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116TH CONGRESS
2D SESSION

H. R. 6213

To provide for coverage (without cost sharing or utilization management requirements) under group health plans and individual and group health insurance coverage of testing for COVID–19.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2020

Ms. WILSON of Florida (for herself, Ms. SCHRIER, Ms. DELBENE, Ms. DEGETTE, Mr. GRIJALVA, Mr. COURTNEY, Mr. SABLAN, Ms. BONAMICI, Mr. DESAULNIER, Ms. JAYAPAL, Mr. MORELLE, Mrs. MCBATH, Mrs. HAYES, Ms. SHALALA, Mr. LEVIN of Michigan, Mr. TRONE, Ms. STEVENS, and Mr. SCOTT of Virginia) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To provide for coverage (without cost sharing or utilization management requirements) under group health plans and individual and group health insurance coverage of testing for COVID–19.

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 ''No Cost for COVID–19 Testing Act''.

SEC. 2. COVERAGE OF TESTING FOR COVID–19.

(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage (including a grandfathered health plan (as defined in section 1251(e) of the Patient Protection and Affordable Care Act)) shall provide coverage, and shall not impose any cost sharing (including deductibles, copayments, and coinsurance) requirements or prior authorization or other utilization management requirements, for at a minimum the following items and services furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b–5(g)) beginning on or after the date of the enactment of this Act:

(1) In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID-19 that are approved, cleared, or authorized under section 510(k), 513, 515 or 564 of the Federal Food, Drug, and Cosmetic Act, and the administration of such in vitro diagnostic products.

(2) Health care provider office visits, urgent care center visits, and emergency room visits relating to testing for COVID–19.

(b) ENFORCEMENT.—The provisions of subsection (a) shall be applied by the Secretary of Health and Human Services, Secretary of Labor, and Secretary of the Treasury to group health plans and health insurance issuers offering group or individual health insurance coverage as if included in the provisions of part A of title XXVII of the Public Health Service Act, part 7 of the Employee Retirement Income Security Act of 1974, and subchapter B of chapter 100 of the Internal Revenue Code of 1986, as applicable.

(c) IMPLEMENTATION.—The Secretary of Health and Human Services, Secretary of Labor, and Secretary of the Treasury may implement the provisions of this section through program instruction or otherwise.

(d) HEALTH INSURANCE TERMS.—The terms ''group health plan''; ''health insurance issuer''; ''group health insurance coverage'', and ''individual health insurance coverage'' have the meanings given such terms in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91), section 733 of the Employee Retirement Income Se-

curity Act of 1974 (29 U.S.C. 1191b), and section 9832 of the Internal Revenue Code of 1986, as applicable.

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