

117TH CONGRESS  
1ST SESSION

# H. R. 5165

To amend titles II and XVIII of the Social Security Act to lower the Medicare eligibility age to 60, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 3, 2021

Ms. JAYAPAL (for herself, Mr. LAMB, Mr. NEGUSE, Ms. WILD, Ms. STEVENS, Mrs. DINGELL, Ms. ADAMS, Mr. AGUILAR, Mrs. AXNE, Ms. BARRAGÁN, Ms. BASS, Mr. BLUMENAUER, Ms. BONAMICI, Mr. BOWMAN, Mr. BROWN, Ms. BROWNLEY, Ms. BUSH, Mr. CARBAJAL, Mr. CÁRDENAS, Mr. CARSON, Mr. CARTER of Louisiana, Mr. CASTRO of Texas, Ms. CHU, Mr. CICILLINE, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. COHEN, Mr. CONNOLLY, Mr. CORREA, Mr. COURTNEY, Ms. CRAIG, Ms. DEAN, Mr. DEFazio, Ms. DEGETTE, Ms. DELAURO, Mr. DESAULNIER, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. ESPAILLAT, Mr. EVANS, Mr. GALLEGO, Mr. GARCÍA of Illinois, Ms. GARCIA of Texas, Mr. GREEN of Texas, Mr. GRIJALVA, Mrs. HAYES, Mr. HIGGINS of New York, Mr. HORSFORD, Mr. HUFFMAN, Ms. JACKSON LEE, Ms. JACOBS of California, Mr. JOHNSON of Georgia, Mr. JONES, Mr. KAHELE, Ms. KAPTUR, Mr. KHANNA, Mr. KIM of New Jersey, Mr. KRISHNAMOORTHY, Ms. KUSTER, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Mrs. LAWRENCE, Ms. LEE of California, Ms. LEGER FERNANDEZ, Mr. LEVIN of Michigan, Mr. LIEU, Mr. LOWENTHAL, Mrs. CAROLYN B. MALONEY of New York, Ms. MANNING, Ms. MATSUI, Ms. MCCOLLUM, Mr. McEACHIN, Mr. MCGOVERN, Mr. MCNERNEY, Ms. MENG, Mr. MFUME, Mr. MORELLE, Mr. MOULTON, Mr. NADLER, Mrs. NAPOLITANO, Ms. NEWMAN, Mr. NORCROSS, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PAYNE, Mr. PERLMUTTER, Mr. PHILLIPS, Ms. PINGREE, Mr. POCAN, Ms. PORTER, Ms. PRESSLEY, Mr. QUIGLEY, Mr. RASKIN, Mr. RUSH, Mr. RYAN, Ms. SÁNCHEZ, Mr. SARBANES, Ms. SCANLON, Ms. SCHAKOWSKY, Mr. SCHIFF, Mr. SHERMAN, Mr. SMITH of Washington, Mr. SOTO, Ms. STRICKLAND, Mr. SUOZZI, Mr. TAKANO, Mr. THOMPSON of California, Mr. THOMPSON of Mississippi, Ms. TITUS, Ms. TLAIB, Mr. TONKO, Mrs. TORRES of California, Mr. TORRES of New York, Mrs. TRAHAN, Mr. VARGAS, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Ms. WILLIAMS of Georgia, Ms. WILSON of Florida, Mr. YARMUTH, Ms. LOFGREN, Mr. MEEKS, Mr. DANNY K. DAVIS of Illinois, Ms. JOHNSON of Texas, Mrs. KIRKPATRICK, Mr. CROW, Mr. JEFFRIES, Mr. CLEAVER, and Ms. ESCOBAR) 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

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## A BILL

To amend titles II and XVIII of the Social Security Act to lower the Medicare eligibility age to 60, 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 “Improving Medicare  
 5 Coverage Act”.

