Medical Freedom Act Framework

Description: This document describes the desired legislative framework to base future State and Federal legislation. This document is found at https://medicalfreedomact.org.

Changes, Revisions, Suggestions: Please email the lead author at info@medicalfreedomact.org and include the PDF provided to you at the time to assure changes are made based on your version of the framework.

This document is not official unless it originates from medicalfreedomact.org.

Tokens: **[Bold text with a green highlight]** is a token. Tokens are keywords that are used to quickly associate a section of the MFA with statistical data such as a completion percentage.

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1 Unwanted Medical Procedures

1.1. **[PERSONS] Persons.** No person shall be coerced, rewarded, incentivized, or otherwise mandated by government, corporations, persons, or groups of persons to undertake any medical procedure or treatment.

1.2. The individual person has the ultimate authority to reject any unwanted procedure or medical treatment without:

1.2.1. Reprisal,

1.2.2. Loss of services,

1.2.3. Loss of privileges,

1.2.4. Change in workplace conditions, benefits, or opportunities

1.2.5. Loss of rights.

1.3. **[CUSTOMER] Customer.** No customer shall be required any medical procedure or product utilization as a prerequisite of services.

1.4. **[GOVERNMENT] Government.** No federal entity, state government, or otherwise lawmaking entity, shall have the power to require, under any circumstance without exception, that any individual undertake a medical procedure or use of a product upon their person.

1.5. **[EXCEPTIONS] Exceptions.** No reason, including medical emergencies, shall ever be grounds to invalidate any part of this Act, without exception.

1.6. **[TESTING] Testing**. Testing is also a medical procedure and falls in the scope of this Act. Testing involves any contact with body components or any matter left as a trace (e.g. saliva). Testing may or may not retain data such as genetic information about a person. No person shall ever be compelled or required into testing by any government, corporation, person, or group of persons.

1.7. **[CORPORATE UNWANTED] Corporations.** No corporation shall alter the the environment in such a way that it results in a medical effect on an individual person to any degree. This includes, but is not limited to:

1.7.1. Aerosol vaccination or treatment.

1.7.2. Contact vaccination or treatment.

1.7.3. Product shedding.

1.7.4. Geo-engineering.

1.7.5. Dissemination through food or other consumer products.

2 Access to Treatment

2.1. **[AVAILABILITY] Treatment availability.** Healthcare providers, medical licensing boards, healthcare corporations, or individual practitioners may not withhold the option of a treatment or medical product if requested by the patient or their designated representative.

2.2. **[CONSCIENCE]** A medical provider shall not be required to participate in medical procedures or treatments that violate the providers' freedom of conscience, religious beliefs, or that which will cause harm to human life.

2.3. **[TRY]** A person shall have the option to try any treatment or medical product regardless of approval status.

2.4. [LOGISTICS] Logistics

2.4.1. The U.S. Government will not warehouse, stockpile, or store any medication, treatment, or medical product if a State requests it.

2.4.2. The U.S. Government shall create no undue obstacles to medical product or treatment transportation.

2.4.3. If product or treatment shortage exists, each state shall receive a proportional share of the product or treatment as negotiated between states without interference from the federal government unless manufacturers are unable to meet demand.

2.4.3.1. All state to state resource negotiations shall be conducted only via recorded, open meetings available to any person at any time via website.

2.4.3.2. If demand exceeds supply as projected for a 30 day stockpile, then the Federal government shall arbitrate a proportional share of medical product or treatment for any state requesting the medical product or treatment.

2.5. **[DENIED]** No person may be denied qualification for an elective procedure, non-elective, or emergency medical treatment based on the acceptance or denial of another medical procedure, including, but not limited to:

2.5.1. Vaccinations.

3 Emergency Production

3.1. **[PRODUCE]** Any state declaring a medical emergency shall have the right to produce any medical product or treatment using any production means necessary, including conscription of any corporation in the state.

3.1.1. This activity shall be compensated at fair market prices.

3.2. **[DISRUPT]** The State shall ensure no unreasonable disruptions occur in normal production of products related to health care.

3.3. **[TWO]** If any two or more States declare a medical emergency, states will proportionally receive medical treatments in accordance with this Act.

3.4. **[WAR]** The War Time Product Act shall not be used to overrule any provision of this Act during any emergency that is medical in nature.

3.5. **[PROHIBIT]** No state shall be prohibited from seeking medical treatments or products using any means of procurement, including from foreign sources.

4 Free Speech Protection

4.1. **[FREE]** No person or group of persons shall be prohibited from or regulated of the exercise of free speech by any any government, person(s), or corporation on any platform or means of communication with respect to medical information or opinion.

4.2. **[PROFESSIONAL]** No medical professional or practitioner, or a student of, shall be restrained in any way from making or communicating medical information or opinion by any corporation, government, person(s), medical association, medical board, or group of persons.

4.3. **[OPINION]** No individual person or corporation may be constrained by any entity from expressing any opinion about any medical treatment, procedure, product, government agency, medical institution, medical corporation, medical board, or medical entity.

4.4. **[EMPLOYER]** Employers shall not limit employees from expressing medical opinions.

4.4.1. An employee may not be subjected to retribution, coercion, hostile treatment, or otherwise a difference of opportunity or historical treatment for expressing medical opinion.

5 Informed Consent

5.1. **[INFORMED]** Informed consent is an authorization given by an individual to a third party which acknowledges understanding of all the risks and benefits of a medical procedure, product, or treatment after being given all available information.

5.2. **[APPLY]** Informed consent shall apply to any medical procedure, treatment, product development, research, investigation, or therapy applied or intended to be applied to any human being at any time.

5.3. **[ORGANIZED]** An informed consent relationship is required any time a branch of the government, a corporation, a medical practitioner, or an organized group of persons intends or effects conveyance of information to a single person or group of persons about any medical treatment, product, therapy, or procedure. An individual, considered to be expressing opinion, not affiliated with any of the aforementioned entities, shall be exempt from this requirement.

5.4. **[PERSON]** No person shall have their free speech limited, dictated, or prescribed with regards to providing informed consent.

5.5. **[MINIMUM]** At a minimum, informed consent shall be provided in at least the following:

- 5.5.1. Medical government regulations, rules, laws, mandates.
- 5.5.2. Medical corporate policies.
- 5.5.3. Medical advertising.
- 5.5.4. Medical research and/or development.
- 5.5.5. Medical investigations.
- 5.5.6. Medical education.
- 5.5.7. Medical training.
- 5.5.8. Medical advocacy.

5.6. **[CRIME]** It is felony for any government servant, person(s) of a corporation, or medical practitioner to misrepresent the safety or effectiveness of a medical treatment, procedure, or product.

5.7. **[WAIVE]** No informed consent, whether oral or written, may include any exculpatory language through which the patient is made to waive, or appear to waive, any of the patient's legal rights or which releases, or appears to release, the entity giving informed consent from liability for malfeasance.

5.8. **[INFORMATION]** No person or group of persons may be influenced, coerced, threatened, incentivized, mandated, ordered, or otherwise limited in any way,

by any corporation, government, person, or group of persons, from contributing data to any government health information system.

5.9. **[HIDE]** It is a felony for any person(s), corporation, or government to withhold any information which characterizes a medical treatment, procedure, product, or policy as dangerous or injurious from the general public.

5.10. **[INDIVIDUAL]** Individual Informed Consent shall be the ultimate authority on the application of any medical procedure, product, or treatment. No government, government agency, corporation, group of persons, or other person may preempt an individual's right to consent or revoke consent.

5.11. **[FREELY]** Informed consent must be given freely.

5.11.1. A person may not be coerced, incentivized, punished, limited, manipulated, deceived, or treated differently to achieve informed consent.

5.11.2. The information that is given to the person or the representative shall be in language understandable to the person or the representative.

5.11.3. A person must be informed. A government or corporation providing any medical information contributes to being informed but any entity providing such information remains legally liable for what they claim or fail to claim, even after informed consent is given, understanding the possibility that information may be selectively given in order to achieve a desired outcome. The risk of liability shall be weighed against the entirety of the entity giving informed consent or contributing to it. A government and a medical professional is required to present the aggregate of all available knowledge about the medical treatment or product. Any government, corporation, or medical professional that is identified as having the opportunity to gain new information which is later not distributed to the patient or person or persons, shall be considered in violation of this Act.

5.11.3.1. The most basic elements of being informed include:

5.11.3.1.1. The nature of the treatment.

5.11.3.1.2. The expected benefits.

5.11.3.1.3. The risks and possible side effects.

5.11.3.1.4. The likely consequences of not having the treatment or intervention.

5.11.3.1.5. Any alternative courses of action or treatment.

5.11.3.1.6. Any legal immunity and legal liability that a medical practitioner, government, or manufacturer has in relation to a treatment or medical product.

5.11.4. The person must be capable of giving informed consent. Even if given all available information, the patient has not provided informed consent if they did not understand the information presented. The person must be able to understand the consequences of accepting or rejecting the treatment or use of a medical product.

5.11.5. Consent may be retracted by the person at any time. Any government, corporation, or medical practitioner involved in the informed consent process shall not be immune from criminal violation of this Act if it is later determined that all possible informed consent was not provided.

5.12. **[SYSTEM]** Congress shall establish and maintain an information system allowing patients or healthcare professionals to document any product which has caused permanent dysfunction, dysfunction exceeding 3 days, or any death, whether causally correlated, temporally correlated, or believed/presumed by a health professional, patient, or any individual associated with that individual.

5.13. **[DATABASE]** The U.S. Government shall maintain a centralized database of all patient feedback of treatments or medical products from clinical trials, pre-approval use, and post approval use, which will be provided prominently to every patient seeking informed consent about any treatment or medical product.

5.13.1. The database shall not be censored. All patient inputs must be retained in their entirety.

5.13.2. Submissions to the database must be made immediately available via electronic dissemination (website) in their entirety.

5.13.3. Any other database, public or private, containing this data, must simultaneously provide this input data to the government system within 24 hrs of original submission, subject to all the same restrictions aforementioned.

5.13.4. No other system may exist which is intended to dilute reporting to the government system. A system which does not provide data to this system is considered a diluting system.

5.13.5. Any other information system collecting feedback about treatments or medical products shall prominently display information educating the user about the government central reporting system and clearly stating

that it is the primary system. This notification shall exist prominently when the user first enters the system and will be displayed persistently in a diminutive fashion subsequently.

6 Product and Treatment Safety

6.1. **[EVIDENCE] Evidence Based Medicine and Rulemaking.**

6.1.1. Government agencies shall be required to produce authorizations, guidance, and approvals based on well documented, reproducible evidence, available in their entirety to the general public without any form of obstacle to accessibility.

