119th Congress
H.R. ____
IN THE HOUSE OF REPRESENTATIVES
[Insert Date]

A BILL

To improve health outcomes for senior citizens by empowering Medicare beneficiaries and their physicians to choose personalized care paths, and for other purposes.Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Lou’s Law: Medicare Senior Medical Freedom and Patient Choice Act”.

SECTION 2. FINDINGS AND PURPOSE.

(a) Findings.—Congress finds the following:
(1) The health of senior citizens relies on empowering patients, in consultation with their personal physicians, to choose care paths that may go beyond conventional medical practices and procedures.
(2) Current Medicare rules and insurance-driven pre-approval processes too often limit patient and doctor autonomy, restricting seniors to a single insurer-approved care path for illnesses including cancer, Lyme disease, autoimmune conditions, and others.
(3) Taxpayers spent approximately $4.9 trillion on Federal health care programs in 2023, with Medicare playing a central role, yet chronic disease rates have risen, overall health outcomes for seniors have not proportionally improved, and patient choice has been constrained by insurers rather than guided by doctors.
(4) Since the addition of Medicare Part D in 2006, prescription drug spending has grown dramatically while patient-centered choice has diminished.(b) Purpose.—The purpose of this Act is to compel Medicare to cover a senior citizen’s chosen personal care path when the patient and their treating physician agree the choice is knowledgeable and informed, thereby restoring the doctor-patient relationship and improving health outcomes.

SECTION 3. MEDICARE COVERAGE OF PATIENT-CHOSEN CARE PATHS.

(a) In General.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:
“(kk) Patient-Chosen Care Paths for Seniors.—
“(1) Notwithstanding any other provision of this title, Medicare shall cover items and services furnished pursuant to a personal care path chosen by a Medicare beneficiary who has attained age 65 if the beneficiary and their treating physician (or other qualified health care professional working under the physician’s supervision) jointly determine and document that the beneficiary is making a knowledgeable and informed choice.

“(2) A ‘knowledgeable and informed choice’ means the beneficiary has received information on risks, benefits, alternatives, and expected outcomes, and the physician has documented that the chosen path is reasonable in light of the beneficiary’s medical condition, personal values, preferences, and circumstances.
“(3) A ‘personal care path’ may include, but is not limited to, alternative treatments, integrative or functional medicine approaches, off-label uses of approved drugs or devices, preventive or lifestyle regimens, palliative options, or other evidence-informed or patient-preferred approaches that may extend beyond strictly conventional practices.
“(4) The Secretary of Health and Human Services shall issue regulations or guidance within 180 days of the date of enactment of this subsection to implement this provision. Such guidance shall—
“(A) include simplified documentation forms for physicians;
“(B) minimize administrative burdens on beneficiaries and providers;
“(C) establish reasonable safeguards against fraud or abuse; and
“(D) prohibit denial of coverage solely because the care path is not the insurer-preferred or most common standard.”
(b) Effective Date.—The amendment made by this section shall apply to items and services furnished on or after the date that is 180 days after the date of enactment of this Act.

SECTION 4. PROTECTIONS.

(a) Nothing in this Act shall require a physician to endorse or participate in a care path the physician reasonably believes poses undue risk to the patient.
(b) This Act does not create new Medicare entitlements or expand eligibility; it only requires coverage of qualifying patient-chosen paths.
(c) Nothing in this Act shall be construed to override State medical licensing or malpractice laws.

SECTION 5. REPORT TO CONGRESS.

Not later than 2 years after enactment, the Secretary shall submit to Congress a report evaluating implementation of this Act, including effects on health outcomes, utilization of alternative care paths, and any net cost impacts.