STATE HEALTH INSURANCE PLAN ACT

Senate Bill _____ and/or House Bill _____

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF _____,

An Act titled the "SHIP Act" to codify basic essential Health Care for every legal employee or unemployed legal resident of the State, all through the existing "Free Care" State Provider Network of Federal, State, Local governments, Faith Based or Non Profits, at no out of pocket resident cost or minimal sliding scale income based Fee for Service costs. In addition, other Providers who accept Medicare will provide care on a Fee For Service basis at Medicare rates plus 20% for cash payment processing, so all legal employees and legal residents access health care at Medicare negotiated wholesale rates and Administration cost.

Section 1. SUMMARY

The Census Bureau found 48 million (14%) of all Americans are without health insurance, 55% of Americans are covered through an employer, 31% have a public insurance plan such as Medicare or Medicaid, and 10% buy their own health insurance.

This Act preserves the State Employer driven Health Insurance system developed over many decades in the State market place enjoyed by the majority of State citizens, and ensures every legal employee and legal resident has basic State Health Insurance with access to Essential Health Benefits in the most efficient and effective manner they choose for themselves and their family needs, in cooperation with their employer if employed, or via personal choice if unemployed or uninsured by any other means.

State Health Insurance Act meets care requirements of the 2010 Federal Affordable Care Act and renders the ACA void ab-initio in this State for all legal residents, Employers, and Health Insurance companies licensed in this State.

Section 2. Essential Health Benefits

The State Health Insurance Act ensures all legal State residents have access to quality, affordable health insurance. To achieve this goal requires State Health Insurance provide a comprehensive package of items and services, known as "essential health benefits." Essential health benefits must include items and services within at least the following 10 categories:

1. Ambulatory patient services
2. Emergency services

3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management, and
10. Pediatric services, including oral and vision care

Section 3. State Health Insurance Act mandate:

a. State Health Insurance requires all State Providers accepting Medicare insurance, to accept the same rates for legal State residents who pay in full Fees for Services upon receipt of services, plus optional 10% to 20% surcharges to standard Medicare rates for payment processing costs where warranted.

b. Health care providers participating are prohibited from discriminating against individuals because of a pre-existing or chronic condition or to vary their rates based on age, tobacco use, family size, geography, or other discrimination.

c. Providers are also prohibited from denying coverage services or charging higher prices than charged to Medicare patients, based on current or past health problems, their sex, their job or the industry they work in.

d. People for whom coverage is unaffordable, and young adults, have access to a catastrophic coverage plan through employer groups or State provider(s) participating by State Contract.

e. State Provider Network maintains a 1 page State Insurance Policy for any legal employee or legal resident to execute upon request, upon presentation of 2 valid photo IDs confirming identity, residence, and legal status.

f. State Provider Network cooperatively promotes implementation and expansion of employment-based wellness programs to promote good health and help control healthcare costs.

g. Legal employees and legal residents are required to review, identify, and choose responsible options for themselves and their families that best suits their specific family needs, to identify in advance of need whatever providers and services in locations best suited to their potential family needs, to allocate adequate resources

for their choices in advance of need, and make acceptable prior arrangements with chosen providers in advance of need, taking personal ownership of their Health care Administration.

h. Illegal persons receiving care in "free care" clinics or under Federal Mandates such as EMTALA, which unfairly mandate emergency care for all persons, including illegals, but force providers to absorb all costs, pay all costs in full or make acceptable arrangements with providers prior to discharge, or all costs incurred will be billed to the appropriate Federal agency or department.

i. Should Federal agency or Department responsible deemed responsible fail to reimburse provider promptly, and correct its process, State will by choice of General Assembly, offset all such costs incurred, including collection costs, optional withholding equal payment of collected Federal taxes, or engage in all available legal remedies, in which case attorney fees, court costs, and punitive damages of Treble Damages for all costs incurred is applied and sought.

j. Legal State Employers, Employees, legal residents, State licensed Health Insurance companies, and State Licensed Providers, to not participate in the Federal Affordable Care Act, which this State refused to participate in ab-initio and declared it void in our Sovereign State.

Section 4. Employer Mandate

a. Every State Employer must participate in providing State Health Insurance for every legal full time employee working 29 hours or more weekly, or provide alternate Health Insurance with minimum Essential Benefits, paying some amount as Employer and Employee solely determine, toward Employee Health care.

b. Employers under contract to provide Health Insurance in a private plan providing Essential Benefits documented herein and participate in sharing costs, preserve our traditional State Health care system, and this Act does not apply to Employers or Employees participating in such private plans, nor when Employees qualify under Medicare, Medicaid, CHIPS, Tricare, Veterans Health care system, or other Public or Private Health Insurance or care providing Essential Benefits or more.

c. Employers who do not provide a private group HMO, PPO, FFS plan it partially funds, provide a Voucher to every legal full time employee for a minimum $100 annually per legal full time employee to issue to Employee choice of Provider in the State Provider Network that Employee chooses for their primary care Essential Benefits services, including Community Health Centers or Clinics who

provide free care, or as a deposit to make advance arrangements with a local hospital for future care.

d. Vouchers are redeemed upon receipt by a participating Provider in State Network from a legal resident. Provider immediately credits Employee account for services, prescription drugs or supplies as needed above costs provided free. Voucher funds are not applicable to services offered already at no cost by the chosen Provider and will not be considered or used as sliding scale payments when otherwise rendered at no cost.

e. Provider invoices Employer issuing Voucher, who pays Provider upon receipt.

f. Should Employer not pay within 30 days, Provider assigns Voucher to State Department of Revenue for collection as an unpaid State tax. Employers may initially implement Vouchers over 4 months for existing Employees, issuing 25% of total Employees monthly if needed to avoid financial hardship.