6.1.2. Scientific or expert opinionated consensus shall not be used by government agencies to produce authorizations, guidance, and approvals; only objective data available to any person(s) may be used.

6.1.3. Any authorizations, guidance, and approvals are valid only for the conditions for which all phases of trials have been conducted in their entirety.

6.2. [WEBSITE] Informed Consent Website

6.2.1. The FDA shall maintain a permanent, public database of all treatments, procedures, and products with any corresponding safety envelopes and their safety ratings, regardless of source. The database shall be accessible via a public website and shall be downloadable as structured data in its entirety or by piece.

6.2.1.1. All data, research, and studies associated with the safety rating and its corresponding safety envelope shall be accessible when searching for any treatment.

6.2.1.2. This public interface shall serve as the comprehensive, primary government source for informed consent. Medical practitioners shall refer patients to this website in a guided discussion to establish informed consent.

6.2.1.3. The website shall allow an individual to anonymously input sufficient data about themselves which allows the website to return safety envelopes demonstrating known pathways of informed consent.

6.2.1.3.1. The website shall be sufficiently comprehensive to allow self-guided informed consent with no pre-existing medical knowledge.

6.3. **[ENVELOPE] Safety Envelope.**

Match Yourself to a Safety Envelope

Age: 39

Sex: (●) Male ( ) Female

BMI: 31.2 Weight: 210

Other vaccinations: Hepititus- Year 2018 Add

Hepititus-A (Vax Inc.)
Hepititus-B (Sick Inc.)

1. Anthrax – 1991 (VoxVox) [remove]
2. DT – 1999 (Merch) [remove]
3. Haemophilus influenzae type b (HiB) (Snafori) [remove]

Found the following envelopes: loading...

Safety Envelopes	Safety Ratings	Safety Ratings
Envelope 1 – 2021.01.21 • Age: 60-65 • Other vaccinations: Influenza-2020, Influenza-2019, Hepatitus B-2015 • BMI: 30-35	Safety Rating: **SAFE** Adverse Reactions: • **Death**: **NONE** (0 of 500,000) • **Minor** AE occurs **Substantially** (5,166 of 500,000) • **Major** AE occurs **Rarely** (33 of 500,000)	See Source Ratings Data
Envelope 2 – 2020.03.19 • Age: 30-40 • Other vaccinations: Influenza-2020, Influenza-2019, Hepatitus B-2015 • BMI: 25-30	Safety Rating: **Concerning** Adverse Reactions: • **Death**: **Concerning** (20 of 500,000) • **Minor** AE occurs **Substantially** (62,166 of 500,000) • **Major** AE occurs **Substantially** (49,000 of 500,000)	See Source Ratings Data

6.3.1. All medical treatments, procedures, and products shall be assigned safety ratings for specific safety envelopes. A safety envelope is a known quantity derived from actual data. The safety envelope is constituted of a set of tested domains defined by any scientific parameter.

6.3.2. Safety envelopes shall be assigned regardless of the phase of trial, conditional approval, emergency use authorization, or full authorization status.

6.3.3. The designations "*safe*" or "*possibly safe*" shall be apply only to a medical treatment, procedure, or product safety envelope. There is no limit to the number of safety envelopes with corresponding ratings. Clinical trials and experiments shall also employ safety envelopes except that these envelopes will expectedly evolve as subject data is observed. Once a safety envelope for a trial is defined, its parameters shall not be altered. Only the outcomes of adverse events and fatalities will change. A new

safety envelope will be defined if any parameter is changed and a new trial or experiment is necessary.

6.3.4. Safety envelope parameters shall include, but are not limited to:

6.3.4.1. Age,

6.3.4.2. Sex,

6.3.4.3. Weight or Body Mass Index,

6.3.4.4. Pre-existing conditions,

6.3.4.5. Exposure to previous contagions,

6.3.4.6. Genetic predispositions,

6.3.4.7. Drug interactions,

6.3.4.8. Vaccination history,

6.3.4.9. Probability of exposure to related or target contagions.

6.3.5. A medical treatment, product, or procedure shall not be considered to have a safety rating applicable for a person if the person does not meet all the parameter criteria of the safety envelope.

6.3.6. Legacy medical treatments, procedures, or products will not be assigned safety ratings unless they are

6.3.7. Personally identifiable information.

6.3.7.1. For the purposes of this section, the following shall be redacted to meet the requirements of public disclosure under this section:

6.3.7.1.1. Name

6.3.7.1.2. Social Security Number

6.3.7.1.3. Address

6.3.7.1.4. Phone number

6.3.7.1.5. Email address(es)

6.3.7.1.6. Mailing address(es)

6.3.7.1.7. Personal biometric information

6.4. **[RATINGS] Safety Ratings**

Safety Ratings	
Experimental	If still under trials, EUA, or anything but “approved” by FDA.
Unsafe	≥ 25 deaths
Safe	0 deaths
Possibly Safe	≤19 deaths
Concerning	> 19 but < 25 deaths

6.4.1. A *safety rating* is an aid to informed consent and is not intended to stifle research or trials. A safety rating does not limit trials, emergency use authorization, or full authorization of a medical treatment, procedure, or product. A safety rating is a metric based on absolute values and does not scale according to the number of people treated.

6.4.1.1. A treatment may be defined as a single product or the use of various products or procedures prescribed by a protocol.

6.4.2. Safety ratings may originate from any medical practitioner or scientific source. No formal requirements shall be needed but no anonymous sources shall exist.

6.4.2.1. The originator(s) must provide their full name(s), medical or scientific credentials, and disclose any conflicts of interest such as, but not limited to, funding sources, corporate board memberships, being a shareholder of an involved or related corporation, earning royalties for research, or having any relationship with a person in an involved entity.

6.4.3. ***Safe*** (rating)

6.4.3.1. A medical treatment, procedure, or product is considered *safe* only when:

6.4.3.1.1. Not a single person has been severely harmed, fatally harmed, or permanently harmed from its use.

6.4.3.2. A treatment or medical product is eligible to be considered "*safe*" once at least 10 years has elapsed since the last severe or fatal event occurred.

6.4.3.3. A medical product, treatment, or procedure is not eligible to gain safety credit towards the 10 year requirement if the product is not on

the commercial market or reasonably available for a continuous 10 year period within the United States of America.

6.4.3.4. Any medical treatment, procedure, or product comprehensively regarded as *safe* may not have any safety envelopes evaluated as *possibly* safe or experimental. Individual safety envelopes may have any safety rating according to the criteria of this Act.

6.4.3.5. No medical treatment, product, or procedure shall be considered *safe* either comprehensively or by safety envelope it injurs, harms, or permanently harms another person other than the patient.

6.4.3.6. *No entity shall qualify a medica*l treatment, procedure, or product unless all clinical trials have fully completed and the FDA has "approved" it with applicable safety envelope(s).

6.4.4. ***Possibly Safe*** (rating)

6.4.4.1. A medical treatment, procedure, or product is considered *possibly safe* only when:

6.4.4.1.1. Any fatal adverse event occurs in at least more than 1 persons, but in the lesser of 10 persons or 2% of any persons using the medical treatment, procedure, or product.

6.4.4.1.2. Any permanent adverse event occurs in no more than 10 persons for every 1,000,000 treated.

6.4.4.2. Any medical treatment, procedure, or product regarded as *possibly safe* in any safety envelope may not be comprehensively regarded as *safe*. Individual safety envelopes may have any safety rating according to the criteria of this Act.

6.4.4.3. No medical treatment, product, or procedure shall be considered *possibly safe* either comprehensively or by safety envelope if it benefits one by injuring others.

6.4.5. ***Unsafe*** (rating)

6.4.5.1. Any medical treatment, procedure, or product which fatally injures human life in excess of 25% of the total mortality rate of the disease itself shall have a safety envelope of unsafe for treatment of that disease. This does not preclude other treatment targets from having different safety envelopes.

6.4.5.2. The comprehensive safety envelope of any medical treatment, procedure, or product shall be no higher than *experimental* if it contains an *unsafe* safety envelope for any treatment target.

6.4.6. ***Concerning*** (rating)

6.4.6.1. Any medical treatment, procedure, or product is considered experimental outside of a safety envelope which is qualified as either *safe* or *possibly safe.*

6.4.6.2. Any medical treatment, procedure, or product regarded as *experimental* in any safety envelope may not be comprehensively regarded as *safe* or *possibly safe.* Individual safety envelopes may have any safety rating according to the criteria of this Act.

6.4.7. ***Experimental*** (status)

6.4.7.1. Any product, treatment, or procedure which does not have at least a 10 year public "in-use" history has an *experimental* status by default. *Experimental* can be modified by another safety rating (e.g. "experimental - possibly safe"). A product may not be "approved" by the FDA until the 10 year "safe" standard has been demonstrated for a particular *safety envelope*.

6.4.7.2. No government entity shall "approve" any product, treatment, or procedure for a specific safety envelope while it simultaenously holds an experimental status.

6.4.7.3. A person or corporation shall be considered in violation of this requirement whether intentionally or by reasons other than intentional, without regard to intent.

6.4.8. ***Approved*** (status)

6.4.8.1. The approved status shall be granted by the FDA to a product, treatment, or procedure only when it has demonstrated a 10 year *safe* rating, and only then for the associated *safety envelope*.

6.4.8.2. Any person working for a government or corporation, a government, or a corporation making a reference to an *approved* status shall provide the associated safety envelope in immediate and prominent proximity in the communication media being used.

6.4.8.3. A person or corporation shall be considered in violation of this requirement whether intentionally or by reasons other than intentional, without regard to intent.

6.5. **[EFFICACY] Efficacy.**

6.5.1. An *efficacy target* is a concise definition of what the medical treatment, procedure, or product is intended to remedy.

6.5.1.1. Efficacy targets of vaccines shall always include:

6.5.1.1.1. Efficacy against prevention of transmission.
6.5.1.1.2. Efficacy against prevention of infection.
6.5.1.1.3. Efficacy against prevention of permanent injury.
6.5.1.1.4. Efficacy against prevention of death.

6.5.2. Efficacy targets shall be compared against:
6.5.2.1. Placebo.
6.5.2.2. Persons previously treated.
6.5.2.3. Competing treatments.

6.5.3. Any medical practitioner or person conducting research may provide efficacy target data based on their own experiments or research to the FDA.

6.5.4. A manufacturer conducting any trials or similar studies concerning efficacy must:
6.5.4.1. File a notice of initiating a trial or similar study with the FDA precisely describing the product being studied, methodology, design of experiment, and all parameters.
6.5.4.2. Provide weekly snapshots of all studied data.
6.5.4.3. Provide aggregate data including number of individuals in every group, numbers of individuals with certain outcomes or adverse events, and the total number of people enrolled.
6.5.4.4. Provide a trial or study outcome report summarizing results.
6.5.4.5. All elements of these requirements shall apply to any sub-contracted or otherwise outsourced activities. The manufacturer maintains all responsibility for assuring all requirements are met at all times.

