



(Original Signature of Member)

116TH CONGRESS  
2D SESSION

**H. R.**

To ensure access to affordable, comprehensive health insurance benefits for certain uninsured individuals during the COVID-19 emergency, and to ensure adequate coverage of treatments for COVID-19 under the Medicare and Medicaid programs and under group health plans and group or individual health insurance coverage, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Ms. JAYAPAL introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To ensure access to affordable, comprehensive health insurance benefits for certain uninsured individuals during the COVID-19 emergency, and to ensure adequate coverage of treatments for COVID-19 under the Medicare and Medicaid programs and under group health plans and group or individual health insurance coverage, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Medicare Crisis Pro-  
3 gram Act of 2020”.

4 **TITLE I—MEDICARE**

5 **SEC. 101. COVID-19 MEDICARE ENROLLMENT OPTION.**

6 (a) IN GENERAL.—Title XVIII of the Social Security  
7 Act (42 U.S.C. 1395c et seq.) is amended by adding at  
8 the end the following new section:

9 “COVID-19 MEDICARE ENROLLMENT OPTION

10 “SEC. 1899C. (a) OPTION.—

11 “(1) ELIGIBILITY.—Every individual who meets  
12 the requirements described in paragraph (2) shall be  
13 eligible to enroll under this section.

14 “(2) REQUIREMENTS.—For purposes of para-  
15 graph (1), the requirements described in this para-  
16 graph are the following:

17 “(A) The individual—

18 “(i) experienced a loss of, or reduction  
19 in, employment during the specified period  
20 (as defined in subsection (h)) and was ap-  
21 proved for unemployment benefits relating  
22 to such loss or reduction in the State in  
23 which such individual resides; or

24 “(ii) is the spouse, child, or other de-  
25 pendent of an individual described in  
26 clause (i).

1 “(B) The individual is not—

2 “(i) otherwise entitled to benefits  
3 under part A or eligible to enroll under  
4 part A or part B;

5 “(ii) enrolled under a Federal health  
6 care program (as defined in section  
7 1128B(f)) or the program established  
8 under chapter 89 of title 5, United States  
9 Code;

10 “(iii) enrolled under an eligible em-  
11 ployer-sponsored plan (as defined in sec-  
12 tion 5000A(f)(2) of the Internal Revenue  
13 Code of 1986), but only if such plan—

14 “(I) includes the essential health  
15 benefits package (as defined in section  
16 1302(a) of the Patient Protection and  
17 Affordable Care Act); and

18 “(II) the employee’s required  
19 contribution (within the meaning of  
20 section 5000A(e)(1)(B) of such Code,  
21 except that such contribution shall be  
22 determined with respect to self-only or  
23 family coverage, as applicable to the  
24 employee) with respect to the plan  
25 does not exceed the percentage speci-

1                   fied in section 36B(e)(2)(C)(i)(II) of  
2                   such Code for the applicable year; or  
3                   “(iv) enrolled under a qualified health  
4                   plan (as defined in section 1301(a) of such  
5                   Act)).

6                   “(3) BENEFITS.—An individual enrolled under  
7                   this section is entitled to the same benefits under  
8                   this title as an individual who is entitled to benefits  
9                   under part A and enrolled under part B and, at the  
10                  option of the individual, eligible for prescription drug  
11                  benefits under part D.

12                  “(b) ENROLLMENT AND COVERAGE PERIODS.—The  
13                  Secretary shall establish enrollment and coverage periods  
14                  for individuals who enroll under this section. A coverage  
15                  period with respect to an individual enrolled under this  
16                  section shall be retroactive to the date on which the indi-  
17                  vidual experienced the loss or reduction described in sub-  
18                  section (a)(2)(A)(i).

19                  “(c) ENROLLMENT PREMIUM.—

20                         “(1) AMOUNT OF MONTHLY PREMIUMS.—There  
21                         shall be no monthly premium for an individual en-  
22                         rolled under this section except as provided in para-  
23                         graph (2).

24                         “(2) PREMIUM FOR OPTIONAL PART D BENE-  
25                         FITS.—In the case an individual enrolled under this

1 section elects to receive coverage under a prescrip-  
2 tion drug plan under part D, there shall be a month-  
3 ly premium with respect to such individual in an  
4 amount determined appropriate by the Secretary.

5 “(d) PAYMENT OF PREMIUMS.—

6 “(1) PAYMENT.—Premiums for enrollment  
7 under this section shall be paid to the Secretary at  
8 such times, and in such manner, as the Secretary  
9 determines appropriate.

10 “(2) DEPOSIT.—Amounts collected by the Sec-  
11 retary under this section shall be deposited in the  
12 Medicare COVID–19 Trust Fund established under  
13 subsection (e).

14 “(e) MEDICARE COVID–19 TRUST FUND.—

15 “(1) IN GENERAL.—There is hereby created on  
16 the books of the Treasury of the United States a  
17 trust fund to be known as the ‘Medicare COVID–19  
18 Trust Fund’ (in this subsection referred to as the  
19 ‘Trust Fund’). The Trust Fund shall consist of such  
20 gifts and bequests as may be made and such  
21 amounts as may be deposited in, or appropriated to,  
22 such fund as provided in this title.

23 “(2) PREMIUMS.—Premiums collected under  
24 subsection (d) shall be transferred to the Trust  
25 Fund.

1           “(3) INCORPORATION OF PROVISIONS.—Sub-  
2           sections (b) through (i) of section 1841 shall apply  
3           with respect to the Trust Fund and this title in the  
4           same manner as they apply with respect to the Fed-  
5           eral Supplementary Medical Insurance Trust Fund  
6           and part B, respectively, except that in applying  
7           such section 1841, any reference in such section to  
8           ‘this part’ shall be construed to be a reference to  
9           this section and any reference in section 1841(h) to  
10          section 1840(d) and in section 1841(i) to sections  
11          1840(b)(1) and 1842(g) are deemed to be references  
12          to comparable authority exercised under this section.

13          “(f) TERMINATION OF COVERAGE.—Coverage of an  
14          individual enrolled under this section shall terminate on  
15          the earliest of the following:

16                 “(1) The date on which the individual becomes  
17                 entitled to benefits under part A or eligible to enroll  
18                 under such part A or part B (as determined without  
19                 regard to this section).

20                 “(2) The date on which the individual becomes  
21                 enrolled in coverage described in any of clauses (ii)  
22                 through (iv) of subsection (a)(2)(B) (as determined  
23                 without regard to this section).

24                 “(3) The end of the specified period (as defined  
25                 in subsection (h)) with respect to such individual.

1 “(g) ENROLLMENT INFORMATION.—

2 “(1) GUIDANCE.—The Secretary of Labor shall  
3 publish guidance for States with respect to informa-  
4 tion to be included by States on unemployment por-  
5 tals for purposes of facilitating enrollment of individ-  
6 uals under this section.

7 “(2) PROVISION OF INFORMATION TO CMS.—In  
8 the case of a claim for unemployment benefits sub-  
9 mitted to a State that indicates that the individual  
10 may be eligible for enrollment under this section, the  
11 State shall provide such information regarding such  
12 individual as the Secretary may specify to the Sec-  
13 retary.

14 “(3) ONLINE ENROLLMENT.—The Secretary  
15 shall create an online application form to facilitate  
16 enrollment under this section.

17 “(h) SPECIFIED PERIOD.—

18 “(1) IN GENERAL.—In this section, the term  
19 ‘specific period’ means, with respect to an individual  
20 residing in a State, the date beginning on the first  
21 day of the emergency period (as described in section  
22 1135(g)(1)(B)) and ending on the date that is 3  
23 months after the first day occurring on or after the  
24 date of the enactment of this section that the aver-

1       age unemployment rate for the 12-month period  
2       ending on such first day—

3               “(A) in such State is not more than 2 per-  
4               centage points higher than the average unem-  
5               ployment rate in such State during the period  
6               consisting of October 1 through December 31  
7               of 2019; and

8               “(B) in the United States is not more than  
9               2 percentage points higher than the average un-  
10              employment rate in the United States during  
11              the period consisting of October 1 through De-  
12              cember 31 of 2019.

13             “(2) NOTICE.—In the case of an individual en-  
14             rolled under this section, if the specified period with  
15             respect to such individual ends while such individual  
16             is so enrolled, the Secretary shall provide notice to  
17             such individual of the end of such period and an ex-  
18             planation that coverage under this section shall ter-  
19             minate with respect to such individual not later than  
20             the date that is 3 months after the end of such pe-  
21             riod.

22             “(i) FUNDING.—There is appropriated, out of any  
23             monies in the Treasury not otherwise obligated, to the  
24             Trust Fund described in subsection (e) such sums as may  
25             be necessary to carry out this section (including for the

1 payment of part A and part B benefits for individuals en-  
2 rolled under this section).”.

