee.

“(B) RISK FACTORS ‘.— Wellness plan risk factors shall include—

“(i) weight;

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“(ii) tobacco and alcohol use;

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“(iii) exercise rates;

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“(iv) nutritional status; and

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“(v) blood pressure.

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“(C) COMPARISONS.—Individualized wellness plans shall make comparisons between the individual involved and a control group of individuals with respect to the risk factors described in subparagraph (B).

## **P-1242**

### **“TITLE XXXI—DATA COLLECTION, ANALYSIS, AND QUALITY**

3

“SEC. 3101. DATA COLLECTION, ANALYSIS, AND QUALITY.

#### **4 “(a) DATA COLLECTION.—**

“(1) IN GENERAL.—The Secretary shall ensure that, by not later than 2 years after the date of enactment of this title, any federally conducted or supported health care or public health program, activity or survey (including Current Population Surveys and American Community Surveys conducted by the Bureau of Labor Statistics and the Bureau of the Census) collects and reports, to the extent practicable—

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“(A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants;

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“(B) data at the smallest geographic level such as State, local, or institutional levels if

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such data can be aggregated;

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“(C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations; and

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**P1250 II 16 “SEC. 1946. ADDRESSING HEALTH CARE DISPARITIES. WHERE IN THE WORLD (OR THE CONSTITUTION) DO THE FEDS HAVE THE RIGHT OR POWER TO DO THIS? IS THIS A VIOLATION OF THE LIMITATIONS IMPOSED BY THE 9TH OR THE 10TH AMENDMENTS? (1+)**

a) **EVALUATING DATA COLLECTION APPROACHES.**

— The Secretary shall evaluate approaches for the collection of data under this title and title XXI, for the ongoing, accurate, and timely collection and evaluation of data on disparities in health care services and performance on the basis of race, ethnicity, sex, primary language, and disability status.....

## 1251

(3) Improving program data under this title and title XXI on race, ethnicity, sex, primary language, and disability status.

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**P 1257 II 14 ADVANCING RESEARCH AND TREATMENT FOR PAIN CARE MANAGEMENT. 15 {YEAH, LIKE PERDUE AND OXI-COTTON}**

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**P1266 II 18--P1507 LL19 TITLE V—(BUILDING) HEALTH CARE WORKFORCE - -- They’re going to need 150,000 more doctors they do not have. **Where do the Feds have the power to do this?** VIOLATION OF THE 9TH OR 10TH AMENDMENTS ? (+1)**

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## **P 1508 II 1 Subtitle G—Improving Access to Health Care Service**

### **P 1510--II 18**

SEC. 5602. NEGOTIATED RULE MAKING FOR DEVELOPMENT OF METHODOLOGY AND CRITERIA FOR DESIGNATING MEDICALLY UNDERSERVED POPULATIONS AND HEALTH PROFESSIONS SHORTAGE AREAS.

22 **P 1515--II 8** SEC. 5604. CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS. ([A La the Cold War Soviet Union](#))

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**P 1523--II 8 (C) ESTABLISHMENT OF A KEY NATIONAL INDICATOR SYSTEM.—9**

**THIS ALL MIGHT BE NICE, BUT AGAIN WHERE DO THE FEDS HAVE THE RIGHT OR POWER TO DO ANY OF THIS UNDER THE 9TH AND 10TH AMENDMENTS (+1)? -- this also gives key governance to various private medical groups. Is this a republican form of government guaranteed by the constitution? (1+)**

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## **P 1529 II 3--P 1648 II 13 TITLE VI—TRANSPARENCY & PROGRAM INTEGRITY**

4

Subtitle A—Physician Ownership and Other Transparency

6

THIS TITLE REFERS TO THE OWNERSHIP OF HOSPITALS, NURSING HOMES, AND OTHER MEDICAL FACILITIES AND CONNECTIONS WITH DRUG AND MEDICAL DEVICE MANUFACTURERS BY DOCTORS AND OTHER MEDICAL PERSONNEL WHO ARE IN A POSITION OF REFERRING THEIR PATIENTS TO THEIR FACILITIES OR TO DRUG MANUFACTURERS (*A LA PERDUE PHARMA AND OXYCOTIN*).

*THIS PROBABLY CAN BE SAID TO BE A MARGINALLY CONSTITUTIONAL USE OF FEDERAL POWER UNDER THE INTERSTATE*

*COMMERCE CLAUSE, BUT THAT WOULD POSSIBLY BE NOT SO ON A CASE BY CASE BASIS. SUBTITLE B, INVOLVING NURSING HOMES MIGHT BE MUCH LESS LIKELY TO HAVE “INTERSTATE COMMERCE CLAUSE” CONSTITUTIONALITY. -- WE MIGHT WANT TO TALK TO NURSING HOME OWNERS WHO DO NOT HAVE ANY OUT-OF- STATE PATIENTS IF THEY WANT TO TRY TO TAKE THIS ONE ON.*

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### **P-1723 II 10-23**

the Secretary, the Inspector General of the Department of Health and Human Services and the Attorney General shall have access to claims and payment data of the Department of Health and Human Services and its contractors related to titles XVIII, XIX, and XXI.

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“(b) OIG AUTHORITY TO OBTAIN INFORMATION.—

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### **P-1783 II 3**

Subtitle F—Additional Medicaid Program Integrity Provisions

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### **P-1791 II 9**

Subtitle G—Additional Program Integrity Provisions

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### **P 1798 II 22--P 1858 II 6**

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#### **P-1859 II 3**

TITLE VII—IMPROVING ACCESS TO INNOVATIVE  
MEDICAL  
THERAPIES

Subtitle A—Biologics Price Competition and Innovation

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**P-1907 17**

Subtitle B—More Affordable Medicines for Children and Underserved Communities

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**P-1925 II 15****TITLE VIII—CLASS ACT**

SEC. 8001. SHORT TITLE OF TITLE.

This title may be cited as the “Community Living Assistance Services and Supports

Act” or the “CLASS Act”.

SEC. 8002. ESTABLISHMENT OF NATIONAL VOLUNTARY INSURANCE PROGRAM FOR

PURCHASING COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORT.

23

**THE FEDERAL GOVERNMENT DOES NOT HAVE THE CONSTITUTIONAL POWER TO SET UP A “FEDERAL INSURANCE PROGRAM” UNDER THE SUPREME COURT’S DECISION IN FORD VS. COMMISSIONER (1939)**

Subtitle E—Medicare, Medicaid, and CHIP Program Integrity Provisions

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**THE REST OF OBAMACARE IS THE STUDENT LOAN PROGRAM AND ADDITIONAL TAXES AND REVENUES**

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**THE FINE-TAX IS A POLL TAX (+1):**

As we have discussed this morning the congress has imposed a tax via HB 3590 this tax is but at the same time is not a tax. You may either purchase the required health insurance delegated by the federal government or you will pay a tax for not having done so. It is enforced via the IRS which in my opinion makes it a tax. This can be argued it therefore is a head tax since you can either pay it or be prosecuted under the law. If the legal penalties can be

construed as to strip you of your voting rights then it is a defacto poll tax. I believe this may be an argument we can make in this case. Also you may want to research these two cases i have found which deal with taxation and interstate commerce. It appears as if the supreme court will not strike legislation but only interpret its constitutionality and if found so make a section of law invalid via precedent even if we can do this it would be a historic case no doubt. As I told you I have not had very much time to look up cases I will also look to state courts as well as I continue to research.