6.5.5. The FDA shall maintain a full time, publicly accessible database of any trials or similar efficacy studies. The database shall be publicly accessible at all times, providing raw data in addition to user friendly interfaces. All data shall be accessible full time to the public via open standards such as PDF, XML, JSON, or similar structured data formats to promote maximum accessibility. The database shall retain all historical data for public consumption.

6.5.6. The efficacy target of any medical treatment, procedure, or product shall be prominently displayed by any entity in any product literature, product insert, advertisement, promotional material, or any materials used in any capacity of informed consent.

6.6. [ADVERSE] Adverse Events.

6.6.1. An adverse event is any condition which is not normal for that person, occurring any time after having received a medical treatment, procedure, or product or as a third party person tangentially affected by a suspected communicable phenomena.

6.6.2. Severity of Adverse Events

Adverse Event Types	
Death	≤ 5 years
Serious	> 365 days
Major	≤ 365 days
Minor	≤ 14 days

6.6.2.1. Notwithstanding other technical or scientific definitions, the following adverse event severity categories shall be used by any entity to provide informed consent, to educate, to inform, or to advertise a medical treatment, procedure, or product.

6.6.2.1.1.Death (severity)

6.6.2.1.1.1. Any fatal event of a person that occurs up to 5 yrs after, and is related to, the administration of a medical treatment, procedure, or product.

6.6.2.1.2.Serious (severity)

6.6.2.1.2.1. Any adverse event experienced by a person(s) as a consequence of a medical treatment, procedure, or product use that has an effect on the ability of a person to move, think, speak, be free from incapacitating pain, or perform their occupation, for a period exceeding 365 days.

6.6.2.1.3.Major (severity)

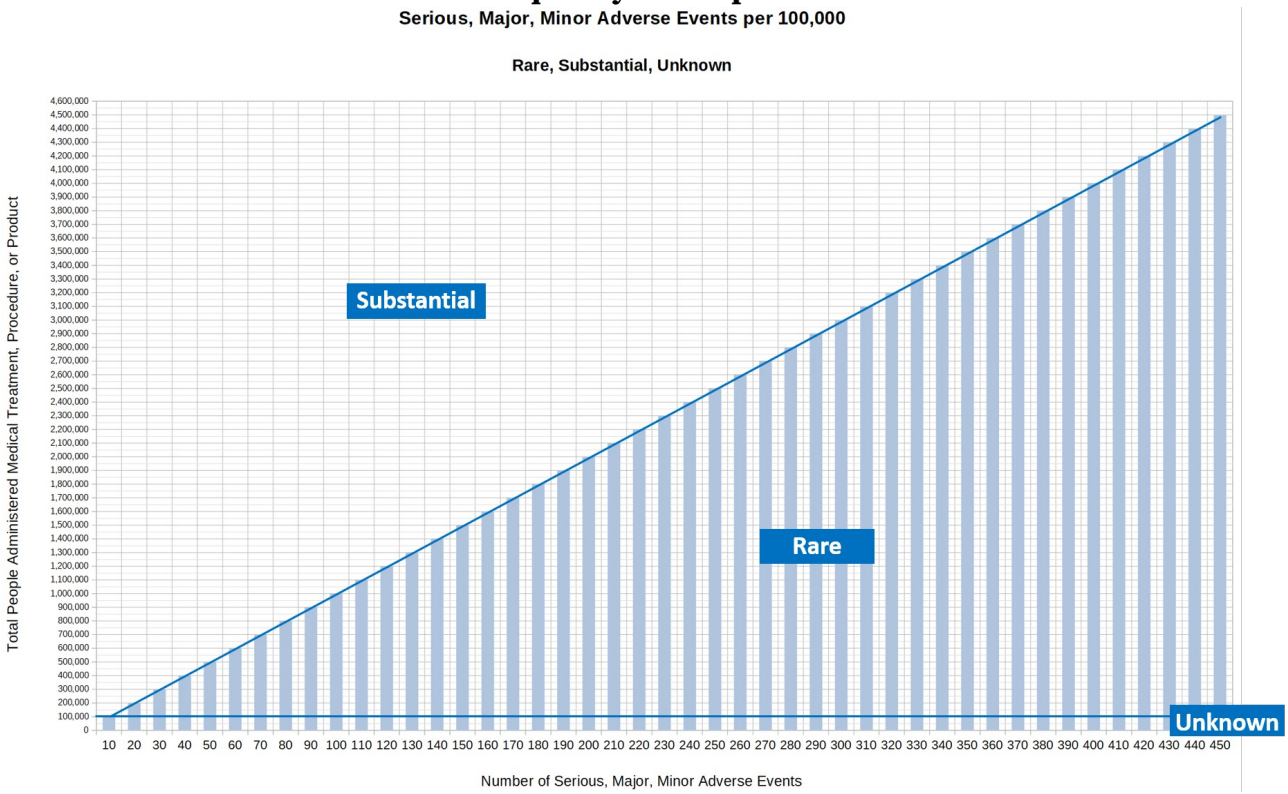
6.6.2.1.3.1. Any adverse event experienced by a person(s) as a consequence of a medical treatment, procedure, or product use that has an effect on the ability of a person to move, think, speak, be free from incapacitating pain, or perform their occupation, for a period not exceeding 365 days.

6.6.2.1.4.Minor (severity)

6.6.2.1.4.1. Any adverse event experienced by a person(s) as a consequence of a medical treatment, procedure, or product use that has no effect on the ability of a person

to move, think, speak, be free from incapacitating pain, or perform their occupation, for a period up to and including 14 days.

6.6.3. Adverse Event Frequency Descriptors



6.6.3.1. *Rare* (frequency descriptor)

6.6.3.1.1. For Death Events

6.6.3.1.1.1. ≤ 5/90 per 100,000 people.

6.6.3.1.2. For Serious, Major, or Minor Events

6.6.3.1.2.1. ≤ 10 per 100,000 people.

6.6.3.2. *Substantial* (frequency descriptor)

6.6.3.2.1. For Death Events

6.6.3.2.1.1. > 5/90 per 100,000 people.

6.6.3.2.2. For Serious, Major, or Minor Events

6.6.3.2.2.1. > 10 per 100,000 people.

6.6.3.3. *Unknown* (frequency descriptor)

6.6.3.3.1. For Death Events

6.6.3.3.1.1. Any number of death events experienced in a total treated population size of less than 200,000.

6.6.3.3.2. For Serious, Major, or Minor Events

6.6.3.3.2.1. Any number of events experienced in a total treated population size of less than 100,000.

Adverse Event Frequency Descriptors		
	Serious, Major, or Minor Adverse Events	Death Events
Unknown	**< 100,000 total population**	**< 200,000 total population**
Rare	**≤ 10 per 100,000**	**≤ 5/90 per 100,000**
Substantial	**> 10 per 100,000**	**> 5/90 per 100,000**

6.7. **[TRIAL] Trial Domains.** A medical treatment, product, or procedure must be assigned a trial domain based on factors including, but not limited to: age, sex, weight, BMI, genetic predispositions, drug interactions, vaccination history, etc. The trial domain shall be used in formulating the *safety envelope* and must be disclosed to the FDA in any reports.

6.8. [DISCLOSE] Disclosure and Advertisement.

6.8.1. Any communication by a government, corporation, organization, or group of people intended to advertise or educate a medical treatment, product, or procedure must display the existence of *safety envelope* information in a prominent way such that the average person may reasonably understand the product is *safe, possibly safe, or experimental* for the corresponding *safety envelope*. An individual is not restricted from making any free speech claims provided the person is not being compensated in any way, has a beneficial relationship to, or has a conflict of interest with a government or corporate entity's policy(ies) or profit motive(s).

6.8.2. The existence of safety envelope data must be prominently displayed on any product packaging, insert, marketing materials, media, or communications involving the medical treatment, procedure, or product. This requirement applies to all printed, electronic, audio, visual, or audio-visual media.

6.8.3. The manufacturer, distributor, reseller, or merchant shall ensure all safety envelope data will be available to any person at any time, without obstacles to retrieval.

6.8.4. All safety envelope data will be permanently archived and permanently available to the public available to any person at any time, without obstacle, from either CDC or FDA information systems.

6.8.4.1. Requring the filing a FOIA request constitutes an obstacle.

6.9. [CLINICAL] Reporting of Clinical Trial Deficiencies

6.9.1. Any corporate entity (manufacturer) performing clinical trials shall report abnormalities to the FDA within 24 hours of an incident.

6.9.1.1. It is a felony for any employee to fail to report a trial deficiency.

6.9.1.1.1. It is a felony for any employer to act with retribution towards any employee for making this report.

6.9.1.2. The corporate entity must make it known to every employee that clinical trial deficiencies are a serious problem requiring any observing employee to report to the FDA within 24 hours via the FDA clinical trials hotline.

6.9.1.3.

6.9.1.4. The manufacturer shall retain all documents, messages, electronic messages, recordings, and data related to the trial for immediate release to FDA investigators when requested. The manufacturer shall retain all such records for a period of no less than 30 years.

6.9.2. Clinical trial deficiencies include, but shall not be limited to:

6.9.2.1. Lack of monitoring of participants.

6.9.2.2. Lack of timely follow up of any participant experiencing any degree of adverse event.

6.9.2.3. Deviations of protocol.

6.9.2.4. Purposeful or believed distortion or falsification of trial data.

6.9.2.5. Data integrity issues.

6.9.2.6. Improper storage of vaccines.

6.9.2.7. Poor laboratory management.

6.9.2.8. Mislabeled specimens.

6.9.2.9. Unblinded patients.

6.9.2.10. Inadequately trained staff.

6.9.2.11. Inadequate numbers of staff required to properly administer scientific functions.

6.9.2.12. Quality control problems.

6.9.2.13. The belief by any employee that an employer is targeting them as a result of the reporting of clinical trial deficiencies.

6.9.2.14. Lack of informed consent given to trial participant.

6.9.2.15. Any activity that is unsafe, exposes the trial participant to any danger to human life, or a condition allowed to progress which is not provided through informed consent.

6.9.2.16. Not terminating any activity which causes harm to a participant.

6.9.2.17. A lack of FDA investigatory or regulatory activity perceived by any employee.

6.9.3. It is a felony for any employee of a government or for any corporate entity to disclose the name of any person having had made a clinical trial deficiency report.