3 (b) MEDIGAP.—Section 1882 of the Social Security  
4 Act is amended by adding at the end the following new  
5 subsection:

6 “(aa) DEVELOPMENT OF NEW STANDARDS FOR CER-  
7 TAIN MEDICARE SUPPLEMENTAL POLICIES RELATING TO  
8 COVID–19 ENROLLMENT OPTION.—The Secretary shall  
9 request the National Association of Insurance Commis-  
10 sioners to review and revise the standards for benefit pack-  
11 ages described in subsection (p)(1), to otherwise update  
12 standards to include requirements for each medicare sup-  
13 plemental policy that offers such a policy in a State, with  
14 respect to each year, to accept every individual in the  
15 State who is enrolled pursuant to section 1899C and who  
16 applies for such coverage for such year if the individual  
17 applies for enrollment in such policy during the 30-day  
18 period following the date of enrollment pursuant to section  
19 1899C and to accept every such individual during a period  
20 of transition from enrollment pursuant to such section to  
21 enrollment under this title pursuant to eligibility other  
22 than under such section. Such revisions shall be made con-  
23 sistent with the rules applicable under subsection  
24 (p)(1)(E) with the reference to the ‘1991 NAIC Model  
25 Regulation’ deemed a reference to the NAIC Model Regu-

1 lation as published in the Federal Register on December  
2 4, 1998, and as subsequently updated by the National As-  
3 sociation of Insurance Commissioners to reflect previous  
4 changes in law and the reference to ‘date of enactment  
5 of this subsection’ deemed a reference to the date of enact-  
6 ment of this subsection (aa).”.

7 **SEC. 102. HOLDING MEDICARE BENEFICIARIES HARMLESS**  
8 **FOR SPECIFIED COVID-19 TREATMENT SERV-**  
9 **ICES FURNISHED UNDER PART A OR PART B**  
10 **OF THE MEDICARE PROGRAM.**

11 (a) IN GENERAL.—Notwithstanding any other provi-  
12 sion of law, in the case of a specified COVID-19 treat-  
13 ment service (as defined in subsection (b)) furnished to  
14 an individual entitled to benefits under part A or enrolled  
15 under part B of title XVIII of the Social Security Act (42  
16 U.S.C. 1395 et seq.) or enrolled under section 1899C of  
17 the Social Security Act for which payment is made under  
18 such part A or such part B, the Secretary of Health and  
19 Human Services (in this section referred to as the “Sec-  
20 retary”) shall provide that—

21 (1) any cost-sharing required (including any de-  
22 ductible, copayment, or coinsurance) applicable to  
23 such individual under such part A or such part B  
24 with respect to such item or service is paid by the  
25 Secretary;

1           (2) the provider of services or supplier (as de-  
2           fined in section 1861 of the Social Security Act (42  
3           U.S.C. 1395x)) does not hold such individual liable  
4           for such requirement; and

5           (3) no prior authorization or other utilization  
6           management requirement is applied with respect to  
7           such service.

8           (b) DEFINITION OF SPECIFIED COVID-19 TREAT-  
9           MENT SERVICES.—For purposes of this section, the term  
10          “specified COVID-19 treatment service” means any item  
11          or service—

12           (1) relating to the treatment or diagnosis of  
13          COVID-19;

14           (2) furnished to an individual in an emergency  
15          department where such individual presents with  
16          COVID-19 symptoms; or

17           (3) in the case of an individual furnished a test  
18          for COVID-19 or diagnosed with COVID-19, fur-  
19          nished during the same episode of care as such test  
20          or diagnosis, regardless of setting.

21          (c) RECOVERY OF COST-SHARING AMOUNTS PAID BY  
22          THE SECRETARY IN THE CASE OF SUPPLEMENTAL IN-  
23          SURANCE COVERAGE.—

24           (1) IN GENERAL.—In the case of any amount  
25          paid by the Secretary pursuant to subsection (a)(1)

1 that the Secretary determines would otherwise have  
2 been paid by a group health plan or health insurance  
3 issuer (as such terms are defined in section 2791 of  
4 the Public Health Service Act (42 U.S.C. 300gg–  
5 91)), a private entity offering a medicare supple-  
6 mental policy under section 1882 of the Social Secu-  
7 rity Act (42 U.S.C. 1395ss), any other health plan  
8 offering supplemental coverage, a State plan under  
9 title XIX of the Social Security Act, or the Secretary  
10 of Defense under the TRICARE program, such  
11 plan, issuer, private entity, other health plan, State  
12 plan, or Secretary of Defense, as applicable, shall  
13 pay to the Secretary, not later than 1 year after  
14 such plan, issuer, private entity, other health plan,  
15 State plan, or Secretary of Defense receives a notice  
16 under paragraph (3), such amount in accordance  
17 with this subsection.

18 (2) REQUIRED INFORMATION.—Not later than  
19 9 months after the date of the enactment of this  
20 Act, each group health plan, health insurance issuer,  
21 private entity, other health plan, State plan, and  
22 Secretary of Defense described in paragraph (1)  
23 shall submit to the Secretary such information as  
24 the Secretary determines necessary for purposes of  
25 carrying out this subsection. Such information so

1 submitted shall be updated by such plan, issuer, pri-  
2 vate entity, other health plan, State plan, or Sec-  
3 retary of Defense, as applicable, at such time and in  
4 such manner as specified by the Secretary.

5 (3) REVIEW OF CLAIMS AND NOTIFICATION.—

6 The Secretary shall establish a process under which  
7 claims for items and services for which the Secretary  
8 has paid an amount pursuant to subsection (a)(1)  
9 are reviewed for purposes of identifying if such  
10 amount would otherwise have been paid by a plan,  
11 issuer, private entity, other health plan, State plan,  
12 or Secretary of Defense described in paragraph (1).  
13 In the case such a claim is so identified, the Sec-  
14 retary shall determine the amount that would have  
15 been otherwise payable by such plan, issuer, private  
16 entity, other health plan, State plan, or Secretary of  
17 Defense and notify such plan, issuer, private entity,  
18 other health plan, State plan, or Secretary of De-  
19 fense of such amount.

20 (4) ENFORCEMENT.—The Secretary may im-  
21 pose a civil monetary penalty in an amount deter-  
22 mined appropriate by the Secretary in the case of a  
23 plan, issuer, private entity, other health plan, or  
24 State plan that fails to comply with a provision of  
25 this section. The provisions of section 1128A of the

1 Social Security Act shall apply to a civil monetary  
2 penalty imposed under the previous sentence in the  
3 same manner as such provisions apply to a penalty  
4 or proceeding under subsection (a) or (b) of such  
5 section.

6 (d) FUNDING.—The Secretary shall provide for the  
7 transfer to the Centers for Medicare & Medicaid Program  
8 Management Account from the Federal Hospital Insur-  
9 ance Trust Fund and the Federal Supplementary Trust  
10 Fund (in such portions as the Secretary determines appro-  
11 priate) \$100,000,000 for purposes of carrying out this  
12 section.

13 (e) REPORT.—Not later than 3 years after the date  
14 of the enactment of this Act, the Inspector General of the  
15 Department of Health and Human Services shall submit  
16 to Congress a report containing an analysis of amounts  
17 paid pursuant to subsection (a)(1) compared to amounts  
18 paid to the Secretary pursuant to subsection (c).

19 (f) IMPLEMENTATION.—Notwithstanding any other  
20 provision of law, the Secretary may implement the provi-  
21 sions of this section by program instruction or otherwise.

1 **SEC. 103. COVERAGE OF TREATMENTS FOR COVID-19 AT NO**  
2 **COST SHARING UNDER THE MEDICARE AD-**  
3 **VANTAGE PROGRAM.**

4 (a) IN GENERAL.—Section 1852(a)(1)(B) of the So-  
5 cial Security Act (42 U.S.C. 1395w-22(a)(1)(B)) is  
6 amended by adding at the end the following new clause:

7 “(vii) SPECIAL COVERAGE RULES FOR  
8 SPECIFIED COVID-19 TREATMENT SERV-  
9 ICES.—Notwithstanding clause (i), in the  
10 case of a specified COVID-19 treatment  
11 service (as defined in section 102(b) of the  
12 Medicare Crisis Program Act of 2020) that  
13 is furnished during a plan year occurring  
14 during any portion of the emergency period  
15 defined in section 1135(g)(1)(B) beginning  
16 on or after the date of the enactment of  
17 this clause, a Medicare Advantage plan  
18 may not, with respect to such service, im-  
19 pose—

20 “(I) any cost-sharing require-  
21 ment (including a deductible, copay-  
22 ment, or coinsurance requirement);  
23 and

24 “(II) any prior authorization or  
25 other utilization management require-  
26 ment.

1           A Medicare Advantage plan may not take  
2           the application of this clause into account  
3           for purposes of a bid amount submitted by  
4           such plan under section 1854(a)(6).”.

5           (b) REIMBURSEMENT OF MEDICARE ADVANTAGE  
6 PLANS FOR ELIMINATION OF COST SHARING.—Section  
7 1853 of the Social Security Act (42 U.S.C. 1395w–23)  
8 is amended by adding at the end the following new sub-  
9 section:

10          “(p) ADDITIONAL PAYMENT TO ACCOUNT FOR COST  
11 SHARING ELIMINATION FOR COVID–19 TREATMENT  
12 SERVICES.—

13           “(1) IN GENERAL.—A Medicare Advantage plan  
14          shall notify the Secretary of the total dollar amount  
15          of cost sharing that, but for the application of sec-  
16          tion 1852(a)(1)(B)(vii), would have been required  
17          under such plan for specified COVID–19 treatment  
18          services (as defined in section 70202(b) of the Take  
19          Responsibility for Workers and Families Act) fur-  
20          nished during a plan year described in such section  
21          to individuals enrolled in the plan. The Secretary  
22          shall make periodic and timely payments in accord-  
23          ance with this subsection to such plan that, in the  
24          aggregate, equal such total dollar amount.