6       **SEC. 2. MEDICARE ELIGIBILITY EXPANSION.**

7       (a) IN GENERAL.—Section 226 of the Social Security  
 8 Act (42 U.S.C. 426) is amended—

9               (1) by striking “65” each place it appears and  
 10       inserting “60”; and

11              (2) in subsection (a)—

12                      (A) in paragraph (2)(A)—

13                              (i) by inserting “would be entitled to  
 14                              those benefits but for age,” after “section  
 15                              202,”; and

16                              (ii) by inserting “(not including age)”  
 17                              after “meets all the criteria”; and

1 (B) in the matter at the end—

2 (i) by inserting “, in the case of an in-  
3 dividual who has attained age 65 before  
4 the date that is 6 months after the date of  
5 the enactment of the Improving Medicare  
6 Coverage Act,” after “beginning with”;  
7 and

8 (ii) by inserting “and, in the case of  
9 an individual who has not attained age 65  
10 before the date that is 6 months after the  
11 date of the enactment of the Improving  
12 Medicare Coverage Act, the first month  
13 after the month that is 5 months after  
14 such date of enactment for which the indi-  
15 vidual meets the conditions specified in  
16 paragraphs (1) and (2)” after “and (2)”.

17 (b) ENROLLMENT PERIODS FOR PART B BENE-  
18 FITS.—Section 1837(d) of the Social Security Act (42  
19 U.S.C. 1395p(d)) is amended—

20 (1) by striking “(d) In the case of” and insert-  
21 ing “(d)(1) Subject to paragraph (2), in the case  
22 of”; and

23 (2) by adding at the end the following new  
24 paragraph:

1       “(2) In the case of an individual described in para-  
2 graph (1) who has attained the age of 60 but not attained  
3 the age of 65 before the date that is 6 months after the  
4 date of the enactment of the Improving Medicare Coverage  
5 Act, such individual’s initial enrollment period shall begin  
6 on the date that is 3 months after such date of enactment,  
7 and shall end on the date that is 11 months after such  
8 date of enactment.”.

9       (c) CONFORMING AMENDMENTS.—

10           (1) HOSPITAL INSURANCE BENEFITS FOR THE  
11 AGED.—Section 1811 of the Social Security Act (42  
12 U.S.C. 1395c) is amended—

13           (A) by striking “65” each place it appears  
14 and inserting “60”; and

15           (B) by striking “(or would be eligible for  
16 such benefits if certain government employment  
17 were covered employment under such title)”  
18 and inserting “(or would be eligible for such  
19 benefits if certain government employment were  
20 covered employment under such title, or would  
21 be eligible for such benefits but for age)”.

22           (2) HOSPITAL INSURANCE BENEFITS FOR UNIN-  
23 SURED ELDERLY INDIVIDUALS NOT OTHERWISE ELI-  
24 GIBLE.—Section 1818 of such Act (42 U.S.C.  
25 1395i-2) is amended—

1 (A) in subsection (a)(1), by striking “65”  
2 and inserting “60”; and

3 (B) in subsection (d)—

4 (i) in paragraph (1), by striking “65”  
5 and inserting “60”; and

6 (ii) in paragraph (3), by striking “65”  
7 and inserting “60”.

8 (3) HOSPITAL INSURANCE BENEFITS FOR DIS-  
9 ABLED INDIVIDUALS WHO HAVE EXHAUSTED OTHER  
10 ENTITLEMENT.—Section 1818A(a)(1) of such Act  
11 (42 U.S.C. 1395i–2a(a)(1)) is amended by striking  
12 “65” and inserting “60”.

13 (4) ELIGIBLE INDIVIDUALS.—Section 1836(2)  
14 of such Act (42 U.S.C. 1395o(2)) is amended by  
15 striking “65” and inserting “60”.

16 (5) ENROLLMENT PERIODS.—Section 1837 of  
17 such Act (42 U.S.C. 1395p), as amended by sub-  
18 section (b), is further amended by striking “65”  
19 each place it appears and inserting “60”.