6.9.4. No employer shall discriminate or include any past activities of a person making a clinical trial deficiency report as an element of a hiring or continued employment decision.

6.10. [REAL] Reporting of Real World Events

6.10.1. No corporation shall suppress, delete, disrupt, or ask to disrupt any reporting by employees or other subordinate entities involving a real world event believed to involve a medical product.

6.10.2. Aviation

6.10.2.1. A company operating aircraft shall not suppress, delete, disrupt, or ask to disrupt any ordinary reporting or archiving of flight characteristic data such as RADAR data, ADS-B data, voice recordings, or ATC recordings from other third parties. A third party aggregating such data may not remove flight data, for any exceptional reason, from their public service where it is ordinarily making that information available for other flights.

6.10.2.2. The FAA shall maintain a de-identified database of any medications, treatments, vaccinations, or technologies used for medical purposes, for a mishap crewmember or passenger, available to the general public. A mishap is defined as: experiencing any adverse event of any severity, an incapacitation of any severity, an incident causing an individual to abandon the responsibilities of their duty position, and an excursion from the planned flight progress such as a diversion.

7 Predatory Business Practices

7.1. **[CONTRACT] Government or Private Contracts.**

7.1.1. No government, corporation, or healthcare entity shall engage in any contract which requires exclusive use of a manufacturers' products or a specific product.

7.1.2. Any contract made between government, healthcare providers and treatment/product manufacturers during a pandemic or large scale public health event shall be provided to the FDA for permanent archiving.

7.1.2.1. Any contract retained by the FDA shall be fully disclosed to the general public via FDA website no later than the first day the contract is to take effect. No privilege of redaction shall be given.

8 CDC, FDA, NIH Reform

8.1. **[AGENCIES]** This section includes the following federal agencies: CDC, FDA, NIH.

8.2. **[PROHIBIT]** No Federal agency shall prohibit any private medical doctor or person from the use of any products, procedures, or services during a medical emergency, patient critical condition, or the possibility of a condition deteriorating into a critical condition as determined by an attending medical doctor.

8.3. FDA

8.3.1. **[ACCOMPLISHED]** Clinical trials must be fully accomplished before an FDA *approval* is granted.

8.3.2. **[APPROVAL]** An *approval* may only be granted to a product that is at least *possibly safe*.

8.3.3. **[DISTINCT]** A product which is only legally distinct may not have a simultaneous EUA and Approval. A product which is atomically distinct requires a separate approval process sharing no funding, data, results, or approval/EUA elements.

8.3.4. **[FOIA]** The FDA has no authority to withhold any documents, data, research, records, computer data, or knowledge from FOIA requests. Personally Identifiable Information (PII) and Protected Health Information (PHI) must be redacted.

8.3.5. Reporting of Clinical Trials Deficiencies

8.3.5.1. **[TRIALHOTLINE]** **Clinical Trials Hotline.** The FDA shall create and adequately staff a "Clinical Trials Hotline" permitting 24/7/365 telephonic, email, or website report submission from any person involved in clinical trials who believes an improper activity has occurred. Complaints may only be made by an individual person(s) and not a government agency or corporation.

8.3.5.1.1. The FDA shall create and maintain a Clinical Trials Hotline website which allows secure uploading of large quantities of electronic data (files, videos, recordings, documents, etc.) related to a hotline report by the complainant or other involved persons.

8.3.5.1.2. The FDA shall retain any uploaded documents indefinitely.

8.3.5.1.3. All information submitted to this office shall be kept as a record.

8.3.5.1.3.1. The record retention requirement of this information shall be indefinite.

8.3.5.1.3.2. It is a felony to alter, delete, or lose any record. The agency director, followed in succession by the next in the organizational hierarchy, shall be accountable for the integrity and preservation of records.

8.3.5.1.3.3. Any submitted record shall be kept confidential, immune from disclosure or disclosure via FOIA until either: (a) the FDA makes any preliminary finding corroborating any statements in the report, (b) a period of 1 year has elapsed from the initial report. PII and PHI will be redacted.

8.3.5.2. The clinical trials hotline website shall maintain a publicly accessible database of all clinical trial hotline reports with PII and PHI redacted.

8.3.6. [TRIALBOARD] Clinical Trials Hotline Investigatory Board

8.3.6.1. The FDA shall staff an investigatory board capable of on-site observation within 48 hrs of a Hotline report.

8.3.6.2. Members of the investigatory board shall have scientific credentials and may not currently be serving as FDA management. Members of the board may not have past, present, or future employment with the corporation that is a target of the investigation.

8.3.6.3. A board shall consist of at least 3 members.

8.3.6.4. Sufficient personnel shall be trained such that 3 boards may be deployed at any time.

8.3.6.5. If an insufficient number of boards exist to investigate a report, the investigatory target shall suspend the operation being complained about to the hotline.

8.3.6.6. It is a felony for any FDA employee, manager, supervisor, or administrator to influence the actions or statements of a member of the investigatory board.

8.3.6.7. It is a felony for any member of the board to fail to investigate, document, and report publicly any aspect of the investigation.

8.3.6.8. The FDA shall provide security and housing to any hotline complainant if requested by the complainant.

8.3.6.8.1. The FDA shall inform any complainant that they are entitled to protection and housing.

8.3.6.8.2. Protection and housing shall be extended to family members of the complainant.

8.3.6.8.3. The manufacturer shall reimburse the FDA for any costs related to protection or housing within 30 days of being issued a bill.

8.3.6.9. At a minimum, the board shall:

8.3.6.9.1. Collect statements from all trial participants after having shown the participants every part of the original hotline complaint.

8.3.6.9.2. Collect and/or preserve all research materials, physical or electronic, related to the trial.

8.3.6.9.3. Collect any evidence.

8.3.6.9.4. Inform any employee involved in the trial (including former involvement in the trial) that the FDA is a conducting an investigation and that they may submit any evidence or statements they feel should be known by the FDA investigatory board.

8.3.6.10. The board shall investigate the specifically referenced physical sites being alleged to having committed violations as referenced in the initial hotline report.

8.3.6.10.1. The FDA may only terminate the investigation only after the employee making the original report signs a statement affirming that the FDA has adequately investigated and publicly disclosed any factual findings.

8.3.6.11. If the board provides no public reports of factual findings within 15 days of the initial report, and every 15 days thereafter, then the trial shall be immediately halted. The manufacturer may not restart the trial or re-use any data or participants from the original trial. The manufacturer may not terminate or re-assign the duties of any employee involved in the clinical trial unless the trial is permanently canceled and no similar trial is initiated within 5 years.

8.3.6.11.1. If the complainant alleges any member of the board is not acting in good faith, that board member shall be replaced by another board member.

8.3.6.12. All aspects of any reporting made about a trial shall be made available as informed consent for any applicable medical treatment, procedure, or product.

8.3.6.13. If any element of the investigation corroborates any aspect of the hotline complaint, a criminal referral shall be made to the DOJ and the State Attorney General at the conclusion of the board's investigatory activities.

8.3.6.13.1. A contractee shall be fully culpable for the behavior of a contractor. Lack of oversight is at least willful negligence.

8.3.7. No FDA approval may be given to any treatment, procedure, or product which has an FDA hotline investigation pending or which has a finding of any evidence of improper or illegal behaviors.

8.3.8. The FDA shall immediately inform the person making a hotline report whenever any element of their report has been corroborated either as a preliminary finding or a final finding. The complainant shall be given access to any evidence gathered. The complainant may not release any information observed unless it has been officially released by the Hotline Investigatory Board.

8.4. [CDC] CDC

8.4.1. The CDC has no authority to withhold any documents, data, research, records, computer data, or knowledge from FOIA requests. PII and PHI must be redacted.

8.5. [NIH] NIH

8.5.1. NIH is prohibited from funding projects it cannot audit yearly for violations of contract.

8.5.2. NIH may not fund any research outside the continental United States.

8.5.3. The NIH is prohibited from funding "gain of function" research or any other research which has the possibility of generating or contributing to a pandemic or mass public health event.

8.5.4. The NIH may not fund any corporation, person, or group of persons affiliated in any way with a country having a history of human rights abuses.

8.6. [OVERSIGHT] Oversight Board

8.6.1. Any member of Congress will establish an oversight board over any federal agency in this section within 7 calendar days if any US citizen expresses a belief, and sends a written request to a Congressman, that the FDA is engaged in any improper activity. Each Congressman may commission a maximum of one oversight board per year with the ability of continuing the commission of a previous board. The board will have full investigatory power to observe, subpoena, research, interview, or pause any agency

functions until the board's work is complete. All boards shall make available any evidence gathered to any other board on the same day evidence is gathered. All findings shall be simultaneously made available to the general public via website within 24 hrs of collection. Only Protected Health Information (PHI) shall be redacted from materials. Electronic record keeping shall be used to make this possible.

8.6.1.1. **Funding.** The board shall be funded by the existing agency budget at the direction of the organizing Congressman. Funding shall be sufficient to provide basic office supplies, computer equipment, per diem, and hotel housing, transportation (rental vehicles) at least equal to those afforded to a government employee of that agency, during the full period of the board's commission.

8.6.1.2. **Members of the board.** The citizen making the complaint shall have the ability to choose any three people to serve as board executives with full administrative authority over any other members appointed by the Congressman.

8.6.1.2.1. **Conflicts of interest.** No member may be placed on the board if that individual has employment with any corporation overseen or doing business with the respective federal agency. The individual may not be an employee of a federal agency.

9 Patient Centric Care

9.0. [PATIENT] Single Patient Emergency Use Authorization (EUA)

9.0.1. During a pandemic or large scale medical event similarly affecting more than one person, any treatment shall be granted independent-EUA under the sole emergency authority of an attending medical practitioner.

9.0.1.1. The attending medical doctor is the sole authority for this single-patient EUA. No other authority shall impede the independent medical doctor.

9.0.1.2. Any treatment must mutually agreed upon by the patient and attending physician.

9.0.1.2.1. The patient must meet all elements of informed consent.

9.0.1.3. No entity either government or private shall impede availability or distribution of a treatment or product.

9.0.2. The attending physician shall keep detailed logs, charts, and other diagnostic data sufficiently to characterize any inflection points in patient progress at monitoring intervals of no less than 24 hrs when in a medical facility and weekly when the patient is free on their own recognizance.

9.0.2.1. All data shall be preserved in full fidelity for not less than 10 years by the attending medical doctor.

9.0.2.2. All data shall be made available to the CDC for permanent data retention.

9.0.2.3. The CDC shall permanently maintain all data in full fidelity. All data shall be releasable via FOIA and a CDC public data website within 7 days of receipt of the data with the exception of any PHI or PII.