1           “(2) TIMING OF PAYMENT.—Payments by the  
2           Secretary under this subsection shall be made begin-  
3           ning March 1, 2021, for amounts described in such  
4           paragraph that would have been required under such  
5           plan for specified COVID–19 treatment services fur-  
6           nished during plan year 2020. Payments by the Sec-  
7           retary under this subsection for such amounts that  
8           would have been so required under such plan for  
9           such services furnished during a plan year subse-  
10          quent to plan year 2020 shall be made beginning  
11          March 1 of the plan year following such subsequent  
12          plan year.

13           “(3) NON-APPLICATION.—Section 1853(c)(7)  
14          shall not apply with respect to the application of this  
15          subsection.

16           “(4) APPROPRIATION.—There are transferred  
17          to the Centers for Medicare & Medicaid Program  
18          Management Fund, out of any monies in the Treas-  
19          ury not otherwise obligated, such sums as may be  
20          necessary to the Secretary for purposes of making  
21          payments under this subsection.”.

22          (c) IMPLEMENTATION.—Notwithstanding any other  
23          provision of law, the Secretary of Health and Human  
24          Services may implement the amendments made by this  
25          section by program instruction or otherwise.

1 **SEC. 104. GUARANTEED ISSUE OF CERTAIN MEDIGAP POLI-**  
2 **CIES.**

3 (a) GUARANTEED ISSUE OF MEDIGAP POLICIES TO  
4 ALL MEDIGAP-ELIGIBLE MEDICARE BENEFICIARIES.—

5 (1) IN GENERAL.—Section 1882(s) of the So-  
6 cial Security Act (42 U.S.C. 1395ss(s)) is amend-  
7 ed—

8 (A) in paragraph (2)(A), by striking “65  
9 years of age or older and is enrolled for benefits  
10 under part B” and inserting “entitled to, or en-  
11 rolled for, benefits under part A and enrolled  
12 for benefits under part B”;

13 (B) in paragraph (2)(D), by striking “who  
14 is 65 years of age or older as of the date of  
15 issuance and”;

16 (C) in paragraph (3)(B)(ii), by striking “is  
17 65 years of age or older and”; and

18 (D) in paragraph (3)(B)(vi), by striking  
19 “at age 65”.

20 (2) ADDITIONAL ENROLLMENT PERIOD FOR  
21 CERTAIN INDIVIDUALS.—

22 (A) ONE-TIME ENROLLMENT PERIOD.—

23 (i) IN GENERAL.—In the case of a  
24 specified individual, the Secretary shall es-  
25 tablish a one-time enrollment period de-  
26 scribed in clause (iii) during which such an

1 individual may enroll in any medicare sup-  
2 plemental policy of the individual's choos-  
3 ing.

4 (ii) APPLICATION.—The provisions  
5 of—

6 (I) paragraph (2) of section  
7 1882(s) of the Social Security Act (42  
8 U.S.C. 1395ss(s)) shall apply with re-  
9 spect to a specified individual who is  
10 described in subclause (I) of subpara-  
11 graph (B)(iii) as if references in such  
12 paragraph (2) to the 6 month period  
13 described in subparagraph (A) of such  
14 paragraph were references to the one-  
15 time enrollment period established  
16 under clause (i); and

17 (II) paragraph (3) of such sec-  
18 tion shall apply with respect to a spec-  
19 ified individual who is described in  
20 subclause (II) of subparagraph  
21 (B)(iii) as if references in such para-  
22 graph (3) to the period specified in  
23 subparagraph (E) of such paragraph  
24 were references to the one-time enroll-

1                   ment period established under clause  
2                   (i).

3                   (iii) PERIOD.—The enrollment period  
4                   established under clause (i) shall be the 6-  
5                   month period beginning on January 1,  
6                   2024.

7                   (B) SPECIFIED INDIVIDUAL.—For pur-  
8                   poses of this paragraph, the term “specified in-  
9                   dividual” means an individual who—

10                   (i) is entitled to hospital insurance  
11                   benefits under part A of title XVIII of the  
12                   Social Security Act (42 U.S.C. 1395c et  
13                   seq.) pursuant to section 226(b) or section  
14                   226A of such Act (42 U.S.C. 426(b); 426-  
15                   1);

16                   (ii) is enrolled for benefits under part  
17                   B of such Act (42 U.S.C. 1395j et seq.);  
18                   and

19                   (iii)(I) would not, but for the amend-  
20                   ments made by subparagraphs (A) and (B)  
21                   of paragraph (1) and the provisions of this  
22                   paragraph (if such provisions applied to  
23                   such individual), be eligible for the guaran-  
24                   teed issue of a medicare supplemental pol-

1           icy under paragraph (2) of section 1882(s)  
2           of such Act (42 U.S.C. 1395ss(s)); or

3           (II) would not, but for the amend-  
4           ments made by subparagraphs (C) and (D)  
5           of paragraph (1) and the provisions of this  
6           paragraph (if such provisions applied to  
7           such individual), be eligible for the guaran-  
8           teed issue of a medicare supplemental pol-  
9           icy under paragraph (3) of such section.

10          (C) OUTREACH PLAN.—

11           (i) IN GENERAL.—The Secretary shall  
12           develop an outreach plan to notify specified  
13           individuals of the one-time enrollment pe-  
14           riod established under subparagraph (A).

15           (ii) CONSULTATION.—In imple-  
16           menting the outreach plan developed under  
17           clause (i), the Secretary shall consult with  
18           consumer advocates, brokers, insurers, the  
19           National Association of Insurance Commis-  
20           sioners, and State Health Insurance As-  
21           sistance Programs.

22          (3) EFFECTIVE DATE.—The amendments made  
23          by paragraph (1) shall apply to medicare supple-  
24          mental policies effective on or after the date of the  
25          enactment of this Act.

1 (b) GUARANTEED ISSUE OF MEDIGAP POLICIES FOR  
2 MEDICARE ADVANTAGE ENROLLEES.—

3 (1) IN GENERAL.—Section 1882(s)(3) of the  
4 Social Security Act (42 U.S.C. 1395ss(s)(3)), as  
5 amended by subsection (a), is further amended—

6 (A) in subparagraph (B), by adding at the  
7 end the following new clause:

8 “(vii) The individual—

9 “(I) was enrolled in a Medicare Advantage  
10 plan under part C for not less than 12 months;

11 “(II) subsequently disenrolled from such  
12 plan;

13 “(III) elects to receive benefits under this  
14 title through the original Medicare fee-for-serv-  
15 ice program under parts A and B; and

16 “(IV) has not previously elected to receive  
17 benefits under this title through the original  
18 Medicare fee-for-service program pursuant to  
19 disenrollment from a Medicare Advantage plan  
20 under part C.”;

21 (B) by striking subparagraph (C)(iii) and  
22 inserting the following:

23 “(iii) Subject to subsection (v)(1), for purposes of an  
24 individual described in clause (vi) or (vii) of subparagraph  
25 (B), a medicare supplemental policy described in this sub-

1 paragraph shall include any medicare supplemental pol-  
2 icy.”; and

3 (C) in subparagraph (E)—

4 (i) in clause (iv), by striking “and” at  
5 the end;

6 (ii) in clause (v), by striking the pe-  
7 riod at the end and inserting “; and”; and

8 (iii) by adding at the end the fol-  
9 lowing new clause—

10 “(vi) in the case of an individual described in  
11 subparagraph (B)(vii), the annual, coordinated elec-  
12 tion period (as defined in section 1851(e)(3)(B)) or  
13 a continuous open enrollment period (as defined in  
14 section 1851(e)(2)) during which the individual  
15 disenrolls from a Medicare Advantage plan under  
16 part C.”.

17 (2) EFFECTIVE DATE.—The amendments made  
18 by paragraph (1) shall apply to medicare supple-  
19 mental policies effective on or after the date of the  
20 enactment of this Act.