20 (6) COVERAGE PERIOD.—Section 1838 of the  
21 such Act (42 U.S.C. 1395q) is amended—

22 (A) by striking “65” each place it appears  
23 and inserting “60”; and

24 (B) in subsection (a)(2)—

1 (i) by striking “subsection (d)” each  
2 place it appears and inserting “subsection  
3 (d)(1)”;

4 (ii) in subparagraph (D), by striking  
5 “; or” and inserting “, or”; and

6 (iii) by adding at the end the fol-  
7 lowing new subparagraph:

8 “(E) in the case of an individual who enrolls  
9 pursuant to subsection (d)(2) of section 1837, on  
10 the date that is 6 months after the date of the en-  
11 actment of the Improving Medicare Coverage Act;  
12 or”.

13 (7) AMOUNTS OF PREMIUMS.—Section 1839 of  
14 such Act (42 U.S.C. 1395r) is amended—

15 (A) in subsection (a)(1)—

16 (i) by striking the first sentence and  
17 inserting “The Secretary shall, during Sep-  
18 tember of 1983 through September of  
19 2021, determine the monthly actuarial rate  
20 for enrollees age 65 and over which shall  
21 be applicable for the succeeding calendar  
22 year (including, for 2022, with respect to  
23 individuals who enroll pursuant to sub-  
24 section (d)(2) of section 1837) and, during  
25 September of 2022 and of each year there-

1 after, determine the monthly actuarial  
2 value for enrollees age 60 and over which  
3 shall be applicable for the succeeding cal-  
4 endar year.”; and

5 (ii) by inserting “(for years before  
6 2023 and with respect to those enrollees  
7 age 50 or older (for 2023 and subsequent  
8 years)” after “age 60 and older”;

9 (B) in subsection (a)(3)—

10 (i) by striking “for enrollees age 65  
11 and over, determined according to para-  
12 graph (1),” and inserting “determined ac-  
13 cording to paragraph (1)”;

14 (ii) by striking “age 65 and older”;

15 (C) in subsection (a)(4)—

16 (i) by striking the first sentence and  
17 inserting “The Secretary shall, during Sep-  
18 tember of 1983 through September of  
19 2021, determine the monthly actuarial rate  
20 for disabled enrollees under age 65 which  
21 shall be applicable for the succeeding cal-  
22 endar year and, during September of 2022  
23 and of each year thereafter, determine the  
24 monthly actuarial value for disabled enroll-

1           ees under age 60 which shall be applicable  
2           for the succeeding calendar year.”; and

3                   (ii) by inserting “(for years before  
4                   2023) and with respect to those disabled  
5                   enrollees under age 60 (for 2023 and sub-  
6                   sequent years)” after “to disabled enrollees  
7                   under age 65”;

8                   (D) in subsection (b), by inserting “(in the  
9                   case of an individual who attained the age of 65  
10                  before the date that is 6 months after the date  
11                  of the enactment of the Improving Medicare  
12                  Coverage Act) or the age of 60 (in the case of  
13                  an individual who did not attain the age of 65  
14                  before the date that is 6 months after such date  
15                  of enactment)” after “the age of 65”;

16                  (E) in subsection (d), by inserting “(in the  
17                  case of an individual who attained the age of 65  
18                  before the date that is 6 months after the date  
19                  of the enactment of the Improving Medicare  
20                  Coverage Act) or the age of 60 (in the case of  
21                  an individual who did not attain the age of 65  
22                  before the date that is 6 months after such date  
23                  of enactment)” after “age 65”;

24                  (F) in subsection (i)(3)(A), by inserting  
25                  “(for years before 2023) or for enrollees age 60



1 and older (for 2023 and subsequent years)”  
2 after “age 65 and older”; and

3 (G) in subsection (j), by inserting “(for  
4 years before 2023) or for enrollees age 60 and  
5 older (for 2023 and subsequent years)” after  
6 “age 65 and older”.