9.0.3. A patient shall not be discharged by a healthcare facility or the care of an attending medical doctor until the patient has steadily improved over the last 72 hours.

9.0.4. A person may always remove themselves from any care facility. The healthcare facility shall arrange for medical transport for the person to the destination of their choice but never less than their home and then to a location with adequate sheltering.

9.0.5. Hospital or treatment facility protocol shall not impede any treatment by the attending medical doctor.

9.0.6. If an attending medical doctor believes that any person, persons, corporation, or government entity engages in practices of treatment scarcity, treatment rationing, or general interference with the treatment, the physician shall make a referral to a Medical Interference Oversight Board.

9.1. [OVERSIGHT] Medical Interference Oversight Board

9.1.1. Congress shall maintain a medical interference oversight board to investigate and report any incidences of interference with single patient EUA.

9.1.1.1. The board shall publicly release all findings on the congress.gov website on at least a weekly basis.

9.1.1.1.1. Findings shall be accessible in their entirety, without the privilege of redaction, except for PHI and PII.

9.1.1.2. It is a felony to prevent release of all findings to the general public.

9.1.1.3. It is a felony to withhold any information from the oversight board.

9.1.1.4. No federal agency, including any judicial branch agencies, shall have the power to interrupt, seize, delay, or interfere with the oversight board.

9.1.2. **Board Membership.** The board shall consist of:

9.1.2.1. Administrative Facilitators

9.1.2.1.1. Two practicing medical doctors serving 4 year terms will have administrative facilitation authority.

9.1.2.1.2. At least five administrative assistants shall be staffed.

9.1.2.1.3. Administrative Facilitators shall be responsible for all fiscal and logistical aspects of the board.

9.1.2.1.4. Administrative facilitators shall be tasked by an investigatory board to assist in meeting mission objectives.

9.1.2.1.5. Administrative facilitators shall prepare a yearly budget for Congressional approval via funding for the CDC.

9.1.2.1.6. The board shall assure the budget is sufficient to:

9.1.2.1.6.1. Maintain at least 10 investigatory boards. Facilitators may increase the number of investigatory boards beyond the minimum as required.

9.1.2.1.6.2. Provide for all logistical needs such as travel, computer resources, lodging, and pay.

9.1.2.1.6.3. Cause no more than a 3 day delay in deploying an investigatory boards to an incident site.

9.1.2.1.6.4. Fund as many administrative assistants, with board dictated skill requirements, as necessary for operations.

9.1.2.2. Investigatory Boards

9.1.2.2.1. The investigatory board shall have full operational control over fact gathering.

9.1.2.2.2. Each board shall be staffed by three medical doctors serving three year terms, extendable solely by the complainant medical doctor(s) for the duration of an investigation if at a term limit.

9.1.2.2.3. Board Membership

9.1.2.2.3.1. Every year, Administrative Facilitators shall allow any practicing medical doctor to submit an application to join the board. Board membership shall be determined by the quality and quantity of first-hand patient interaction. All doctor personal identifiable information shall be redacted from the application.

9.1.2.2.3.2. A sufficient number of applicants shall be maintained to meet surge requirements as dictated by Administrative Facilitators.

9.1.2.2.3.3. Board members shall be compensated for their time based on previously agreed upon compensation at the provider's nominal hourly billing rate.

9.1.2.2.3.4. The oversight board may not consistent of any individual having past or present employment with the corporation being investigated, with any other medical manufacturing corporation, or any other entity having a conflict of interest.

9.1.3. [PROSECUTE] Prosecution

9.1.3.1. The board shall make criminal referrals to the DOJ.

9.1.4. [DOCTOR] Complainant Medical Doctor(s) Powers

9.1.4.1. If the complainant medical doctor objects to any aspect of the individual conduct or performance of an investigation board member, that member shall be replaced with another board member within 3 days.

9.1.4.2. The complainant medical doctor shall be able to submit any personal opinions into the investigatory findings without reprisal.

9.1.4.3. It is a felony for any entity of the government, any employer, or any person(s) to:

9.1.4.3.1. Interfere with the complainant medical doctor's participation in the board's investigation.

9.1.4.3.2. Threaten, harass, or intimidate the complainant, or the complainant's family, or acquaintances.

9.1.4.3.3. Interfere with the complainant's employment.

9.1.4.3.4. Base any future employment of the complainant on involvement with a Medical Interference Oversight Board.

9.1.4.3.5. Disclose the identity of the complainant.

9.1.4.3.6. Limit, reduce, constrain, or terminate any complainant pre-existing insurance protections.

9.1.4.3.7. Use any medical certification entity or their investigatory powers in retribution or to harass, intimidate, or affect the complainant for a period up to 20 years after the conclusion of the investigation.

10 Protections for Medical Professionals

10.1. [TREATMENT] Treatments.

10.1.1. No employer shall adversely affect a medical professional or student medical professional for treating a patient with any medical treatment, procedure, or product administered with the consent of the patient.

10.1.2. This shall apply to any medical treatment, procedure, or product, regardless of approval status by a government or medical authority.

10.2. [FREE] Free speech.

10.2.1. No employer, licensing board, government entity, or other medical authority shall intimidate, restrict, or prevent a medical professional or student medical professional from speaking publicly about any medical or tangential topic, or effect adverse treatment of the medical professional.

10.2.2. No government or private entity may restrict or modify the free speech of a medical professional or student medical professional making a private or public communication on any platform.

10.3. **[INVOLUNTARY] Involuntary Activities.** No employer shall require a medical professional or student medical professional to submit to any medical procedure, treatment, or product.

10.3.1. No medical professional or student medical professional shall be adversely affected for accepting or rejecting a medical procedure, treatment, or product.

10.3.2. No medical professional or student medical professional shall be adversely affected by an employer, government entity, or medical authority for exercising free speech for accepting or rejecting a medical procedure, treatment, or product.

10.4. [PROTECTION] Protection of Medical Professional or Student Medical Professional Credentials and Reputation

10.4.1. A licensing board, regulatory agency, or related special interest group shall not restrict a medical professional or student medical professional from making medical statements if that medical professional reasonably believes that information to be truthful and in the best interest of patients and medical science.

10.4.1.1. A medical licensing board or regulatory agency, or related special interest group shall not suspend, revoke, pause, or otherwise disrupt

the medical license, or medical practice, of a medical professional or student medical professional if:

10.4.1.1.1. (a) the medical professional is given 30 days upon receipt of request,

10.4.1.1.2. (b) the medical professional or student medical professional furnishes data, studies, research, or comparable academic literature used by the medical professional or student medical professional to form a fundamental belief that medical statements made are truthful and in the best interest of patients and medical science.

10.4.2. A licensing board, regulatory agency, or related special interest group shall not initiate an investigation, license enforcement activities, or disciplinary actions until:

10.4.2.1. (a) the medical professional has been given adequate opportunity to provide their data per 10.4.1.1., and

10.4.2.2. (b) the licensing board, regulatory agency, or related special interest group can provide reproducible science, conducting an example of the reproduced science, which contradicts the medical professional.

10.4.2.3. A contradiction in research must be reproduced by the accusing entity.

10.4.2.4. The design of experiment must be made publicly available.

10.4.2.5. All experimental results must be made publicly available.

10.4.2.6. The contradiction must substantially contradict the medical professional. *De minimus* technical differences, procedural differences, or unintentional oversights in the medical professional's testimony shall not be grounds for a substantial contradiction.

10.4.2.7. No portion of the contradicting science may be redacted unless it is *protected health information (PHI)* as defined in this Act.

10.4.2.8. All scientific data must be made available for public viewing indefinitely.

10.4.3. A medical professional or student medical professional who is accused, but whose arguments cannot be refuted by the medical licensing board, regulatory agency, or special interest group within 30 days shall be compensated by a minimum settlement of $5 Million USD, paid within 30 days, corrected for inflation at a baseline year of 2021. The accusing entity must make a permanent public record stating "Regarding the

{medical professional's name}, on {date of accusation}, {accusing entity name}, was unable to substantially disprove the statements of {medical professional's name}." This statement must prominently be displayed on any materials regarding the accuser's statements or relevant materials.

10.5. [ADVERSELY] Adversely affecting means:

10.5.1. The medical license or insurance policy of a medical professional shall not be revoked or challenged:

10.5.1.1. For the use of medical emergency authority.

10.5.1.2. For speaking publicly on any medical matters or employer policies.

10.5.2. The employer shall not treat the medical professional any differently than peers.

10.5.3. The employer shall not affect the medical professional's employment.

10.5.4. The employer shall not affect the medical professional's opportunities.

10.5.5. The employer shall not threaten or intimidate a medical professional.

10.5.6. The employer shall not use the reason of insubordination against a medical professional.

10.5.7. The employer shall not place the medical professional on indefinite or unpaid leave.

10.5.8. The employer shall not restrict or limit the normal medical duties of a medical professional.

10.5.9. The employer shall not require a medical professional to agree to or sign any agreement or contract that modifies an employment agreement or limits any provisions of this Act.

10.5.10. No licensing board or other medical licensing entity shall investigate, interrogate, or subject a medical practitioner to undue scrutiny.

11 Medical Manufacturing

11.1. **[DUE] Due Process.** No manufacturer shall be immune from due process by any harmed party in a court of law.

11.2. **[ARBITRATION] Arbitration.** Arbitration shall not be an option to replace judicial process by a court of law.

11.3. **[DOCUMENTS] Documents.** Manufacturers are required to indefinitely retain all development, safety, and trial documents and materials of any medical product.

11.3.1. Documents shall be furnished to prosecutors or via the discovery process within 24 hrs of notification by any means.

11.3.2. Destruction of any documents is a felony.

11.3.2.1. The responsibility and culpability for the preservation of documents begins with the senior corporate officer and extends to all persons involved. Penalties shall be graduated for any person with increased levels of authority in the corporation.

11.4. **[INGREDIENTS] Ingredients.** The full chemical and ingredient composition of a product shall be filed with the CDC and FDA.

11.4.1. It is a felony to produce any product differently than the composition filed with the CDC and FDA, whether experimental, under EUA, during trials, or final production.

11.4.2. A manufacturer shall have no privilege of intellectual or proprietary information protections to withhold disclosure of the full chemical and ingredient composition of a product in any stage of development or production.

12 Civil Liberties Protections

12.1. **[CONSTITUTION]** No aspect of the United States Constitution or Bill of Rights shall be suspended to any degree for reasons of public health, communicable disease, pandemic, health emergency, or any health event affecting many persons.

12.1.1. It is a felony for any government entity, corporation, or person(s) to violate any clause of this Act, the United States Constitution, or the United States Bill of Rights.

