Health Care Emergency Guarantee Act

Sec. 1. Short Title: The Heath Care Emergency Guarantee Act

Sec. 2. Reimbursements for Certain Costs of Health Care Items and Services Including Prescription Drugs Furnished During Public Health Emergency

Subsection (a) ("In General"): During the period starting on the date of enactment of the Act and ending on the date the Secretary of Health and Human Services ("Secretary") certifies to Congress that a FDA-approved COVID-19 vaccine is widely available to the public, the Secretary shall make payments to qualified health providers: (1) for insured patients enrolled in public or private health insurance plans, an amount equal to any applicable cost-sharing; and (2) for uninsured patients, an amount equal to the Medicare rate for the same or equivalent services. "Cost-sharing" includes deductibles, copayments, coinsurance, or other similar charges.

Payments will be made to qualified providers, for applicable health care items and services provided to applicable individuals (as such terms are defined in subsequent provisions).

Subsection (b) ("Applicable Heath Care Items and Services; Applicable Individual")

Paragraph (1) ("Applicable Health Care Items and Services"): Defines "applicable health care items and services" as <u>any health care items and services</u> that are medically necessary or appropriate for the maintenance of health or for the diagnosis, treatment, or rehabilitation of a health condition, <u>including but not limited to</u> (A) COVID-19 testing and treatment; and (B) any items and services covered by an individuals' public or private health insurance plan as of March 1, 2020 (or as of the date of enrollment if later than March 1).

Paragraph (2) ("Applicable Individual"): Defines an "applicable individual" as any resident of the United States.

Subsection (c) ("Requirements")

Paragraph (1) ("No effect on applicable cost-sharing requirements"): Clarifies that nothing in the bill shall affect applicable Federal or State laws requiring insurers to cover health care items and services without cost-sharing.

Paragraph (2) ("Maintenance of Effort")
(2)(A) ("In General"): Public and private health plans shall not increase cost-sharing, decrease benefits, or otherwise make coverage less generous than the benefits they offered on the date of enactment of the Act.

(2)(B) ("New Items and Services"): Public and private health plans shall cover new items and services, including those related to COVID-19, at a level consistent with prior coverage practices and formularies, at a minimum.

Paragraph (3) ("Limitation on Out-of-Pocket Expenses"): In order to be eligible to receive payments under the Act, providers shall not impose any charges on patients for applicable health care items and services.
Paragraph (4) ("Permissible Billing of Plans; Limitation on Balance Billing"): In order to be eligible to receive payments under the Act, for applicable health care items and services provided to individuals with private or public insurance, providers (A) shall not bill public or private insurance plans any amount beyond that which would be otherwise payable, and (B) shall not bill patients for any amount in excess of what the plan pays.

Paragraph (5) ("Medical Debt Collection"): A qualified provider (A) shall immediately halt medical debt collection during the period and shall not collect medical debt for applicable health care items and services furnished during the period and (B) shall not collect medical debt related to the diagnosis or treatment of COVID-19, including treatment furnished prior to enactment of the Act. These provisions also apply to collection activities by third parties.

Paragraph (6) ("Submission of Bills and Documentation"): A qualified provider shall submit bills and any required supporting documentation within 30 days after the date of providing services, in such manner as the Secretary determines appropriate.

Subsection (d) ("Waiver of Late Enrollment Penalties under Medicare"): Waives the late enrollment penalty of increased monthly premiums for Medicare beneficiaries during the period.

Subsection (e) ("Coverage with Respect to Outpatient Prescription Drugs")
Paragraph (1) ("In General"): The Secretary shall establish procedures so that during the period (A) outpatient prescription drugs and biologicals are dispensed to uninsured individuals at no cost to them; (B) the pharmacies that dispense drugs to uninsured individuals (i) are reimbursed for such drugs at the VA rate and (ii) do not balance bill the uninsured for such drugs; (C) manufacturers reimburse pharmacies for any

difference between the VA price and the price the pharmacy purchased drugs that are dispensed to uninsured individuals.

Paragraph (2) ("Condition of Coverage under Medicare"): During the period, a manufacturer of a drug or biological shall enter into an agreement with the Secretary to carry out the requirements applicable to manufacturers under subsection (e) as a condition of having such drug or biological covered under Medicare Part B or D (during the period).

Paragraph (3) ("Requirement for Participating Pharmacies"): During the period, a Medicare Part D prescription drug plan may not contract with a pharmacy if the pharmacy does not enter into an agreement with the Secretary to carry out the requirements applicable to pharmacies under subsection (e).

Subsection (f) ("Other Definitions"):

Paragraph (1) ("Public or Private Health Insurance Plan"): Defines a "public or private health insurance plan" to mean any of the following: (i) a group health plan or group insurance coverage as defined in section 2791 of the Public Health Service Act; (ii) a qualified health plan, as defined in section 1301 of the Patient Protection and Affordable Care Act; (iii) other individual market insurance plans including short-term limited duration plans, but only if an individual was enrolled in such plan as of March 1, 2020; (iv) a health plan under chapter 89 of title 5 USC; (v) a federal health care program under section 1128B(f) of the Social Security Act, including TRICARE, VA health benefits, the Indian Health Service, Medicare, Medicaid, and CHIP.

Paragraph (2) ("Qualified Provider"): Defines a "qualified provider" as a heath provider participating in Medicare, or a health provider who is not participating in Medicare but who would meet the criteria for participation and meets State licensing requirements.

Paragraph (3) ("Secretary"): Defines "Secretary" as the Secretary of Health and Human Services

Subsection (g) ("Implementation")

Paragraph (1) ("In General"): Requires the Secretary to implement the Act within 7 days of enactment, in coordination with the Secretary of the Treasury, the Commissioner of Social Security, and the Secretary of Labor.

Paragraph (2) ("Ensuring Timely Payment"): Requires the Secretary to establish a process and issue guidance as necessary to ensure qualified providers are paid in a timely manner.

Paragraph (3) ("Ensuring Collection of Data on Disparities"): Requires the Secretary to implement the Act in a manner that allows for the ongoing, accurate, and timely collection and analysis of data on health care disparities, as described in subsection (h).

Subsection (h) ("Collection of Data on Disparities")

Paragraph (1) ("In General"): During the period, the Secretary shall collect data on disparities across race, ethnicity, primary language, gender, sexual orientation, disability status, age, geographic area, insurance status, and socioeconomic status (A) in health outcomes and access to health care related to the COVID-19 outbreak, including data on cases, treatment, and deaths; and (B) in patient access to applicable health care items and services under the Act.

Paragraph (2) ("Public Availability"): Requires the Secretary to (A) make the data collected publicly available on the Department of Health and Human Services website within 30 days of enactment of the Act in a manner that allows researchers, scholars, health providers, and others to access and analyze the data without compromising patient privacy; and (B) update the data on a weekly basis for the duration of the period.

Subsection (i) ("Weekly Reports to Congress")

Paragraph (1) ("In General"): Requires the Secretary to make weekly reports to Congress during the period on (A) the implementation of the Act, including information on the amount, type, and geographic distribution of payments; and (B) any health disparities identified through subsection (h).

Paragraph (2) ("Public Availability"): The weekly reports under paragraph (1) shall be made publicly available on the Department of Health and Human Services website.

Subsection (j) ("Funding"): Authorizes appropriations of such sums as are necessary to carry out the Act.