7 (8) APPROPRIATIONS TO COVER GOVERNMENT  
8 CONTRIBUTIONS AND CONTINGENCY RESERVE.—Sec-  
9 tion 1844(a) of such Act (42 U.S.C. 1395w(a)) is  
10 amended by striking “65” each place it appears and  
11 inserting “60”.

12 (9) ELIGIBILITY, ELECTION, AND ENROLL-  
13 MENT.—Section 1851(e)(4) of such Act (42 U.S.C.  
14 1395w–21(e)(4)) is amended in the matter at the  
15 end by striking “65” and inserting “60”.

16 (10) PREMIUMS; LATE ENROLLMENT PEN-  
17 ALTY.—Section 1860D–13(b)(7)(B)(i) of such Act  
18 (42 U.S.C. 1395w–113(b)(7)(B)(i)) is amended by  
19 inserting “(in the case of an individual who attained  
20 the age of 65 before the date that is 6 months after  
21 the date of the enactment of the Improving Medicare  
22 Coverage Act) or age 60 (in the case of an individual  
23 who did not attain the age of 65 before the date that  
24 is 6 months after such date of enactment)” after  
25 “65”.

1           (11) INDIVIDUALS AT RISK FOR DIABETES.—  
2           Section 1861(yy)(2)(F)(iv) of such Act (42 U.S.C.  
3           1395x(yy)(2)(F)(iv)) is amended by striking “65”  
4           and inserting “60”.

5           (12) EXCLUSIONS FROM COVERAGE AND MEDI-  
6           CARE AS A SECONDARY PAYER.—Section  
7           1862(b)(1)(A)(i)(II) of such Act (42 U.S.C.  
8           1395y(b)(1)(A)(i)(II)) is amended by striking “65”  
9           each place it appears and inserting “60”.

10          (13) CERTIFICATION OF MEDICARE SUPPLE-  
11          MENTAL HEALTH INSURANCE POLICIES.—Section  
12          1882(s) of such Act (42 U.S.C. 1395ss(s)) is  
13          amended—

14                 (A) in paragraph (2)—

15                         (i) in subparagraph (A), by striking  
16                         “65 years of age or older” and inserting  
17                         “entitled to benefits under part A under  
18                         subsection (a) of section 226, or would be  
19                         entitled to benefits under such subsection  
20                         but for paragraph (2) of such subsection,”;  
21                         and

22                         (ii) in subparagraph (D), by inserting  
23                         “(in the case of an individual who attained  
24                         the age of 65 before the date that is 6  
25                         months after the date of the enactment of

1 the Improving Medicare Coverage Act) or  
2 60 years of age or older (in the case of an  
3 individual who did not attain the age of 65  
4 before the date that is 6 months after such  
5 date of enactment)” after “older”; and  
6 (B) in paragraph (3)(B)—

7 (i) in clause (ii), by inserting “(in the  
8 case of an individual who attained the age  
9 of 65 before the date that is 6 months  
10 after the date of the enactment of the Im-  
11 proving Medicare Coverage Act) or 60  
12 years of age or older (in the case of an in-  
13 dividual who did not attain the age of 65  
14 before the date that is 6 months after such  
15 date of enactment)” after “older”; and

16 (ii) in clause (vi), by striking “eligible  
17 for benefits under part A at age 65” and  
18 inserting “entitled to part A benefits under  
19 section 226(a)”.

20 (14) HOSPITAL PROVIDERS OF EXTENDED  
21 CARE SERVICES.—Section 1883(z)(2)(A) of such Act  
22 (42 U.S.C. 1395tt(z)(2)(A)) is amended by inserting  
23 “(in the case of an individual who attained the age  
24 of 65 before the date that is 6 months after the date  
25 of the enactment of the Improving Medicare Cov-

1 erage Act or age 60 (in the case of an individual  
 2 who did not attain the age of 65 before the date that  
 3 is 6 months after such date of enactment)” after  
 4 “65”.