12.2. [RESTRICTIONS] Restrictions in General

12.2.1. No restrictions shall be placed upon any person(s) or corporations for reasons of public health, communicable disease, pandemic, or health emergency.

12.2.2. It is a felony for any person in a government entity to impose restrictions that violate Federal or State Constitutional or legal protections.

12.2.3. Any citizen of the United States is immune from prosecution if a government entity is enforcing any provisions which are rendered illegal by this Act.

12.3. [TRAVEL] Interstate Commerce and Private Travel.

12.3.1. No individual person, persons, or corporation may be required or solicited to demonstrate any medical qualification or proof of compliance with any medical requirement when conducting interstate commerce or private travel.

12.3.2. This also applies to:

12.3.2.1. The Department of Transportation,

12.3.2.1.1. The Federal Aviation Administration,

12.3.2.2. The National Railroad Passenger Corporation ("Amtrak"),

12.3.2.3. The Surface Transportation Board,

12.3.2.4. The Transportation Security Administration,

12.3.2.5. The National Transportation Safety Board,

12.3.2.6. The Federal Maritime Commission,

12.3.2.7. The Department of Commerce.

12.3.3. This also applies to: any other federal agency, state agency, or private person, persons, or corporation on private property.

12.3.4. No person shall be required to wear any medical device or device on their person(s) for medical purposes when using any method of transportation.

12.4. [PASSPORTS] Vaccine Passports.

12.4.1. No individual shall be required to furnish any medical information to any entity in exchange for a normal level of service. Two levels of service may not exist based on medical documentation. This applies to any commercial, private, or government entity.

12.4.1.1. A medical practitioner may request an individuals' medical history. A patient or person is not required to furnish any medical information.

12.4.1.2. A person may never be required by a government, person(s), or corporation to divulge vaccination status.

12.4.1.3. A government, person, persons, or corporation may never require a person to wear, carry, be implanted with, or otherwise be imprinted with any form of medical identification.

12.4.2. The U.S. government is forbidden from requiring a U.S. citizen to present proof of vaccination as a condition of entry into the United States of America or outlying territories.

12.4.3. The U.S. government is forbidden from requiring a U.S. citizen to submit to medical testing as a condition of entry into the United States of America or outlying territories.

12.5. [LOCKDOWNS] Lockdowns

12.5.1. No government or private entity, for public health or medical reasons, may require that any person(s) "shelter in place", self-quarantine, or otherwise cause to segregate a person(s) from society, normal commercial services, or travel as desired by the person(s).

12.5.2. No government entity may require restrictions, reductions, or interruptions of normal private or corporate commercial services for public health or medical reasons.

12.5.3. It is a serious felony for any government person(s) to violate any provisions of this section.

12.6. [FINES] Fines and Fees

12.6.1. No government or private entity may use fines or fees to enforce medical objectives. This includes, but is not limited to:

12.6.1.1. Fines or fees on corporate or private commercial businesses.

12.6.1.2. Fines or fees on person(s).

12.6.1.3. Extra taxes imposed under public health or medical reasonings.

12.6.1.4. Fines or fees used as a penalty mechanism for violating any restrictions based on medical reasonings.

12.7. [WEARING] Wearing of Medical Equipment

12.7.1. No government, corporation, person(s) shall require the use or wearing of any devices for any medical purpose unless the individual is a healthcare worker or a person is in a healthcare facility. The device may not be permanent and must be fully removable by the person after their healthcare duties.

12.7.1.1. No person, corporation, or government entity shall enforce the use or wearing of any medical devices.

12.8. [DISTANCING] Social Distancing

12.8.1. No government, corporation, person, persons, or other entity shall require any person(s) to maintain any degree of distancing from another person(s) for reasons of public health, communicable disease, pandemic, or health emergency.

12.9. [SPEECH] Medical Free Speech

12.9.1. No person(s) shall be restricted from free speech by any government entity. No government, corporate, or medical entity shall use “misinformation” or “disinformation” as a reason to prohibit the free speech of any person(s).

12.9.2. No corporate entity shall engage in any practice aimed at restricting or limiting free speech including the use of techniques such as, but not limited to:

12.9.2.1. Shadow banning.

12.9.2.2. De-platforming.

12.9.2.3. Censorship.

12.9.2.4. Selective editing aimed at distorting the content originator's message.

12.9.2.5. "Deep fake" technology aimed at deceit except for entertainment purposes, clearly and obviously labeled for the average person to reasonably understand its entertainment purpose.

12.10. [DENIAL] Denial of Services

12.10.1. No government or corporate entity shall deny normal services, as normally afforded to all other person(s), for any medical reasoning or related cause.

12.10.2. No person shall be denied, by government or corporate entities, a normal opportunity to acquire food and drink through any normal method available to other person(s).

12.11. [RELIGIOUS] Religious Services

12.11.1. No government or corporate entity shall place any restrictions on free worship or exercise of religion for any medical or public health reason.

12.11.2. No individual shall be forced, coerced, intimidated, or incentivized to violate their sincerely held belief. A sincerely held belief may not be questioned by any entity and no proof is required beyond simply stating the existence of such a belief.

12.11.3. It is a felony to violate this clause.

12.12. [DETAINMENT] Detainment of Person(s).

12.12.1. No government entity, corporation, person, or group of persons shall detain, contain, or house individuals against their will in any building or location for any reasons of public health, communicable disease, pandemic, or health emergency.

12.12.2. A facility whose purpose is emergency or medical in nature must not place any form of restriction on any person entering or leaving the facility. This does not apply to areas used for surgery.

12.12.3. It is a felony to violate this clause.

12.13. [PARENTAL] Parental and Caretaker Rights

12.13.1. It is a felony for any person of an institution, school, university, college, corporation, or other entity to separate a parent or caretaker from their biological children if that person is being administered any medical treatment, procedure, or product.

12.13.2. It is a felony for any person of an institution, school, university, college, corporation, or other entity to administer any medical treatment, procedure, or product without the parent or caretaker's explicit consent for that specific treatment at that specific time.

12.13.2.1. Any person effecting a medical procedure must be qualified and capable of giving comprehensive informed consent to parents or caretakers.

12.14. [CONTRACTS] Contracts or Agreements or Other Legal Instruments

12.14.1. No corporate or government entity may require a customer, employee, or other person(s) to agree to, sign, or operate under any legal instrument which requires the person to:

12.14.1.1. Provide blanket approval for suspension of any aspect of the requirements of this Act, or

12.14.1.2. To provide blanket legal immunity, or blanket authorization for medical treatment or procedure.

12.14.2. No contract, agreement, or other legal instrument may be coerced or unequally incentivized.

12.14.3. No individual may have their employment or potential employment jeopardized as a condition of the acceptance or refusal of any medical treatment, product, or procedure specified in an employment agreement or contract.

12.14.4. No individual may be separated, identified, or treated differently as a consequence of approving or disapproving a health related legal instrument.

12.14.5. No reduced level of service or opportunity may be effected by any entity providing a service as a consequence of accepting or rejecting a medical procedure, treatment, or product.

13 Financial Protections

13.1. **[FINES] Fines.** No government, corporation, person, or persons shall have the authority to fine any person, persons, or corporation under any medical reasoning.

13.2. **[COMMERCIAL] Commercial Interference.** No government entity may interfere with any commercial enterprise for reasons of medical need or public health.

13.3. **[ENFORCEMENT] Enforcement.** No municipality, government agency, civilian police organization, corporation, person, or group of persons shall enforce any rule, regulation, law, statute, executive order, mandate, or statement of presumed authority which violates any clause of this legislation.

13.4. **[SEIZURE] Seizure.** No government entity shall have the power of seizure of any financial or tangible assets for any person(s) or corporations who violates any government medically related rule, mandate, regulation, policy, or law.

14 Limits to Government Powers

14.1. **[DETENTION]** Medical Detention Facilities

14.1.1. No government entity, corporation, non-governmental organization, or group of persons shall create, fund, or administer any facility, camp, or similar facility which is used to detain persons by limiting, to any degree, the ability of an individual to leave at any time. A facility used for medical purposes must never prevent an individual from leaving at any point and may not use time consuming obstacles to delay free movement. Except for surgical areas, no medical facility may prevent persons from entering the facility or documenting the facility photographically or electronically.

14.1.2. No government entity, corporation, non-governmental organization, or group of persons shall collect persons in any such facility. No legal or financial device shall be used to incentivize or coerce persons to enter a facility under voluntary compliance.

14.1.3. No emergency authority shall be used to subvert these requirements.

14.2. **[MOVEMENT]** **Freedom of Movement.** It is a felony for any entity to restrict a person(s) freedom of movement under any medical pretext.

14.3. **[ARREST]** **Detainment or Arrests.** No person or government entity may detain or arrest another person or persons for any medical reason.

14.4. **[MANPOWER]** **Use of Government Manpower.** No government agency, state, or federal government may use civilian police, military, corporations, or persons to effect any medical procedure, medical treatment, order, mandate, rule, regulation, or law which further restricts citizen protections on freedom and liberty.

14.5. **[LISTS]** **Lists.** No government entity may apply unequal medical scrutiny such as maintaining lists of individuals who refuse medical treatments.

14.6. **[EMERGENCY]** **Emergency Powers.** No government entity may use emergency or national security powers to suspend any part of this legislation.

14.7. **[CIRCUMVENT]** **Circumvention of Protections.** No government entity may create any rule, statute, or other legal mechanism which limits, in any way, any protections of freedom and liberty mentioned in this Act.

14.8. **[CLASSIFICATION]** **Classification of Persons.** No government entity shall create any rule, regulation, law, or mandate which classifies individuals based on any medical characteristic, inherent or otherwise.

14.9. **[CAMPAIGN] Medical campaigns.** No government entity shall engage in any campaign having an objective of applying a medical treatment, procedure, or product to a group of persons. A campaign may include methods such as, but not limited to: propaganda, use of limited information, mass advertising, mass purchases, mass public medical functions, mass vaccinations or innoculations, mass testing, mass medical surveillance, or any large scale event done under the premise of public health. Government agencies may not publicly advocate for any medical procedure, treatment, or product, or orchestrate the use of third parties to do the same.

14.10. [ASSEMBLY] Forced Assembly.

14.10.1. It is a felony for any employee of a government entity, corporation, person, non-governmental organization, or group of persons to force, compel, incentivize, or coerce any person or groups of persons into a geographical location because of medical safety, medical emergency, or any other related medical reason.

14.11. [POLICE] Civilian Law Enforcement.

14.11.1. Is is a felony for any employee of a civilian law enforcement agency to enforce any rule, regulation, law, statute, executive order, mandate, policy, or statement of presumed authority which violates any clause of this legislation.

14.12. [MILITARY] Military.