1 **SEC. 105. REQUIRING COVERAGE UNDER MEDICARE PDPS**  
2 **AND MA-PD PLANS, WITHOUT THE IMPOSI-**  
3 **TION OF COST SHARING OR UTILIZATION**  
4 **MANAGEMENT REQUIREMENTS, OF DRUGS**  
5 **INTENDED TO TREAT COVID-19 DURING CER-**  
6 **TAIN EMERGENCIES.**

7 (a) COVERAGE REQUIREMENT.—

8 (1) IN GENERAL.—Section 1860D-4(b)(3) of  
9 the Social Security Act (42 U.S.C. 1395w-  
10 104(b)(3)) is amended by adding at the end the fol-  
11 lowing new subparagraph:

12 “(I) REQUIRED INCLUSION OF DRUGS IN-  
13 TENDED TO TREAT COVID-19.—

14 “(i) IN GENERAL.—Notwithstanding  
15 any other provision of law, a PDP sponsor  
16 offering a prescription drug plan shall,  
17 with respect to a plan year, any portion of  
18 which occurs during the period described  
19 in clause (ii), be required to—

20 “(I) include in any formulary—

21 “(aa) all covered part D  
22 drugs with a medically accepted  
23 indication (as defined in section  
24 1860D-2(e)(4)) to treat COVID-  
25 19 that are marketed in the  
26 United States; and

1                   “(bb) all drugs authorized  
2                   under section 564 or 564A of the  
3                   Federal Food Drug and Cosmetic  
4                   Act to treat COVID–19; and

5                   “(II) not impose any prior au-  
6                   thorization or other utilization man-  
7                   agement requirement with respect to  
8                   such drugs described in item (aa) or  
9                   (bb) of subclause (I) (other than such  
10                  a requirement that limits the quantity  
11                  of drugs due to safety).

12                  “(ii) PERIOD DESCRIBED.—For pur-  
13                  poses of clause (i), the period described in  
14                  this clause is the period during which there  
15                  exists the public health emergency declared  
16                  by the Secretary pursuant to section 319  
17                  of the Public Health Service Act on Janu-  
18                  ary 31, 2020, entitled ‘Determination that  
19                  a Public Health Emergency Exists Nation-  
20                  wide as the Result of the 2019 Novel  
21                  Coronavirus’ (including any renewal of  
22                  such declaration pursuant to such sec-  
23                  tion).”.

24                  (b) ELIMINATION OF COST SHARING.—

1           (1) ELIMINATION OF COST-SHARING FOR  
2 DRUGS INTENDED TO TREAT COVID-19 UNDER  
3 STANDARD AND ALTERNATIVE PRESCRIPTION DRUG  
4 COVERAGE.—Section 1860D-2 of the Social Security  
5 Act (42 U.S.C. 1395w-102) is amended—

6           (A) in subsection (b)—

7                 (i) in paragraph (1)(A), by striking  
8 “The coverage” and inserting “Subject to  
9 paragraph (8), the coverage”;

10              (ii) in paragraph (2)—

11                     (I) in subparagraph (A), by in-  
12 serting after “Subject to subpara-  
13 graphs (C) and (D)” the following:  
14 “and paragraph (8)”;

15                     (II) in subparagraph (C)(i), by  
16 striking “paragraph (4)” and insert-  
17 ing “paragraphs (4) and (8)”;

18                     (III) in subparagraph (D)(i), by  
19 striking “paragraph (4)” and insert-  
20 ing “paragraphs (4) and (8)”;

21                 (iii) in paragraph (4)(A)(i), by strik-  
22 ing “The coverage” and inserting “Subject  
23 to paragraph (8), the coverage”;

24                 (iv) by adding at the end the following  
25 new paragraph:

1           “(8) ELIMINATION OF COST-SHARING FOR  
2 DRUGS INTENDED TO TREAT COVID–19.—The cov-  
3 erage does not impose any deductible, copayment,  
4 coinsurance, or other cost-sharing requirement for  
5 drugs described in section 1860D–4(b)(3)(I)(i)(I)  
6 with respect to a plan year, any portion of which oc-  
7 curs during the period during which there exists the  
8 public health emergency declared by the Secretary  
9 pursuant to section 319 of the Public Health Service  
10 Act on January 31, 2020, entitled ‘Determination  
11 that a Public Health Emergency Exists Nationwide  
12 as the Result of the 2019 Novel Coronavirus’ (in-  
13 cluding any renewal of such declaration pursuant to  
14 such section).”;

15           (B) in subsection (c), by adding at the end  
16 the following new paragraph:

17           “(4) SAME ELIMINATION OF COST-SHARING FOR  
18 DRUGS INTENDED TO TREAT COVID–19.—The cov-  
19 erage is in accordance with subsection (b)(8).”.

20           (2) ELIMINATION OF COST-SHARING FOR  
21 DRUGS INTENDED TO TREAT COVID–19 DISPENSED  
22 TO INDIVIDUALS WHO ARE SUBSIDY ELIGIBLE INDI-  
23 VIDUALS.—Section 1860D–14(a) of the Social Secu-  
24 rity Act (42 U.S.C. 1395w–114(a)) is amended—

25           (A) in paragraph (1)—

1 (i) in subparagraph (D)—

2 (I) in clause (ii), by striking “In  
3 the case of” and inserting “Subject to  
4 subparagraph (F), in the case of”;  
5 and

6 (II) in clause (iii), by striking  
7 “In the case of” and inserting “Sub-  
8 ject to subparagraph (F), in the case  
9 of”; and

10 (ii) by adding at the end the following  
11 new subparagraph:

12 “(F) ELIMINATION OF COST-SHARING FOR  
13 DRUGS INTENDED TO TREAT COVID-19.—Cov-  
14 erage that is in accordance with section  
15 1860D-2(b)(8).”; and

16 (B) in paragraph (2)—

17 (i) in subparagraph (B), by striking  
18 “A reduction” and inserting “Subject to  
19 subparagraph (F), a reduction”;

20 (ii) in subparagraph (D), by striking  
21 “The substitution” and inserting “Subject  
22 to subparagraph (F), the substitution”;

23 (iii) in subparagraph (E), by inserting  
24 after “Subject to” the following: “subpara-  
25 graph (F) and”; and

1 (iv) by adding at the end the following  
2 new subparagraph:

3 “(F) ELIMINATION OF COST-SHARING FOR  
4 DRUGS INTENDED TO TREAT COVID-19.—Cov-  
5 erage that is in accordance with section  
6 1860D-2(b)(8).”.

7 (c) LIS ELIGIBILITY.—Section 1860D-  
8 14(a)(3)(C)(i) of the Social Security Act (42 U.S.C.  
9 1395w-114(a)(3)(C)(i)) is amended by inserting “and any  
10 amounts received from a State as unemployment benefits”  
11 after “furnished in kind”.

12 (d) IMPLEMENTATION.—Notwithstanding any other  
13 provision of law, the Secretary of Health and Human  
14 Services may implement the amendments made by this  
15 section by program instruction or otherwise.

16 **SEC. 106. MEDICARE SPECIAL ENROLLMENT PERIOD FOR**  
17 **INDIVIDUALS RESIDING IN COVID-19 EMER-**  
18 **GENCY AREAS.**

19 (a) IN GENERAL.—Section 1837(i) of the Social Se-  
20 curity Act (42 U.S.C. 1395p(i)) is amended by adding at  
21 the end the following new paragraph:

22 “(5)(A) In the case of an individual who—  
23 “(i) is eligible under section 1836 to enroll  
24 in the medical insurance program established by  
25 this part,

1           “(ii) has elected not to enroll (or to be  
2 deemed enrolled) under such section during an  
3 enrollment period, and

4           “(iii) during the emergency period (as de-  
5 scribed in section 1135(g)(1)(B)), is residing in  
6 an emergency area (as described in such sec-  
7 tion),

8 there shall be a special enrollment period de-  
9 scribed in subparagraph (B).

10          “(B) The special enrollment period re-  
11 ferred to in subparagraph (A) is, with respect  
12 to an individual residing in a State, the period  
13 that begins on the date of the enactment of this  
14 paragraph and ends on the date that is 3  
15 months after the first day occurring on or after  
16 the date of the enactment of this paragraph  
17 that the average unemployment rate for the 12-  
18 month period ending on such first day—

19           “(i) in such State is not more than 2  
20 percentage points higher than the average  
21 unemployment rate in such State during  
22 the period consisting of October 1 through  
23 December 31 of 2019; and

24           “(ii) in the United States is not more  
25 than 2 percentage points higher than the

1 average unemployment rate in the United  
2 States during the period consisting of Oc-  
3 tober 1 through December 31 of 2019.”.

4 (b) COVERAGE PERIOD FOR INDIVIDUALS  
5 TRANSITIONING FROM OTHER COVERAGE.—Section  
6 1838(e) of the Social Security Act (42 U.S.C. 1395q(e))  
7 is amended—

8 (1) by striking “pursuant to section 1837(i)(3)  
9 or 1837(i)(4)(B)—” and inserting the following:  
10 “pursuant to—

11 “(1) section 1837(i)(3) or 1837(i)(4)(B)—”;

12 (2) by redesignating paragraphs (1) and (2) as  
13 subparagraphs (A) and (B), respectively, and mov-  
14 ing the indentation of each such subparagraph 2  
15 ems to the right;

16 (3) by striking the period at the end of the sub-  
17 paragraph (B), as so redesignated, and inserting “;  
18 or”; and

19 (4) by adding at the end the following new  
20 paragraph:

21 “(2) section 1837(i)(5), the coverage period  
22 shall begin on the first day of the month following  
23 the month in which the individual so enrolls.”.

1 (c) NO INCREASE IN PREMIUMS.—Section 1839(b) of  
2 such Act (42 U.S.C. 1395r(b)) is amended in the first sen-  
3 tence, by inserting “, (i)(5),” after “subsection (i)(4)”.