g. Voucher revenue collected by State Department of Revenue is quarantined for exclusive use in the originating Provider chosen by Employee for staffing of licensed Medical personnel and for Medical supplies and equipment, such that the Providers chosen are able to meet increased demand for their services by being funded accordingly, building State Providers by ongoing citizen approval to ensure quality care for all legal residents.

h. Employers maintain a copy of State Health Insurance policy to every full time legal employee and issue an annual Provider Directory approved by the State Health Commissioner.

i. Employers and Employees alone determine amount for Employee health care Voucher to be funded by Employer. Employer has no ceiling amount, but the minimum Voucher amount of $100 is provided when Employee first achieves full time status.

j. Employers may vary the amount of Employee Health Care Voucher above $100 annually based on any reasonable legal criteria, including performance based.

k. Employers do not participate in the Federal Affordable Care Act, which this State rejected ab-initio and declared void in our Sovereign State, or any Federal or Foreign plan or program deemed an encroachment or usurpation of State Rights.

Section 5. Employee Mandate

a. Employees are defined as those working at least 29 hours weekly which are considered full time for State Health Insurance purposes.

b. Employees have primary responsibility for Health Care needs for themselves and their minor children, family members in their care, or others in their role as Guardian.

c. Employees have basic State Health Insurance with Terms and Conditions set forth in a one page Policy available from their Employer or any State Health Provider who accepts Medicare, Medicaid, Tricare, CHIPS, or other public funded Insurance.

d. Employees choosing Employer Health Insurance options other than State Health Insurance are not required to have both, but are permitted to have both.

e. Employees do not participate in the Federal Affordable Care Act, which this State rejected ab-initio and declared it void in our Sovereign State, or any Federal or Foreign plan or program deemed an encroachment or usurpation of State Rights.

Section 6. Unemployed, Uninsured, Legal Resident Mandate

a. Legal State Residents have guaranteed issue basic State Health Insurance with Terms and Conditions set forth in a one page Policy available from any State Hospital, Community Health Center, or State Health Provider who accepts Medicare, Medicaid, Tricare, CHIPS, or other public funded Insurance.

b. Legal State Residents choosing Health Insurance options other than State Health Insurance are not required to have both, but are permitted to have both.

c. Legal State Residents have primary responsibility for Health Care needs for themselves and their minor children, family members in their care, or others in their role as Guardian.

d. Existing State Agencies are empowered under current statutes to ensure every legal resident receives and particularly is not denied appropriate preventive and primary care.

e. Legal State Residents do not participate in the Federal Affordable Care Act, which this State rejected ab-initio and declared it void in our Sovereign State, or any Federal or Foreign plan or program deemed an encroachment or usurpation of State Rights.
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Section 7. Legitimate Government Interest mandates.

a. State Health Insurance organizes Essential Benefits Providers such as Community Health Care Centers, Faith Based Clinics, and others who deliver primary and preventive care services at no cost, reduced costs, or on a sliding scale based on income, source of payment, or other non-discriminatory factors such as drastic increase in supply or demand. Individuals may be treated differently based on individual needs/options in order to avoid costly waste in Health Care delivery which undermines the greater good

Tennessee Law Example:

State Attorney Opinion No. 01-078

OPINIONS
1. There is no direct conflict between (Federal) EMTALA and Tennessee Code Ann. §§ 33-6-102 through 33-6-106 and, therefore, no preemption.

2. Individuals may be treated differently based on their source of payment or type of coverage if the legislation bears a rational relationship to a legitimate governmental interest. Tenn. Code Ann. § 33-6-105's applicability to "publicly funded or potentially publicly funded persons" is consistent with its stated purpose and federal requirements to provide treatment in the least restrictive environment. The legislation, therefore, bears a rational relationship to a legitimate governmental interest. For these reasons, there is also no violation of provider non-discrimination obligations under TennCare or other provider contracts.
Contract terms are always subject to any legislation that might be enacted.

Section 8. Payment Options for delivered Health Care noted in Provider Directory.

1. Community Health Centers, State Hospitals, Public Health Clinics, all providers accepting Medicare, Medicaid, Tricare, CHIPS, Faith Based or other assistance are listed under Non Emergency Care and Serious or Emergency care, with payment options.

2. Fee For Service Cash or Bartered Payment.

a. Cash paid to all providers in advance of services rendered or prior private arrangements made.

b. Cash paid to all providers at Medicare rates and no higher, with optional 10% to 20% surcharges for individual or partial payment processing costs, with mutual prior agreement.

3. Negotiated or bartered services prior to delivery or any mutually beneficial legal arrangement to obtain Health Care services require terms documented in a simple contract or email.

This act shall take effect upon becoming law, the public welfare requiring it.

STATE HEALTH INSURANCE PLAN

"SHIP"

HEALTHCARE

PROVIDER DIRECTORY

JANUARY 2013

CONSUMERS NOTE:

These are Providers of Health Care who provide basic essential care at no cost to consumers, or on an income based sliding scale Fee for Service.

Emergency Room Hospital care is guaranteed by EMTALA, regardless of ability to pay. You will be billed for all Hospital services rendered.

Pharmacies providing prescription medications free or as low as a $4 co pay:

Publix, Kroger, Walmart, Walgreens, CVS, Target, and others

You alone are responsible and accountable for your Health care choices.

This State has organized a network you may access at no cost to lowest possible cost by utilizing State and Federal high volume buying power, so you can buy health care at the same prices as this State and Federal Government pay, plus a small percentage for processing costs of your payment of Fees for Service. The State is not liable in any area of SHIP, and your participation confirms it.