

117TH CONGRESS
1ST SESSION

H. R. 796

To require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage without imposing any cost sharing requirements for certain items and services furnished during any portion of the COVID–19 emergency period, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 2021

Ms. BLUNT ROCHESTER (for herself, Mr. PASCRELL, and Mrs. TRAHAN) 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

A BILL

To require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage without imposing any cost sharing requirements for certain items and services furnished during any portion of the COVID–19 emergency period, 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 “Coverage for COVID–
3 19 Treatment Act of 2021”.

4 **SEC. 2. COVERAGE OF COVID-19 RELATED TREATMENT AT**
5 **NO COST SHARING.**

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

18 (1) Medically necessary items and services (in-
19 cluding in-person or telehealth visits in which such
20 items and services are furnished) that are furnished
21 to an individual who has been diagnosed with (or
22 after provision of the items and services is diagnosed
23 with) COVID-19 to treat or mitigate the effects of
24 COVID-19.

25 (2) Medically necessary items and services (in-
26 cluding in-person or telehealth visits in which such

1 items and services are furnished) that are furnished
2 to an individual who is presumed to have COVID-
3 19 but is never diagnosed as such, if the following
4 conditions are met:

5 (A) Such items and services are furnished
6 to the individual to treat or mitigate the effects
7 of COVID-19 or to mitigate the impact of
8 COVID-19 on society.

9 (B) Health care providers have taken ap-
10 propriate steps under the circumstances to
11 make a diagnosis, or confirm whether a diag-
12 nosis was made, with respect to such individual,
13 for COVID-19, if possible.

14 (b) ITEMS AND SERVICES RELATED TO COVID-19.—
15 For purposes of this section—

16 (1) not later than one week after the date of
17 the enactment of this section, the Secretary of
18 Health and Human Services, Secretary of Labor,
19 and Secretary of the Treasury shall jointly issue
20 guidance specifying applicable diagnoses and medi-
21 cally necessary items and services related to COVID-
22 19; and

23 (2) such items and services shall include all
24 items or services that are relevant to the treatment
25 or mitigation of COVID-19, regardless of whether

1 such items or services are ordinarily covered under
2 the terms of a group health plan or group or indi-
3 vidual health insurance coverage offered by a health
4 insurance issuer.

5 (c) REIMBURSEMENT TO PLANS AND COVERAGE FOR
6 WAIVING COST-SHARING.—

7 (1) IN GENERAL.—A group health plan or a
8 health insurance issuer offering group or individual
9 health insurance coverage (including a grandfathered
10 health plan (as defined in section 1251(e) of the Pa-
11 tient Protection and Affordable Care Act)) that does
12 not impose cost sharing requirements as described in
13 subsection (a) shall notify the Secretary of Health
14 and Human Services, Secretary of Labor, and Sec-
15 retary of the Treasury (through a joint process es-
16 tablished jointly by the Secretaries) of the total dol-
17 lar amount of cost-sharing that, but for the applica-
18 tion of subsection (a), would have been required
19 under such plans and coverage for items and serv-
20 ices related to COVID-19 furnished during the pe-
21 riod to which subsection (a) applies to enrollees, par-
22 ticipants, and beneficiaries in the plan or coverage to
23 whom such subsection applies, but which was not
24 imposed for such items and services so furnished
25 pursuant to such subsection and the Secretary of

1 Health and Human Services, in coordination with
2 the Secretary of Labor and the Secretary of the
3 Treasury, shall make payments in accordance with
4 this subsection to the plan or issuer equal to such
5 total dollar amount.

6 (2) **METHODOLOGY FOR PAYMENTS.**—The Sec-
7 retary of Health and Human Service, in coordina-
8 tion with the Secretary of Labor and the Secretary
9 of the Treasury shall establish a payment system for
10 making payments under this subsection. Any such
11 system shall make payment for the value of cost
12 sharing not imposed by the plan or issuer involved.

13 (3) **TIMING OF PAYMENTS.**—Payments made
14 under paragraph (1) shall be made no later than
15 May 1, 2022, for amounts of cost sharing waivers
16 with respect to 2020. Payments under this sub-
17 section with respect to such waivers with respect to
18 a year subsequent to 2020 that begins during the
19 period to which subsection (a) applies shall be made
20 no later than May of the year following such subse-
21 quent year.

22 (4) **APPROPRIATIONS.**—There is authorized to
23 be appropriated, and there is appropriated, out of
24 any monies in the Treasury not otherwise appro-

1 appropriated, such funds as are necessary to carry out
2 this subsection.

3 (d) ENFORCEMENT.—

4 (1) APPLICATION WITH RESPECT TO PHSA,
5 ERISA, AND IRC.—The provisions of this section
6 shall be applied by the Secretary of Health and
7 Human Services, Secretary of Labor, and Secretary
8 of the Treasury to group health plans and health in-
9 surance issuers offering group or individual health
10 insurance coverage as if included in the provisions of
11 part A of title XXVII of the Public Health Service
12 Act, part 7 of the Employee Retirement Income Se-
13 curity Act of 1974, and subchapter B of chapter 100
14 of the Internal Revenue Code of 1986, as applicable.

15 (2) PRIVATE RIGHT OF ACTION.—An individual
16 with respect to whom an action is taken by a group
17 health plan or health insurance issuer offering group
18 or individual health insurance coverage in violation
19 of subsection (a) may commence a civil action
20 against the plan or issuer for appropriate relief. The
21 previous sentence shall not be construed as limiting
22 any enforcement mechanism otherwise applicable
23 pursuant to paragraph (1).

24 (e) IMPLEMENTATION.—The Secretary of Health and
25 Human Services, Secretary of Labor, and Secretary of the

1 Treasury may implement the provisions of this section
2 through sub-regulatory guidance, program instruction or
3 otherwise.

4 (f) TERMS.—The terms “group health plan”; “health
5 insurance issuer”; “group health insurance coverage”, and
6 “individual health insurance coverage” have the meanings
7 given such terms in section 2791 of the Public Health
8 Service Act (42 U.S.C. 300gg–91), section 733 of the Em-
9 ployee Retirement Income Security Act of 1974 (29
10 U.S.C. 1191b), and section 9832 of the Internal Revenue
11 Code of 1986, as applicable.

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