4 **SEC. 107. SPECIAL MEDICARE RULES DURING THE COVID-**  
5 **19 EMERGENCY.**

6 (a) PREMIUMS.—Notwithstanding any other provi-  
7 sion of law, the Secretary shall provide that an individual  
8 entitled to benefits under part A or enrolled under part  
9 B of title XVIII of the Social Security Act (42 U.S.C.  
10 1395 et seq.) is not required to pay any premium under  
11 such part A or part B (if any would otherwise be applica-  
12 ble) for any month occurring during the emergency period  
13 described in section 1135(g)(1)(B) of the Social Security  
14 Act (42 U.S.C. 1320b–5(g)(1)(B)).

15 (b) COST-SHARING REQUIREMENTS.—Notwith-  
16 standing any other provision of law, with respect to items  
17 and services furnished during a month occurring during  
18 the emergency period described in section 1135(g)(1)(B)  
19 of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B))  
20 to an individual entitled to benefits under part A or en-  
21 rolled under part B of title XVIII of the Social Security  
22 Act (42 U.S.C. 1395 et seq.), including an individual en-  
23 rolled under section 1899C of such Act, the Secretary of  
24 Health and Human Services shall ensure that the aggre-  
25 gate amount of any cost-sharing requirements (including

1 any deductibles, copayments, or coinsurance) applicable  
2 under such part A or part B (or, in the case of an indi-  
3 vidual enrolled under part C of such title, under such part  
4 C if such item or service would have been covered under  
5 such part A or B) to such individual with respect to such  
6 items and services furnished during such month does not  
7 exceed 5 percent of such individual's income during such  
8 month. The Secretary shall pay to the entity furnishing  
9 such item or service the amount of any such requirement  
10 that would be payable to such entity but for application  
11 of the previous sentence.

12 **SEC. 108. NATIONAL CLEARINGHOUSE FOR COVID-19 PER-**  
13 **SONAL PROTECTIVE EQUIPMENT AND OTHER**  
14 **MEDICAL SUPPLIES.**

15 (a) IN GENERAL.—The Secretary of Health and  
16 Human Services (in this section referred to as the “Sec-  
17 retary”) shall establish a national clearinghouse for  
18 COVID-19 personal protective equipment and other med-  
19 ical supplies (in this section referred to as the “clearing-  
20 house”) through which the Secretary shall provide for the  
21 purchase, in accordance with subsection (b), of personal  
22 protective equipment and other medical items necessary  
23 for the diagnosis or treatment of COVID-19 (including  
24 respirator masks, ventilators, gloves, bodysuits, safety  
25 glasses, eye protection, and isolation gowns) and the dis-

1 tribution of such equipment and items in accordance with  
2 subsection (c).

3 (b) PURCHASE OF EQUIPMENT AND ITEMS.—The  
4 Secretary shall provide for the purchase of equipment and  
5 items described in subsection (a) for the clearinghouse  
6 through direct negotiations with entities selling such  
7 equipment or items. Any such purchase shall be made at  
8 a rate not exceeding the amount payable for such equip-  
9 ment or items by the Secretary of Veterans Affairs.

10 (c) DISTRIBUTION.—The Secretary shall provide for  
11 the distribution of equipment and items purchased for the  
12 clearinghouse to health care providers enrolled under sec-  
13 tion 1866(j) of the Social Security Act (42 U.S.C.  
14 1395cc(j)) based on the demonstrated need of such pro-  
15 viders for such equipment and items.

16 (d) REPORT.—The Secretary shall submit to Con-  
17 gressional Oversight Commission established under section  
18 4020 of division A of the CARES Act and publish on a  
19 public website a monthly report on expenditures under this  
20 section and distribution of equipment and items made  
21 through the clearinghouse. Such report shall include a  
22 breakdown of the geographic distribution of such equip-  
23 ment and items and a specification of the types of expendi-  
24 tures made under this section.

1     **TITLE II—MEDICAID AND CHIP**

2     **SEC. 201. MEDICAID COVERAGE AT NO COST SHARING OF**  
3             **COVID-19 VACCINE AND TREATMENT.**

4             (a) MEDICAID.—

5                 (1) IN GENERAL.—Section 1905(a)(4) of the  
6             Social Security Act (42 U.S.C. 1396d(a)(4)) is  
7             amended—

8                 (A) by striking “and (D)” and inserting  
9                 “(D)”; and

10                (B) by striking the semicolon at the end  
11             and inserting “; (E) a COVID-19 vaccine li-  
12             censed under section 351 of the Public Health  
13             Service Act and the administration of such vac-  
14             cine; and (F) specified COVID-19 treatment  
15             services (as defined in section 102(b) of the  
16             Medicare Crisis Program Act of 2020);”.

17                (2) PROHIBITION OF COST SHARING.—

18                 (A) IN GENERAL.—Subsections (a)(2) and  
19             (b)(2) of section 1916 of the Social Security  
20             Act (42 U.S.C. 1396o) are each amended—

21                 (i) in subparagraph (F), by striking  
22                 “or” at the end;

23                 (ii) in subparagraph (G), by striking  
24                 “; and” and inserting “, or”; and

1 (iii) by adding at the end the fol-  
2 lowing subparagraphs:

3 “(H) a COVID–19 vaccine licensed under  
4 section 351 of the Public Health Service Act  
5 and the administration of such vaccine, or

6 “(I) any specified COVID–19 treatment  
7 service (as defined in section 102(b) of the  
8 Medicare Crisis Program Act of 2020); and”.

9 (B) APPLICATION TO ALTERNATIVE COST  
10 SHARING.—Section 1916A(b)(3)(B) of the So-  
11 cial Security Act (42 U.S.C. 1396o–1(b)(3)(B))  
12 is amended—

13 (i) in clause (xi), by striking “any  
14 visit” and inserting “any service”; and

15 (ii) by adding at the end the following  
16 clauses:

17 “(xii) A COVID–19 vaccine licensed  
18 under section 351 of the Public Health  
19 Service Act and the administration of such  
20 vaccine.

21 “(xiii) a specified COVID–19 treat-  
22 ment service (as defined in section 102(b)  
23 of the Medicare Crisis Program Act of  
24 2020).”.

1           (C) CLARIFICATION.—The amendments  
2           made this subsection shall apply with respect to  
3           a State plan of a territory in the same manner  
4           as a State plan of one of the 50 States.

5           (b) STATE PEDIATRIC VACCINE DISTRIBUTION PRO-  
6           GRAM.—Section 1928 of the Social Security Act (42  
7           U.S.C. 1396s) is amended—

8           (1) in subsection (a)(1)—

9           (A) in subparagraph (A), by striking “;  
10           and” and inserting a semicolon;

11           (B) in subparagraph (B), by striking the  
12           period and inserting “; and”; and

13           (C) by adding at the end the following sub-  
14           paragraph:

15           “(C) each vaccine-eligible child (as defined  
16           in subsection (b)) is entitled to receive a  
17           COVID–19 vaccine from a program-registered  
18           provider (as defined in subsection (h)(8)) with-  
19           out charge for—

20           “(i) the cost of such vaccine; or

21           “(ii) the administration of such vac-  
22           cine.”;

23           (2) in subsection (c)(2)—

1 (A) in subparagraph (C)(ii), by inserting “,  
2 but may not impose a fee for the administration  
3 of a COVID–19 vaccine” before the period; and

4 (B) by adding at the end the following sub-  
5 paragraph:

6 “(D) The provider will provide and admin-  
7 ister an approved COVID–19 vaccine to a vac-  
8 cine-eligible child in accordance with the same  
9 requirements as apply under the preceding sub-  
10 paragraphs to the provision and administration  
11 of a qualified pediatric vaccine to such a  
12 child.”; and

13 (3) in subsection (d)(1), in the first sentence,  
14 by inserting “, including with respect to a COVID–  
15 19 vaccine licensed under section 351 of the Public  
16 Health Service Act” before the period.

17 (c) CHIP.—

18 (1) IN GENERAL.—Section 2103(c) of the So-  
19 cial Security Act (42 U.S.C. 1397cc(c)), as amended  
20 by section 6004(b)(1) of the Families First  
21 Coronavirus Response Act, is amended by adding at  
22 the end the following paragraph:

23 “(11) COVERAGE OF COVID–19 VACCINES AND  
24 TREATMENT.—The child health assistance provided

1 to a targeted low-income child shall include coverage  
2 of—

3 “(A) any COVID–19 vaccine licensed  
4 under section 351 of the Public Health Service  
5 Act and the administration of such vaccine; and

6 “(B) a specified COVID–19 treatment  
7 service (as defined in section 102(b) of the  
8 Medicare Crisis Program Act of 2020).”.

9 (2) PROHIBITION OF COST SHARING.—Section  
10 2103(e)(2) of the Social Security Act (42 U.S.C.  
11 1397cc(e)(2)), as amended by section 6004(b)(3) of  
12 the Families First Coronavirus Response Act, is  
13 amended—

14 (A) in the paragraph header, by inserting  
15 “A COVID–19 VACCINE, COVID–19 TREATMENT,”  
16 before “OR PREGNANCY-RELATED ASSISTANCE”;  
17 and

18 (B) by striking “visits described in section  
19 1916(a)(2)(G), or” and inserting “services de-  
20 scribed in section 1916(a)(2)(G), vaccines de-  
21 scribed in section 1916(a)(2)(H), items or serv-  
22 ices described in section 1916(a)(2)(I), or”.

