

Health Care Emergency Guarantee Act

Our nation is facing a catastrophic health care crisis that Congress must address. Even before the coronavirus pandemic, 87 million Americans were uninsured or under-insured. That number is rapidly escalating as millions of workers are not only losing their jobs but are also losing their employer-based health insurance as well. In fact, it has been estimated that as many as 35 million Americans will lose their employer-provided health insurance during the coronavirus pandemic and about 11 million Americans could soon enter the ranks of the uninsured.

The cost of hospital treatment for the coronavirus amounts to tens of thousands of dollars. Tragically, we have already seen people who have delayed treatment due to concerns about cost. In this pandemic, lack of insurance will lead to more deaths and more COVID-19 transmissions.

During this unprecedented crisis, no one in America should delay seeking medical care because of the cost. We cannot live in a nation where if you are rich you get all of the treatment that you need, but if you are poor or live in a working class family you are out of luck.

The Health Care Emergency Guarantee Act would empower the government to leverage the existing efficiency of Medicare's payment infrastructure to ensure COVID-19 relief funding goes directly to patient care, without changing families' insurance coverage or touching the Medicare trust fund. Under the bill, the federal government would pay all of the costs of treatment for the uninsured, and all of the out-of-pocket costs for those with public or private insurance, for as long as this pandemic continues. No one in America who is sick, regardless of income or immigration status, should be afraid to seek the medical treatment they need during this national crisis.

Under this legislation:

Medicare will cover patient costs during COVID-19 crisis:

- **Insured Americans:** Medicare will improve the coverage of individuals who already have public or private insurance by paying the copays, deductibles, or other out-of-pocket expenses for all medically necessary health care, including prescription drugs.
- **Uninsured Americans:** Medicare will fully cover the cost of medically necessary health care, including prescription drugs, for individuals who are uninsured. Those who become insured during the crisis will have out-of-pocket expenses covered.
- **Effective Date:** Both of these provisions will last from now until the Secretary of Health and Human Services certifies that an FDA-approved COVID-19 vaccination is widely available to the public.
- **How it Works:** When individuals go to the hospital or doctor, they will provide their insurance information as usual. The provider will use this information to bill Medicare – either for the out-of-pocket costs if the individual has another type of insurance, or for all of the care if the individual is uninsured. The patient will not be charged anything.

Additional Provisions:

- **No surprise billing or balance billing:** Providers cannot bill patients, and any qualified, licensed provider is eligible to be reimbursed for providing medically necessary care. Participating providers must immediately halt medical debt collection during the crisis.
- **Limit prescription drug prices:** The federal government will pay the same price as VA for prescription drugs that are provided to individuals who are uninsured.
- **Private insurance companies can't decrease coverage:** Private insurers cannot increase copayments and deductibles, or decrease coverage, just because the federal government is picking up the bill.
- **Waive late enrollment penalty for the Medicare program:** Today, seniors may be forced to pay a higher premium if they do not enroll in Medicare right when they turn 65; this would be waived during the public health emergency so that seniors who want to enroll in Medicare can do so quickly. Any out-of-pocket expenses would then be covered through the new funding mechanism created by this Act.
- **Oversight on implementation; reporting on COVID-19 health disparities:** Requires weekly, publicly available reports to Congress on implementation and the distribution of funds; requires the Secretary of Health and Human Services to collect and report data on COVID-19 health disparities across race, ethnicity, primary language, gender, sexual orientation, disability status, age, geographic area, insurance status, and socioeconomic status.