14.12.1. A commissioned military Officer, has the authority to arrest and detain any member of the U.S. military, regardless of rank, for violations of this Act.

14.12.2. No privilege of classification shall be extended to materials indicating evidence of criminal activity relating to the violation of any portion of this Act. Any materials which already exist with classification, but have been suspected to harbor illegal violations of this Act, shall be declassified in their entirety, without redactions. This process shall be conducted without consultation with the original classification authority. Any military Officer shall have the authority to initiate this process under their own sincerely held belief.

14.13. [DOJ] DOJ

14.13.1. The DOJ may not designate any person(s) as a *domestic terrorist* if an individual is acting in the interest of medical freedom.

14.13.2. Any person(s) being surveiled, a target of interest, a suspect, or otherwise a subject of the DOJ in any capacity shall be informed by certified mail.

14.13.3. The DOJ shall have no power of seizure of any financial or tangible personal property asset. A seizure may occur only with a warrant specifically mentioning the items to be seized. Electronic device seizures must specifically mention the data being sought and protections for guarding all other data from DOJ scrutiny must be observed. It is a felony for an employee of the US government to obtain a warrant based on false premises. It is a felony for a judge to issue a warrant based on false premises whether known or not to the false at the time of issuance. It is a felony for a government employee or contractor to release any digital materials obtained through seizures or other means. The director of the DOJ shall be criminally accountable as an accessory to the crime if any subordinate of the DOJ violates this law.

14.14. [FBI] FBI

14.14.1. The FBI may not designate any person(s) as a *domestic terrorist* if an individual is acting in the interest of medical freedom.

14.14.2. Any person(s) being surveiled, a target of interest, a suspect, or otherwise a subject of the FBI in any capacity shall be informed by certified mail.

14.14.3. The FBI shall have no power of seizure of any financial or tangible personal property asset. A seizure may occur only with a warrant specifically mentioning the items to be seized. Electronic device seizures must specifically mention the data being sought and protections for guarding all other data from FBI scrutiny must be observed. It is a felony for an employee of the US government to obtain a warrant based on false premises. It is a felony for a judge to issue a warrant based on false premises whether known or not to the false at the time of issuance. It is a felony for a government employee or contractor to release any digital materials obtained through seizures or other means. The director of the FBI shall be criminally accountable as an accessory to the crime if any subordinate of the FBI violates this law.

14.15. [IRS] IRS

14.15.1. The IRS may not designate any person(s) as a *domestic terrorist* if an individual is acting in the interest of medical freedom.

14.15.2. The IRS shall have no power to gain access to, subpoena, or otherwise gain access to any medical records of a person or about a person from third party. The IRS shall not collect, store, or outsource the collection and storage of medical records.

14.15.3. Any person(s) being surveiled, a target of interest, a suspect, or otherwise a subject of the IRS in any capacity shall be informed by certified mail.

14.15.4. The IRS shall have no power of seizure of any financial or tangible personal property asset. A seizure may occur only with a warrant specifically mentioning the items to be seized. Electronic device seizures must specifically mention the data being sought and protections for guarding all other data from IRS scrutiny must be observed. It is a felony for an employee of the US government to obtain a warrant based on false premises. It is a felony for a judge to issue a warrant based on false premises whether known or not to the false at the time of issuance. It is a felony for a government employee or contractor to release any digital materials obtained through seizures or other means. The director of the IRS shall be criminally accountable as an accessory to the crime if any subordinate of the FBI violates this law.

15. **[AUTHORITY]** No government entity shall have any powers related to medical treatments, procedures, or products not specifically mentioned in the U.S. Constituion, Bill of Rights, or this Act.

15 Qualified Immunity

15.1. **[IMMUNITY]** No person(s) who is a member, employee, contractor, or otherwise operating under the authority of a government entity shall be granted the privilege of qualified immunity with respect to any medical policy, mandate, law, edict, command, order, statement, directive, or any means of asserting control over a person.

15.2. No person(s) who is a member, employee, contractor, or otherwise operating under the authority of a government entity shall be granted the privilege of reduced or alternate sentences.

16 Protected Medical Classes

16.1. **[PROTECTED]** This Act establishes that any person or group of persons distinguished by any medical characteristic, inherent or otherwise, shall be a protected class. A medical characteristic includes: an illness, a status of the application of a medical product, and a status based on a medical treatment that causes adverse effects.

16.1.1. This supplements the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1975, Equal Pay Act of 1963 and Civil Rights Act of 1964, Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 and Uniformed Services Employment and Reemployment Rights Act, and the Genetic Information Nondiscrimination Act of 2008.

16.1.2. No corporation, person, or group of persons shall create any medical requirement which does not apply to the general population.

16.1.3. This applies to any person(s) who have either rejected or accepted any medical treatment, procedure, or product.

16.2. **[APPARATUS]** No person, group of persons, corporation, or government may require a person or group of persons to utilize any medical devices, protective equipment, or other any other class of medical apparatus.

16.2.1. A medical apparatus will include any device which restricts, adds to, or involves normal body functioning such as breathing or movement, excluding ordinary clothing, as defined by the person.

17 Privacy Protections

17.1 [DATA] Data Collection.

17.1.1 No government, corporation, person, or group of persons may require any person or group of persons to wear or be implanted with any medical device or treatment which has any surveillance capability either by design or with a passive surveillance characteristic.

17.1.2 No corporation, person, or group of persons shall aggregate, collect, sell, maintain, or distribute any medical data without the permission of the person. Permission may not be coerced, obtained through reward or incentive, or obtained by unnecessarily binding increased collection to a service.

17.1.3 Any data aggregated, collected, sold, maintained, or distributed shall be only through explicit authorization of the person.

17.1.3.1 A different or degraded level of service shall not be offered by any government or corporate entity if a person opts out of providing private medical data.

17.1.4 Permission shall be solicited in such a manner that the person understands what they are agreeing to in ordinary language.

17.1.5 Any transaction or data about a person who subsequently declares they no longer understand shall result in immediate destruction of that data about that person, including the information distributed into aggregated, de-identified data.

17.1.6 A person may revoke authorization at any time, without the requirement of a reason. All collected data shall be destroyed within 24 hours.

17.1.7 Authorization by a person or corporation shall be granted only between two parties and may not be transferred or carried through to other entities.

17.1.8 Any person who declines data collection about their person shall not be treated differently than those who opt-into data collection including the issuance of services, quality of service, availability of services, cost, or timeliness of service. This applies to any government, corporation, person, or group of persons.

17.1.9 Biometric or genetic data about person may not be used to provide a different level of commercial, governmental, or private service for that person.

17.1.10 Any use of biometric identification shall have a corresponding non-biometric alternative. A biometric identification only option shall not exist even if temporary in nature. No individual shall be required to cooperate with any form of biometric identification. A corporate or government entity shall be required to prominently display the existence of an alternative procedure in lieu of biometric identification. An alternative non-biometric procedure shall not be more difficult to utilize than a biometric identification procedure.

17.1.11 Biometric, genetic, or characteristic data about a person may not be exported outside the United States of America.

17.1.12 Biometric, genetic, or characteristic data about a person may not included in a patent, be copyrighted, or trademarked.

17.2 **[GENETIC] Modifications to Genetic Code.** No person shall ever be required to accept modifications to their genetic code.

17.2.1 Any product which has the ability, the potential ability, or suspected ability to modify human genetic code shall be labeled as "dangerous to human genome".

17.3 [PRIVATE] Private Medical Data

17.3.1 Private medical data includes, but is not limited to:

17.3.1.1 Age
17.3.1.2 Sex
17.3.1.3 Weight
17.3.1.4 Height
17.3.1.5 Body Mass Index
17.3.1.6 Genetic code
17.3.1.7 Medication history
17.3.1.8 Medical procedure history
17.3.1.9 Allergy history
17.3.1.10 Vaccination history
17.3.1.11 Mental health history
17.3.1.12 Any history of body anatomy

17.4 [VACCINES] Vaccinations

17.4.1 No medical product may include a feature designed to surveil a person.

17.4.2 No medical product may include a feature designed to reveal the vaccination status of a person.

17.4.3 No government, corporate, or other entity shall use any characteristic of a vaccination treatment to qualify, segregate, identify, or categorize a person(s).

17.5 [DOCUMENTATION] Government Documentation

17.5.1 No entity shall retain vaccination history on or associated with any government identification or create an association between vaccination history and any government issued document that identifies a person.

18 Criminal Penalties

18.1. [SENTENCES] Mandatory minimum sentences.

18.1.1. Unless otherwise increased in this Act, the penalty of a felony shall be no less than 5 yrs imprisonment (Class D felony) but no more than 10 years, without the possibility of length of sentence reduction.

18.1.2. A serious felony shall have a 10 year penalty of imprisonment without the possibility of parole.

18.1.3. Any person convicted of a *serious violent felony*, defined as resulting in serious bodily injury or death, shall be imprisoned for life or for any term of years not less than 10, considering each death.

18.2. Any public official with oversight of any medical policy or rulemaking resulting in medical treatment induced death shall be be treated as a *serious violent felony* for resulting each death.

18.3. **[EXECUTIVE] Executive Culpability.** Any person serving as an upper level executive or leadership position of a government agency or corporation shall have at least a felony level of responsibility for the actions of any subordinate if they engage in a violation of any section of this legislation. Executive culpability begins at the highest position of an organizational hierarchy and continues downward stopping at the first conviction. Resignation from service in a corporation or government entity does not alleviate an individual from executive culpability.

19 Medical Experiments and Research Protections

19.1. **[EXPERIMENT]** No government agency, military, corporation, person, or group of persons may perform any medical experiment or research unless those person(s) are given and meet all elements of informed consent as prescribed in this Act.

19.1.1. Medical negligence, oversight, or accidental occurrences shall not be defensible for violations of this Act. Entity leadership shall exercise sufficient mitigating procedures or abstain entirely to avoid violations of this Act.

19.1.2. Medical experiments or research must be terminated if it causes temporary or permanent harm to the test subject.

19.2. No research may be conducted on infectious diseases which increases its natural risks or harmful capabilities.

19.3. All negative effects observed during research and development shall be documented and disclosed to the general public by the researching entity. All disclosures shall be additionally submitted to the CDC. The CDC shall maintain a publicly accessible database. The CDC shall indefinitely retain all disclosures.

20 Military

20.1. **[MILITARY] Applicability of Protections to Members of the US Military.** No member of the US Military may be waived from all the requirements of this Act. No member may be asked to waive any requirements of this Act.

20.2. The military must provide informed consent at least equivalent to that available to civilians.

20.3. Any data captured about the performance or the adverse event history of a medical treatment, procedure, product shall be fully available to a member of the US Military at any time.