23 (d) CONFORMING AMENDMENTS.—Section 1937 of  
24 the Social Security Act (42 U.S.C. 1396u–7) is amend-  
25 ed—

1 (1) in subsection (a)(1)(B), by inserting “,  
2 under subclause (XXIII) of section  
3 1902(a)(10)(A)(ii),” after “section  
4 1902(a)(10)(A)(i)”; and

5 (2) in subsection (b)(5), by adding before the  
6 period the following: “, and, effective on the date of  
7 the enactment of the Medicare Crisis Program Act  
8 of 2020, must comply with subparagraphs (F)  
9 through (I) of subsections (a)(2) and (b)(2) of sec-  
10 tions 1916 and 1916A”.

11 (e) EFFECTIVE DATE.—The amendments made by  
12 this section shall take effect on the date of enactment of  
13 this Act and shall apply with respect to a COVID–19 vac-  
14 cine beginning on the date that such vaccine is licensed  
15 under section 351 of the Public Health Service Act (42  
16 U.S.C. 262).

17 **SEC. 202. INCREASING THE TEMPORARY INCREASE OF**  
18 **MEDICAID FMAP DURING THE COVID–19**  
19 **EMERGENCY.**

20 (a) IN GENERAL.—Section 6008(a) of the Families  
21 First Coronavirus Response Act (Public Law 116–127) is  
22 amended by striking “6.2” and inserting “13”.

23 (b) EXTENSION OF PERIOD OF APPLICABILITY.—  
24 Section 6008 of such Act is amended—

1           (1) in subsection (a), by striking “such emer-  
2           gency period” and inserting “the specified period (as  
3           defined in subsection (d))”;

4           (2) in subsection (b)(3)—

5                 (A) by striking “the emergency period”  
6                 and inserting “the specified period (as defined  
7                 in subsection (d))”; and

8                 (B) by striking “such emergency period”  
9                 and inserting “such specified period”; and

10           (3) by adding at the end the following new sub-  
11           section:

12           “(d) SPECIFIED PERIOD.—In this section, the term  
13           ‘specified period’ means, with respect to a State, including  
14           the District of Columbia, American Samoa, Guam, the  
15           Commonwealth of the Northern Mariana Islands, Puerto  
16           Rico, and the United States Virgin Islands, the period be-  
17           ginning on the first day of the emergency period described  
18           in subsection (a) and ending on the date that is 3 months  
19           after the first day occurring on or after the date of the  
20           enactment of this section that the average unemployment  
21           rate for the 12-month period ending on such first day—

22                 “(1) in such State is not more than 2 percent-  
23                 age points higher than the average unemployment  
24                 rate in such State during the period consisting of  
25                 October 1 through December 31 of 2019; and

1           “(2) in the United States is not more than 2  
2           percentage points higher than the average unemploy-  
3           ment rate in the United States during the period  
4           consisting of October 1 through December 31 of  
5           2019.”.

6 **SEC. 203. INCREASING FEDERAL SUPPORT TO STATE MED-**  
7           **ICAID PROGRAMS DURING ECONOMIC**  
8           **DOWNTURNS.**

9           (a) IN GENERAL.—Section 1905 of the Social Secu-  
10          rity Act (42 U.S.C. 1396d) is amended—

11           (1) in subsection (b), by striking “and (ff)” and  
12           inserting “(ff), and (gg)”; and

13           (2) by adding at the end the following new sub-  
14           section:

15           “(gg) INCREASED FMAP DURING ECONOMIC  
16          DOWNTURNS.—

17           “(1) IN GENERAL.—Notwithstanding subsection  
18           (b), (y), or (z)(2), if a fiscal quarter that begins on  
19           or after January 1, 2020, is an economic downturn  
20           quarter (as defined in paragraph (2)) with respect to  
21           a State, then the Federal medical assistance percent-  
22           age applicable to amounts expended by the State for  
23           medical assistance for services furnished during such  
24           quarter shall be increased in accordance with para-  
25           graphs (3) and (4).

1                   “(2) ECONOMIC DOWNTURN QUARTER.—

2                   “(A) IN GENERAL.—

3                   “(i) IN GENERAL.—In this subsection,  
4                   the term ‘economic downturn quarter’  
5                   means, with respect to a State, a fiscal  
6                   quarter during which the State’s unem-  
7                   ployment rate for the quarter exceeds the  
8                   percentage determined for the State and  
9                   quarter under clause (ii).

10                   “(ii) THRESHOLD PERCENTAGE.—The  
11                   percentage determined under this clause  
12                   for a State and fiscal quarter is the per-  
13                   centage equal to the lower of—

14                   “(I) the State unemployment  
15                   rate at the 20<sup>th</sup> percentile of the dis-  
16                   tribution of the State’s quarterly un-  
17                   employment rates for the 60-quarter  
18                   period preceding the quarter involved,  
19                   increased by 1 percentage point; and

20                   “(II) the State’s average quar-  
21                   terly unemployment rate for the 12-  
22                   quarter period preceding the quarter  
23                   involved, increased by 1 percentage  
24                   point.

25                   “(B) UNEMPLOYMENT DATA.—

1                   “(i) IN GENERAL.—Except as pro-  
2                   vided in clause (ii), for purposes of deter-  
3                   mining unemployment rates for a State  
4                   and a quarter under this paragraph, the  
5                   Secretary shall use data from the Local  
6                   Area Unemployment Statistics from the  
7                   Bureau of Labor Statistics.

8                   “(ii) APPLICATION TO CERTAIN TER-  
9                   RITORIES.—In the case of the Virgin Is-  
10                  lands, Guam, the Northern Mariana Is-  
11                  lands, or American Samoa, the Secretary  
12                  shall use data from the U–6 unemployment  
13                  measure of the Bureau of Labor Statistics  
14                  to make any necessary determinations  
15                  under subparagraph (A).

16                  “(3) FMAP INCREASE DURING ECONOMIC  
17                  DOWNTURN QUARTER.—

18                  “(A) IN GENERAL.—During a fiscal quar-  
19                  ter that is an economic downturn quarter with  
20                  respect to a State, the Federal medical assist-  
21                  ance percentage otherwise determined for the  
22                  State and quarter under subsection (b) and, if  
23                  applicable, the Federal medical assistance per-  
24                  centage applicable under subsection (y), (z)(2),  
25                  or (ff) with respect to medical assistance fur-

1 nished by the State during such quarter to indi-  
2 viduals described in either such subsection shall  
3 be increased by the number of percentage  
4 points (rounded to the nearest tenth of a per-  
5 centage point) equal to the product of—

6 “(i) the number of percentage points  
7 (rounded to the nearest tenth of a percent-  
8 age point) by which the unemployment  
9 rate for the State and quarter exceeds the  
10 percentage determined for the State and  
11 quarter under paragraph (2)(A)(ii); and

12 “(ii) 4.8.

13 “(B) APPLICATION OF COVID–19 FMAP IN-  
14 CREASE.—Any increase applicable to the Fed-  
15 eral medical assistance percentage of a State  
16 for a fiscal quarter under subparagraph (A)  
17 shall be in addition to any increase to such per-  
18 centage for such quarter made pursuant to sec-  
19 tion 6008(a) of the Families First Coronavirus  
20 Response Act.

21 “(C) LIMITATION.—In no case shall an in-  
22 crease to the Federal medical assistance per-  
23 centage of a State under this paragraph result  
24 in a Federal medical assistance percentage that  
25 exceeds 95 percent.

1           “(D) SCOPE OF APPLICATION.—Any in-  
2           crease to the Federal medical assistance per-  
3           centage of a State for a fiscal quarter under  
4           this paragraph shall only apply with respect to  
5           payments for amounts expended by the State  
6           for medical assistance for services furnished  
7           during such quarter and shall not apply with  
8           respect to—

9                   “(i) disproportionate share hospital  
10                   payments described in section 1923;

11                   “(ii) payments under title IV or XXI;

12                   “(iii) any payments under this title  
13                   that are based on the enhanced FMAP de-  
14                   scribed in section 2105(b); or

15                   “(iv) any payments under this title  
16                   that are based on a Federal medical assist-  
17                   ance percentage determined for a State  
18                   under subsection (aa) (but only to the ex-  
19                   tent that such Federal medical assistance  
20                   percentage is higher than the economic re-  
21                   covery FMAP).

22           “(4) ADVANCE PAYMENT; RETROSPECTIVE AD-  
23           JUSTMENT.—

24                   “(A) IN GENERAL.—Prior to the beginning  
25                   of each fiscal quarter that begins on or after

1 July 1, 2020, the Secretary shall, with respect  
2 to each State—

3 “(i) determine the increase (if any)  
4 that is expected to apply to the Federal  
5 medical assistance percentage of such  
6 State for such quarter under this sub-  
7 section based on the projections made for  
8 the State and quarter under subparagraph  
9 (B); and

10 “(ii) shall apply such increase to the  
11 Federal medical assistance percentage of  
12 the State for purposes of making payments  
13 to the State for amounts expended during  
14 such quarter as medical assistance under  
15 the State plan.

