

113TH CONGRESS
1ST SESSION

H. R. 3745

To ensure that individuals who attempted to, or who are enrolled in, qualified health plans offered through an Exchange have continuity of coverage, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 12, 2013

Mrs. KIRKPATRICK (for herself, Mr. VAN HOLLEN, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. SHEA-PORTER, Mrs. BUSTOS, Mr. BARBER, Mr. ISRAEL, Mr. GEORGE MILLER of California, Mr. WAXMAN, and Mr. LEVIN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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 ensure that individuals who attempted to, or who are enrolled in, qualified health plans offered through an Exchange have continuity of 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Coverage Protection
5 Act of 2013”.

1 **SEC. 2. AUTHORITY TO PROVIDE TIMELY COVERAGE FOR**
2 **INDIVIDUALS WHO WERE UNABLE TO EN-**
3 **ROLL IN A QUALIFIED HEALTH PLAN.**

4 (a) **IN GENERAL.**—In the case of an individual who
5 enrolls in a qualified health plan offered through an Ex-
6 change established under title I of the Patient Protection
7 and Affordable Care Act (Public Law 111–148) before
8 February 1, 2014, the Secretary of Health and Human
9 Services may require that the issuer of the plan treat such
10 individual as enrolled in such plan as of December 23,
11 2013, if the following conditions are met:

12 (1) **ATTEMPTED TIMELY ENROLLMENT.**—The
13 individual submits, not later than January 31, 2014,
14 an attestation (in such form and manner as the Sec-
15 retary may require) that the individual—

16 (A) made reasonable, good-faith attempts,
17 but was unable, to successfully enroll in such a
18 plan through an Exchange before December 23,
19 2013; or

20 (B) was initially determined through an
21 Exchange to be eligible to enroll in a Medicaid
22 plan under title XIX of the Social Security Act
23 but is not eligible to so enroll in such a Med-
24 icaid plan and, because of such incorrect eligi-
25 bility determination, was subsequently unable to

1 enroll in a qualified health plan before Decem-
2 ber 23, 2013.

3 (2) PAYMENT OF PREMIUMS.—The individual
4 pays, not later than January 31, 2014, the amount
5 of the applicable monthly premiums for the plan in
6 which such individual enrolls for January and Feb-
7 ruary of 2014, taking into account the amount of
8 any premium assistance made available under sec-
9 tion 36B of the Internal Revenue Code of 1986.

10 (b) APPLICATION FOR PURPOSES OF PREMIUM AS-
11 SISTANCE, REDUCED COST-SHARING, AND INDIVIDUAL
12 RESPONSIBILITY.—Coverage provided under a qualified
13 health plan for January and February of 2014 under sub-
14 section (a) shall be counted as coverage under such a plan
15 by or through an Exchange for such months for all pur-
16 poses, including the following:

17 (1) PREMIUM ASSISTANCE.—Section 36B of the
18 Internal Revenue Code of 1986.

19 (2) COST-SHARING REDUCTIONS.—Section 1402
20 of the Patient Protection and Affordable Care Act
21 (42 U.S.C. 18071).

22 (3) INDIVIDUAL RESPONSIBILITY REQUIRE-
23 MENT.—Section 5000A of the Internal Revenue
24 Code of 1986.

1 **SEC. 3. TRANSITIONAL USE OF RECEIPT OF INSURANCE**
2 **PAYMENT AS ALTERNATIVE TO HEALTH IN-**
3 **SURANCE CARD FOR EXCHANGE PLANS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services shall require a health insurance issuer
6 that offers a qualified health plan through an Exchange
7 under title I of the Patient Protection and Affordable Care
8 Act (Public Law 111–148)—

9 (1) to allow in-network providers in such plan
10 to treat, for purposes of coverage under the plan, a
11 receipt of payment of premiums by an individual en-
12 rolled under the plan for January or February 2014
13 who has not received a health insurance card from
14 the issuer in the same manner as if such receipt
15 were such a health insurance card issued to such in-
16 dividual by the issuer for services furnished during
17 such month; and

18 (2) to notify such in-network providers of the
19 policy under paragraph (1).

20 (b) RULE OF CONSTRUCTION.—Nothing in this sec-
21 tion shall be construed as precluding a health care pro-
22 vider from directly seeking to verify the status of the en-
23 rollment of an individual in a qualified health plan offered
24 through an Exchange by contacting the issuer of such
25 plan.