

116TH CONGRESS  
2D SESSION

# H. R. 6727

To hold Medicare beneficiaries harmless for specified COVID-19 treatment services furnished under part A or part B of the Medicare program.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 5, 2020

Ms. SCHRIER (for herself and Mr. McEACHIN) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, and Armed Services, 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 hold Medicare beneficiaries harmless for specified COVID-19 treatment services furnished under part A or part B of the Medicare program.

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

3 **SECTION 1. HOLDING MEDICARE BENEFICIARIES HARM-**  
4 **LESS FOR SPECIFIED COVID-19 TREATMENT**  
5 **SERVICES FURNISHED UNDER PART A OR**  
6 **PART B OF THE MEDICARE PROGRAM.**

7 (a) IN GENERAL.—Notwithstanding any other provi-  
8 sion of law, in the case of a specified COVID-19 treatment

1 service (as defined in subsection (b)) furnished to an indi-  
2 vidual entitled to benefits under part A or enrolled under  
3 part B of title XVIII of the Social Security Act (42 U.S.C.  
4 1395 et seq.) for which payment is made under such part  
5 A or such part B, the Secretary of Health and Human  
6 Services (in this section referred to as the “Secretary”)  
7 shall provide that—

8           (1) any cost-sharing required (including any de-  
9 ductible, copayment, or coinsurance) applicable to  
10 such individual under such part A or such part B  
11 with respect to such item or service is paid by the  
12 Secretary; and

13           (2) the provider of services or supplier (as de-  
14 fined in section 1861 of the Social Security Act (42  
15 U.S.C. 1395x)) does not hold such individual liable  
16 for such requirement.

17       (b) DEFINITION OF SPECIFIED COVID-19 TREAT-  
18 MENT SERVICES.—For purposes of this section, the term  
19 “specified COVID-19 treatment service” means any item  
20 or service furnished to an individual for which payment  
21 may be made under part A or part B of title XVIII of  
22 the Social Security Act (42 U.S.C. 1395 et seq.) if such  
23 item or service is included in a claim with an ICD–10–  
24 CM code relating to COVID-19 (as described in the docu-  
25 ment entitled “ICD–10–CM Official Coding Guidelines—

1 Supplement Coding encounters related to COVID-19  
2 Coronavirus Outbreak” published on February 20, 2020,  
3 or as otherwise specified by the Secretary).

4 (c) RECOVERY OF COST-SHARING AMOUNTS PAID BY  
5 THE SECRETARY IN THE CASE OF SUPPLEMENTAL IN-  
6 SURANCE COVERAGE.—

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

1           (2) REQUIRED INFORMATION.—Not later than  
2           9 months after the date of the enactment of this  
3           Act, each group health plan, health insurance issuer,  
4           private entity, other health plan, State plan, and  
5           Secretary of Defense described in paragraph (1)  
6           shall submit to the Secretary such information as  
7           the Secretary determines necessary for purposes of  
8           carrying out this subsection. Such information so  
9           submitted shall be updated by such plan, issuer, pri-  
10          vate entity, other health plan, State plan, or Sec-  
11          retary of Defense, as applicable, at such time and in  
12          such manner as specified by the Secretary.

13          (3) REVIEW OF CLAIMS AND NOTIFICATION.—  
14          The Secretary shall establish a process under which  
15          claims for items and services for which the Secretary  
16          has paid an amount pursuant to subsection (a)(1)  
17          are reviewed for purposes of identifying if such  
18          amount would otherwise have been paid by a plan,  
19          issuer, private entity, other health plan, State plan,  
20          or Secretary of Defense described in paragraph (1).  
21          In the case such a claim is so identified, the Sec-  
22          retary shall determine the amount that would have  
23          been otherwise payable by such plan, issuer, private  
24          entity, other health plan, State plan, or Secretary of  
25          Defense and notify such plan, issuer, private entity,

1 other health plan, State plan, or Secretary of De-  
2 fense of such amount.

3 (4) ENFORCEMENT.—The Secretary may im-  
4 pose a civil monetary penalty in an amount deter-  
5 mined appropriate by the Secretary in the case of a  
6 plan, issuer, private entity, other health plan, or  
7 State plan that fails to comply with a provision of  
8 this section. The provisions of section 1128A of the  
9 Social Security Act shall apply to a civil monetary  
10 penalty imposed under the previous sentence in the  
11 same manner as such provisions apply to a penalty  
12 or proceeding under subsection (a) or (b) of such  
13 section.

14 (d) FUNDING.—The Secretary shall provide for the  
15 transfer to the Centers for Medicare & Medicaid Program  
16 Management Account from the Federal Hospital Insur-  
17 ance Trust Fund and the Federal Supplementary Medical  
18 Trust Fund (in such portions as the Secretary determines  
19 appropriate) \$100,000,000 for purposes of carrying out  
20 this section.

21 (e) REPORT.—Not later than 3 years after the date  
22 of the enactment of this Act, the Inspector General of the  
23 Department of Health and Human Services shall submit  
24 to Congress a report containing an analysis of amounts

1 paid pursuant to subsection (a)(1) compared to amounts  
2 paid to the Secretary pursuant to subsection (c).

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

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