16 “(B) PROJECTION OF STATE UNEMPLOY-  
17 MENT RATES.—Prior to the beginning of each  
18 fiscal quarter that begins on or after July 1,  
19 2020, the Secretary, acting through the Chief  
20 Actuary of the Centers for Medicare & Medicaid  
21 Services, shall, using the most recently available  
22 data described in paragraph (2)(B), make pro-  
23 jections with respect to—

24 “(i) the unemployment rates for each  
25 State for such quarter;

1           “(ii) the threshold percentages de-  
2           scribed in paragraph (2)(A)(ii) for each  
3           State for such quarter; and

4           “(iii) the national unemployment rate  
5           for such quarter.

6           “(C) RETROSPECTIVE ADJUSTMENT.—As  
7           soon as practicable after final unemployment  
8           data becomes available for a fiscal quarter that  
9           begins on or after July 1, 2020, the Secretary  
10          shall, with respect to each State—

11          “(i) make a final determination of the  
12          increase (if any) applicable to the Federal  
13          medical assistance percentage of the State  
14          for the quarter under this subsection; and

15          “(ii) in accordance with subsection  
16          (d)(2) of section 1903, reduce or increase  
17          the amount payable to the State under  
18          subsection (a) of such section for a subse-  
19          quent fiscal quarter to the extent of any  
20          overpayment or underpayment which the  
21          Secretary determines was made as a result  
22          of a miscalculation of the increase applica-  
23          ble to the Federal medical assistance per-  
24          centage of the State for such prior fiscal  
25          quarter under this subsection.

1           “(5) RETROSPECTIVE APPLICATION OF OVER-  
2 THE-LIMIT FMAP INCREASES.—

3           “(A) IN GENERAL.—If a State has excess  
4 percentage points with respect to an economic  
5 downturn quarter and an applicable FMAP (as  
6 determined under subparagraph (B)), the State  
7 may elect to apply such excess percentage  
8 points to increase such applicable FMAP for  
9 one or more quarters during the look-back pe-  
10 riod for the State and economic downturn quar-  
11 ter in accordance with this paragraph.

12           “(B) EXCESS PERCENTAGE POINTS.—For  
13 purposes of this paragraph, the number of ex-  
14 cess percentage points for a State, economic  
15 downturn quarter, and an applicable FMAP  
16 shall be equal to the number of percentage  
17 points by which—

18           “(i) the applicable FMAP for the  
19 State and quarter (after application of  
20 paragraph (3) but without regard to sub-  
21 paragraph (C) of such paragraph); exceeds

22           “(ii) 95 percent.

23           “(C) EFFECT OF APPLICATION OF EXCESS  
24 PERCENTAGE POINTS.—If a State elects to  
25 apply excess percentage points to an applicable

1 FMAP to a quarter during a look-back period  
2 under this paragraph, the Secretary shall deter-  
3 mine the additional amount of payment under  
4 section 1903(a) to which the State would have  
5 been entitled for such quarter if the applicable  
6 FMAP (as so increased) had been in effect for  
7 such quarter, and shall treat such additional  
8 amount as an underpayment for such quarter.

9 “(D) DISTRIBUTION OF EXCESS PERCENT-  
10 AGE POINTS.—A State that has excess percent-  
11 age points with respect to an economic down-  
12 turn quarter and applicable FMAP may elect to  
13 divide such points among more than 1 quarter  
14 during the look-back period for such State and  
15 quarter provided that no excess percentage  
16 point (or fraction of an excess percentage point)  
17 is applied to the applicable FMAP of more than  
18 1 quarter.

19 “(E) LIMITATIONS.—

20 “(i) NO INCREASES OVER 100 PER-  
21 CENT.—A State may not increase an appli-  
22 cable FMAP for any quarter during a look-  
23 back period under this paragraph if such  
24 increase would result in the applicable

1 FMAP for such quarter exceeding 100 per-  
2 cent.

3 “(ii) SCOPE OF APPLICATION.—Any  
4 increase to an applicable FMAP of a State  
5 for a fiscal quarter under this paragraph—

6 “(I) shall only apply with respect  
7 to payments for amounts expended by  
8 the State for medical assistance for  
9 services furnished during such quarter  
10 to which such applicable FMAP is ap-  
11 plicable; and

12 “(II) shall not apply with respect  
13 to payments described in paragraph  
14 (3)(D).

15 “(F) DEFINITIONS.—In this paragraph:

16 “(i) APPLICABLE FMAP.—The term  
17 ‘applicable FMAP’ means, with respect to  
18 a State and fiscal quarter—

19 “(I) the Federal medical assist-  
20 ance percentage determined for the  
21 State and quarter under subsection  
22 (b);

23 “(II) the Federal medical assist-  
24 ance percentage applicable under sub-  
25 section (y);

1                   “(III) the Federal medical assist-  
2                   ance percentage applicable under sub-  
3                   section (z)(2); or

4                   “(IV) the Federal medical assist-  
5                   ance percentage determined for the  
6                   State and quarter under subsection  
7                   (ff).

8                   “(ii) LOOK-BACK PERIOD.—The term  
9                   ‘look-back period’ means, with respect to a  
10                  State and a fiscal quarter that is an eco-  
11                  nomic downturn quarter for the State, the  
12                  period of 4 fiscal quarters that ends with  
13                  the fourth quarter which precedes the most  
14                  recent fiscal quarters that was not an eco-  
15                  nomic downturn quarter for the State.

16                  “(6) REQUIREMENT FOR ALL STATES.—A State  
17                  may not receive an increase in the Federal medical  
18                  assistance percentage for such State under this sub-  
19                  section, with respect to a fiscal quarter, if—

20                  “(A) eligibility standards, methodologies,  
21                  or procedures under the State plan or a waiver  
22                  of such plan are more restrictive during such  
23                  quarter than the eligibility standards, meth-  
24                  odologies, or procedures, respectively, under  
25                  such plan (or waiver) as in effect on the last

1 day of the most recent fiscal quarter that was  
2 not an economic downturn quarter for the  
3 State;

4 “(B) the amount of any premium imposed  
5 by the State pursuant to section 1916 or 1916A  
6 during such quarter, with respect to an indi-  
7 vidual enrolled under such plan (or waiver), ex-  
8 ceeds the amount of such premium as of the  
9 date described in subparagraph (A); or

10 “(C) the State fails to provide that an in-  
11 dividual who is enrolled for benefits under such  
12 plan (or waiver) as of the date described in sub-  
13 paragraph (A) or enrolls for benefits under  
14 such plan (or waiver) during the period begin-  
15 ning with such date and ending with the day  
16 before the first day of the next quarter that is  
17 not an economic downturn quarter for the State  
18 shall be treated as eligible for such benefits for  
19 not less than 12 months (or, if such period is  
20 less than 12 months, throughout such period)  
21 unless the individual requests a voluntary ter-  
22 mination of eligibility or the individual ceases to  
23 be a resident of the State.”.

1 (b) EXCLUSION OF ECONOMIC DOWNTURN FMAP  
2 INCREASES FROM TERRITORIAL CAPS.—Section 1108 of  
3 the Social Security Act (42 U.S.C. 1308) is amended—

4 (1) in subsection (f), in the matter preceding  
5 paragraph (1), by striking “subsection (g) and sec-  
6 tion 1935(e)(1)(B)” and inserting “subsections (g)  
7 and (h) and section 1935(e)(1)(B)”; and

8 (2) by adding at the end the following:

9 “(h) EXCLUSION FROM CAPS OF AMOUNTS ATTRIB-  
10 UTABLE TO ECONOMIC DOWNTURN FMAP.—The portion  
11 of any payment made to a territory for a fiscal year that  
12 is attributable to an increase in the Federal medical assist-  
13 ance percentage for a fiscal quarter during such year  
14 under section 1905(gg) shall not be taken into account  
15 for purposes of applying payment limits under subsections  
16 (f) and (g).”.

17 **SEC. 204. 100 PERCENT FMAP FOR INDIVIDUALS ENROLL-**  
18 **ING UNDER MEDICAID DURING THE COVID-19**  
19 **EMERGENCY.**

20 (a) IN GENERAL.—Notwithstanding any other provi-  
21 sion of law, the Federal medical assistance percentage oth-  
22 erwise determined under section 1905(b) of the Social Se-  
23 curity Act (42 U.S.C. 1396d(b)) with respect to medical  
24 assistance furnished during a specified period to a speci-

1 fied individual under a State plan (or waiver of such plan)  
2 under title XIX of such Act shall be 100 percent.

3 (b) DEFINITIONS.—In this section:

4 (1) SPECIFIED INDIVIDUAL.—The term “speci-  
5 fied individual” means an individual who enrolls  
6 under the State plan (or waiver of such plan) under  
7 title XIX of the Social Security Act (42 U.S.C. 1396  
8 et seq.) during the emergency period described in  
9 section 1135(g)(1)(B) of such Act (42 U.S.C.  
10 1320b–5(g)(1)(B)).