20.4. A member of the US military must be afforded full access to the Adverse Event Reporting System prescribed in this Act.

20.5. The requirements of informed consent for any member of the US military are at least equivalent to the requirements of informed consent as prescribed in this Act.

20.6. No military or war-time requirement shall be used to violate any requirement of this Act.

20.7. The Secretary of Defense or the Joint Chiefs of Staff shall have no authority to remove any requirement of this Act.

20.8. No Officer of the US Military may treat a member of the military differently based on acceptance or refusal of a treatment or medical procedure.

20.9. The US military is required to observe any religious exemptions or medical exemptions.

20.10. No member of the US military shall ever be required to accept treatment that is experimental, under an emergency use authorization, has an approved status, or has any other status.

20.11. The acceptance or rejection of a medical treatment shall not be used to qualify a member's eligibility for continued service in any Reserve or National Guard unit.

20.12. No member of the US Military may be denied an Honorable discharge for the acceptance or refusal of a medical treatment.

20.13. The US military is required to maintain a permanent history of each member who accepts vaccinations via an information system maintained by the Department of Defense.

20.13.1. This information system shall allow the patient to fully view any submissions made by healthcare providers.

20.13.2. This information system shall allow the patient to document their own history without constraint on quantity, length of submitted data, or time elapsed after treatment.

20.14. **[RECORDS] Medical Records.** Any healthcare providers' notes may be challenged by the patient by creating a permanent record of objection that is connected to the offending record.

20.14.1. The military shall establish a process a process for correcting medical records if a patient objects. Any objections or corrections which the corrections process rejects shall be retained permanently as a patient record of objection.

20.14.2. No branch of the US Military may keep a parallel medical record, including practitioner's notes, in any other location other than the system prescribed in this Act. All medical records must be fully accessible and viewable by the patient at any time.

20.15. **[TRAINING]. Training.** Every member of the US Military shall be given at least 1 hour of yearly training on every section of this Act.

20.16. **[PENALTY] Penalties.** Any member of the US Military who violates any part of this Act either through policy making, issuance of orders, or following an order which violates any part of this Act shall be subjected to a minimum of 2 years imprisonment in a military prison. This requirement appends the Uniform Code of Military Justice (UCMJ). No member of the US Military may be separated or retired from military service to avoid justice or sentencing.

21 Medical Information Technology

21.1. [HELPDESK] Helpdesks for Medical Information Systems

21.1.1. Any government medical data collection system shall offer a full time help desk function adequately staffed to allow a healthcare practitioner or their designated representative to reach a human agent in 5 minutes of less. Others shall have a wait time to reach a human agent not in excess of 10 minutes.

21.1.1.1. The helpdesk shall make public monthly reports detailing all call volume data, including wait times.

21.1.1.2. Staffing shall be modified based on monthly historical data and by agency forecasts of demand.

21.2. [PUBLIC] Public Accessibility of Data

21.2.1. The following requirements apply to all government information systems:

21.2.1.1. Shall have a public interface to internal systems.

21.2.1.2. Shall offer downloadable structured data of any database contents.

21.2.1.3. Shall have an uptime reliability of 99.99% (expected downtime of 43 seconds daily, 5m 2s weekly, 21m 54s monthly, 1h 5m 44s quarterly, 4h 22m 58s yearly).

21.2.1.4. Shall not utilize any obstacles such as log-ins or other forms of qualification or screening to access data or download data.

21.2.1.5. Data may not be stored or processed "off-premises" by a third party contractor. All data must be retained on federal government property, on federal government owned information systems.

21.2.2. Shall maintain all historical data accessible by any person(s).

21.2.3. It is a felony for any person(s) to modify or delete any original or historic data from a government medical database.

21.3. **[REGISTRY] Registry of Information Systems.** The CDC shall maintain a publicly available registry of all medical government or contractor database or storage information systems.

21.3.1. This registry shall include instructions for public access to each information system, including instructions for retrieving structured data.

21.4. **[CONTRACTORS] Government Contractors.** These requirements shall apply to any government contractor.

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22 Employee Protections

22.1. **[EMPLOYMENT] Employment Protections.** No employer shall make acceptance or rejection of any medical procedure or treatment a prerequisite of employment or continued employment.

22.1.1. No employer shall terminate or adversely effect the employment of a person based on the acceptance or rejection of a medical procedure or treatment.

22.1.2. No employer shall require medical testing in any form as a requisite of employment, continued employment, or qualification for a role.

22.1.2.1. The following are exemptions:

22.1.2.1.1. Periodic random testing for occupations which are safety critical.

22.1.2.1.2. The use of controlled substances.

22.1.2.1.3. The use of illegal substances.

22.2. **[COLLECTION] Employer Collection of Medical Data.** No employer shall require an employee to disclose medical information. An employer shall not solicit any medical information about an employee. An employer is liable for all accidental disclosures of health information collected. An employer may not create, assemble, or maintain any form of medical information database.

22.2.1. No employer shall disclose any medical information about an employee.

22.2.2. Health care providers may not share any medical information to employers.

22.2.3. These requirements apply to any third party entity who may provide or expect to provide information to the employer.

22.2.4. An employer may only solicit a statement of medical qualification from an employee and may never demand any form of medical record.

22.2.5. These protections also apply to a person applying for a job, are in the process of being hired, and who have not yet been employed.

22.2.6. **[EXCEPTIONS] Exceptions.** An employer may require an employee to disclose certain medical information if that information is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is necessary for a health care provider. The employer shall not maintain copies of this information but is permitted to temporarily transmit the data to a health care provider. The acts of collection or

transmission will be documented by the employer and disclosed to the employee at every initial or descendant activity.

23 Consumer Protections

23.1. **[ADVERTISEMENT] Advertisements.** Advertisements of a medical procedures, treatments, or products must fully disclose any risks, harm, or temporary conditions which are expected, predicted, or identified by third parties to the manufacturer, as being anything less than "safe" as defined in this Act.

23.2. **[TRIAL] Trial Data Availability.** Manufacturers shall make all trial data available to consumers through a website that is publicly accessible. It shall not require registration or disclosure of identity or other information. Manufacturers shall make all trial data available to the CDC and FDA.

23.3. **[TERMS] Terms and Conditions.** No entity may require acceptance of any terms or conditions which conflict or create obstacles to the adherence to the requirements of this Act.

23.4. Medical Care

23.4.1. **[VACCINATION] Vaccination Status.** No healthcare provider or medical professional shall deny healthcare to a person based on vaccination status or previous treatment history.

23.4.2. **[RECORDS] Healthcare Records.** Healthcare providers shall make all medical records available electronically within 48 hrs to a patient upon request at no cost at an interval no less than one year. Electronic records requested more than once in a year may be charged a fee.

24 Healthcare Provider Education

24.1. **[TRAINING] Training Requirements.** Every medical professional shall be required to attend 8 hours of training on this Act as a pre-requisitive of initial education or certification. This requirement applies to any medical professional serving in a medical capacity in, but not limited to: government service, any member of academia, any corporation, research, military, or non-governmental organizations.

24.1.1. Any medical professional in current practice never having had attended initial training on this Act shall be required to complete such training no later than December 2022.

24.1.2. This requirement also applies to anyone serving in a managerial capacity.

24.1.3. Any medical professional having already completed this education shall be required to attend at least 2 hrs of yearly recurrent training on this Act.

24.1.4. Training on this Act may be accomplished in person or through online education.

25 Definitions

25.1. **[DEFINITIONS]**

25.2. Civilian. Anyone who is not a member of the United States military.

25.3. **Human Being.** A member of the species *Homo Sapien* as defined by a reference genetic code that existed prior to the advent of scientific and technological genomic modification. An individual whose genetic code has been modified through artificial means shall be referred to as having *modified* genetic code.

25.4. **Medical Procedures.** A medical procedure is a recognized, or unrecognized treatment, ingestion of a product, or otherwise penetration of any substance not naturally produced by an individual's body for the intention of meeting a medical objective.

25.5. **Medical Professional "Emergency Authority".** Any qualified medical professional may use "emergency authority" to preserve a life if even if a treatment or product does not have full authorization or is less than "safe", as defined by this Act.

25.6. **Medical Treatment.** Means examination, management, treatment, and care of a patient for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care or treatment.

25.7. **Practice.** Refers to interventions that are designed solely to enhance the well-being of an individual patient or client and that have a reasonable expectation of success. The purpose of medical or behavioral practice is to provide diagnosis, preventive treatment or therapy to particular individuals.

25.8. **Protected Health Information (PHI).** Protected health information is the term given to health data created, received, stored, or transmitted by HIPAA-covered entities and their business associates in relation to the provision of healthcare, healthcare operations and payment for healthcare services.

25.8.1. There are 18 identifiers that can be used to identify, contact, or locate a person. If health information is used with any of these identifiers it is considered identifiable. If PHI has all of these identifiers removed, it is no longer considered to be protected health information.

25.8.1.1. Names (Full or last name and initial).

25.8.1.2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the U.S. Bureau of the Census: the geographic unit formed

by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

25.8.1.3. Dates (other than year) directly related to an individual.
25.8.1.4. Phone Numbers.
25.8.1.5. Fax numbers.
25.8.1.6. Email addresses.
25.8.1.7. Social Security numbers.
25.8.1.8. Medical record numbers.
25.8.1.9. Health insurance beneficiary numbers.
25.8.1.10. Account numbers.
25.8.1.11. Certificate/license numbers.
25.8.1.12. Vehicle identifiers (including serial numbers and license plate numbers).
25.8.1.13. Device identifiers and serial numbers;
25.8.1.14. Web Uniform Resource Locators (URLs).
25.8.1.15. Internet Protocol (IP) address numbers.
25.8.1.16. Biometric identifiers, including finger, retinal and voice prints.
25.8.1.17. Full face photographic images and any comparable images.
25.8.1.18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

25.9. **Research.** An activity designed to test an hypothesis, permit conclusions to be drawn, and thereby to develop or contribute to generalizable knowledge (expressed, for example, in theories, principles, and statements of relationships). Research is usually described in a formal protocol that sets forth an objective and a set of procedures designed to reach that objective. When a clinician departs in a significant way from standard or accepted practice, the innovation does not, in and of itself, constitute research. The fact that a procedure is "experimental," in the sense of new, untested or different, does not automatically place it in the category of research.

25.10. Screening. Screening is the act of inquiring of an individual person if they meet specific medical requirements. The person optionally provides the best faith response, to the best of their knowledge.

26 Scope.

26.1. **[SCOPE] Scope.** This Act succeeds any previous legislation.

26.2. All United States Government and State Governments shall immediately suspend and reform all previous business to conform with this Act.

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