11 (2) SPECIFIED PERIOD.—The term “specified  
12 period” means, with respect to a State, including the  
13 District of Columbia, American Samoa, Guam, the  
14 Commonwealth of the Northern Mariana Islands,  
15 Puerto Rico, and the United States Virgin Islands,  
16 the period beginning on the first day of the emer-  
17 gency period described in subsection (a) and ending  
18 on the date that is 3 months after the first day oc-  
19 ccurring on or after the date of the enactment of this  
20 section that the average unemployment rate for the  
21 12-month period ending on such first day—

22 (A) in such State is not more than 2 per-  
23 centage points higher than the average unem-  
24 ployment rate in such State during the period

1 consisting of October 1 through December 31  
2 of 2019; and

3 (B) in the United States is not more than  
4 2 percentage points higher than the average un-  
5 employment rate in the United States during  
6 the period consisting of October 1 through De-  
7 cember 31 of 2019.

8 **SEC. 205. MANDATORY APPROVAL OF WAIVERS TO COVER**  
9 **CERTAIN INDIVIDUALS UNDER MEDICAID**  
10 **DURING THE COVID-19 EMERGENCY.**

11 Section 1115(d) of the Social Security Act (42 U.S.C.  
12 1315(d)) is amended by adding at the end the following  
13 new paragraph:

14 “(4) Notwithstanding any other provision of this sec-  
15 tion, the Secretary shall approve an application for a dem-  
16 onstration project under this section to the extent that  
17 such project allows an individual whose income (as deter-  
18 mined under section 1902(e)(14)) does not exceed 300  
19 percent of the poverty line (as defined in section  
20 2110(c)(5)) applicable to a family of the size involved, to  
21 enroll under the State plan (or waiver of such plan) under  
22 title XIX of the State submitting such application.”.

1           **TITLE III—MISCELLANEOUS**

2   **SEC. 301. GROUP HEALTH PLAN AND HEALTH INSURANCE**

3                   **ISSUER COVERAGE OF COVID-19 RELATED**

4                   **TREATMENT AT NO COST SHARING.**

5           (a) IN GENERAL.—A group health plan and a health  
6 insurance issuer offering group or individual health insur-  
7 ance coverage (including a grandfathered health plan (as  
8 defined in section 1251(e) of the Patient Protection and  
9 Affordable Care Act)) shall provide coverage, and shall not  
10 impose any cost sharing (including deductibles, copay-  
11 ments, and coinsurance) requirements, for specified  
12 COVID-19 treatment services (as defined in section  
13 102(b)) furnished during any portion of the emergency pe-  
14 riod defined in paragraph (1)(B) of section 1135(g) of the  
15 Social Security Act (42 U.S.C. 1320b-5(g)) beginning on  
16 or after the date of the enactment of this Act.

17           (b) REIMBURSEMENT TO PLANS AND COVERAGE FOR  
18 WAIVING COST-SHARING.—

19           (1) IN GENERAL.—A group health plan or a  
20 health insurance issuer offering group or individual  
21 health insurance coverage (including a grandfathered  
22 health plan (as defined in section 1251(e) of the Pa-  
23 tient Protection and Affordable Care Act)) that does  
24 not impose cost sharing requirements as described in  
25 subsection (a) shall notify the Secretary of Health

1 and Human Services, Secretary of Labor, and Sec-  
2 retary of the Treasury (through a joint process es-  
3 tablished jointly by the Secretaries) of the total dol-  
4 lar amount of cost-sharing that, but for the applica-  
5 tion of subsection (a), would have been required  
6 under such plans and coverage for items and serv-  
7 ices related to COVID-19 furnished during the pe-  
8 riod to which subsection (a) applies to enrollees, par-  
9 ticipants, and beneficiaries in the plan or coverage to  
10 whom such subsection applies, but which was not  
11 imposed for such items and services so furnished  
12 pursuant to such subsection and the Secretary of  
13 Health and Human Services, in coordination with  
14 the Secretary of Labor and the Secretary of the  
15 Treasury, shall make payments in accordance with  
16 this subsection to the plan or issuer equal to such  
17 total dollar amount.

18 (2) METHODOLOGY FOR PAYMENTS.—The Sec-  
19 retary of Health and Human Service, in coordina-  
20 tion with the Secretary of Labor and the Secretary  
21 of the Treasury shall establish a payment system for  
22 making payments under this subsection. Any such  
23 system shall make payment for the value of cost  
24 sharing not imposed by the plan or issuer involved.

1           (3) TIMING OF PAYMENTS.—Payments made  
2           under paragraph (1) shall be made no later than  
3           May 1, 2021, for amounts of cost sharing waivers  
4           with respect to 2020. Payments under this sub-  
5           section with respect to such waivers with respect to  
6           a year subsequent to 2020 that begins during the  
7           period to which subsection (a) applies shall be made  
8           no later than May of the year following such subse-  
9           quent year.

10           (4) APPROPRIATIONS.—There is authorized to  
11           be appropriated, and there is appropriated, out of  
12           any monies in the Treasury not otherwise appro-  
13           priated, such funds as are necessary to carry out  
14           this subsection.

15           (c) ENFORCEMENT.—

16           (1) APPLICATION WITH RESPECT TO PHSA,  
17           ERISA, AND IRC.—The provisions of this section  
18           shall be applied by the Secretary of Health and  
19           Human Services, Secretary of Labor, and Secretary  
20           of the Treasury to group health plans and health in-  
21           surance issuers offering group or individual health  
22           insurance coverage as if included in the provisions of  
23           part A of title XXVII of the Public Health Service  
24           Act, part 7 of the Employee Retirement Income Se-

1 security Act of 1974, and subchapter B of chapter 100  
2 of the Internal Revenue Code of 1986, as applicable.

3 (2) PRIVATE RIGHT OF ACTION.—An individual  
4 with respect to whom an action is taken by a group  
5 health plan or health insurance issuer offering group  
6 or individual health insurance coverage in violation  
7 of subsection (a) may commence a civil action  
8 against the plan or issuer for appropriate relief. The  
9 previous sentence shall not be construed as limiting  
10 any enforcement mechanism otherwise applicable  
11 pursuant to paragraph (1).

12 (d) IMPLEMENTATION.—The Secretary of Health and  
13 Human Services, Secretary of Labor, and Secretary of the  
14 Treasury may implement the provisions of this section  
15 through sub-regulatory guidance, program instruction or  
16 otherwise.

17 (e) TERMS.—In this section, the terms “group health  
18 plan”; “health insurance issuer”; “group health insurance  
19 coverage”, and “individual health insurance coverage”  
20 have the meanings given such terms in section 2791 of  
21 the Public Health Service Act (42 U.S.C. 300gg–91), sec-  
22 tion 733 of the Employee Retirement Income Security Act  
23 of 1974 (29 U.S.C. 1191b), and section 9832 of the Inter-  
24 nal Revenue Code of 1986, as applicable.

1 **SEC. 302. PAYMENT FOR SPECIFIED COVID-19 TREATMENT**  
2 **SERVICES FURNISHED TO THE UNINSURED.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services shall pay to a health care provider that  
5 furnishes a specified COVID-19 treatment service (as de-  
6 fined in section 102) to an uninsured individual (as de-  
7 fined in subsection (b)) an amount equal to the amount  
8 that would have been payable (including any cost-sharing  
9 requirement) under title XVIII of the Social Security Act  
10 (42 U.S.C. 1395 et seq.) had such service been furnished  
11 to an individual entitled to benefits under part A and en-  
12 rolled under part B of such title.

13 (b) UNINSURED INDIVIDUAL.—For purposes of this  
14 section, the term “uninsured individual” means an indi-  
15 vidual who—

16 (1) is not enrolled in a group health plan or in  
17 group or individual health insurance coverage (as de-  
18 fined in section 2791 of the Public Health Service  
19 Act (42 U.S.C. 300gg-91)); and

20 (2) is not enrolled in a Federal health care pro-  
21 gram (as defined in section 1128B(f) of the Social  
22 Security Act (42 U.S.C. 1320a-7b(f))) or under the  
23 program established under chapter 89 of title 5,  
24 United States Code.

25 (c) HOLDING UNINSURED INDIVIDUAL HARMLESS  
26 FOR SPECIFIED COVID-19 TREATMENT SERVICES.—

1           (1) IN GENERAL.—A health care provider re-  
2           ceiving payment under subsection (a) for a specified  
3           COVID–19 treatment service furnished to an indi-  
4           vidual may not hold such individual liable for any  
5           amount for such service.

6           (2) ENFORCEMENT.—A health care provider  
7           who violates subsection (a) shall be subject to a civil  
8           monetary penalty determined appropriate by the  
9           Secretary of Health and Human Services. The provi-  
10          sion of section 1128A of the Social Security Act (42  
11          U.S.C. 1320a–7a) (other than subsections (a) and  
12          (b)) shall apply with respect to a civil monetary pen-  
13          alty imposed under the previous sentence in the  
14          same manner as such provisions apply with respect  
15          to a penalty or proceeding under subsection (a) of  
16          such section.