5 (15) MEDICARE SUBVENTION DEMONSTRATION  
 6 PROJECT FOR MILITARY RETIREES.—Section  
 7 1896(a)(4) of such Act (42 U.S.C. 1395ggg(a)(4)) is  
 8 amended—

9 (A) in subparagraph (B)—

10 (i) in clause (i), by striking “benefits  
 11 under part A of this title” and inserting  
 12 “part A benefits under section 226(a)”;  
 13 and

14 (ii) in clause (ii), by striking the semi-  
 15 colon at the end and inserting “; and”;

16 (B) in subparagraph (C), by striking “;  
 17 and” and inserting a period; and

18 (C) by striking subparagraph (D).

19 (d) ELIGIBILITY FOR PREMIUM ASSISTANCE.—Cov-  
 20 erage provided under the Medicare program under title  
 21 XVIII of the Social Security Act pursuant to this section  
 22 (relating to coverage of individuals who have attained the  
 23 age of 60 but have not attained the age of 65) shall be  
 24 treated as coverage under a qualified health plan in the  
 25 individual market enrolled in through an Exchange where

1 the individual resides for purposes of section 36B of the  
2 Internal Revenue Code of 1986 other than subsection  
3 (c)(2)(B) thereof.

4 (e) AUTOMATIC ENROLLMENT OF INDIVIDUALS EN-  
5 TITLED TO PART A.—The Secretary of Health and  
6 Human Services shall establish procedures to provide for  
7 the automatic enrollment of individuals who become enti-  
8 tled to benefits under part A of title XVIII of the Social  
9 Security Act as of the date that is 6 months after the  
10 date of the enactment of this Act pursuant to this section  
11 in descending order of age with enrollment of such individ-  
12 uals beginning not later than 3 months after such date  
13 of enactment and completed not later than 11 months  
14 after such date of enactment.

15 (f) CLARIFICATION REGARDING COVERAGE OF DE-  
16 PENDENTS.—Nothing in this section shall be construed  
17 to—

18 (1) provide coverage under the Medicare pro-  
19 gram of a dependent who is not otherwise eligible for  
20 such coverage as an individual; or

21 (2) affect a dependent's eligibility under a  
22 group health plan, qualified health plan offered on  
23 an Exchange, or any other health plan for which the  
24 dependent is otherwise eligible.

1 (g) CLARIFICATION OF MEDICARE AS SECONDARY  
2 PAYER.—Nothing in this section shall affect the require-  
3 ments under section 1862(b) of the Social Security Act  
4 (42 U.S.C. 1395y(b)) (relating to Medicare as secondary  
5 payer).

6 (h) EFFECTIVE DATE.—

7 (1) IN GENERAL.—Subject to paragraph (2),  
8 the amendments made by this section shall take ef-  
9 fect on the date that is 6 months after the date of  
10 the enactment of this Act.

11 (2) EXCEPTIONS.—The amendments made by  
12 subsection (b) and subsection (c)(1)(G) shall take ef-  
13 fect on the date of enactment of this Act.

14 **SEC. 3. MEDICARE COST ASSISTANCE PROGRAM.**

15 (a) IN GENERAL.—Title XVIII of the Social Security  
16 Act (42 U.S.C. 1395 et seq.) is amended by adding at  
17 the end the following new section:

18 **“SEC. 1899B. MEDICARE COST ASSISTANCE PROGRAM.**

19 “(a) IN GENERAL.—Effective beginning on the date  
20 that is 6 months after the date of the enactment of the  
21 Improving Medicare Coverage Act, in the case of a Medi-  
22 care Cost Assistance Program eligible individual (as de-  
23 fined in subsection (b)(1)), the Secretary shall provide  
24 Medicare cost assistance for the following costs incurred  
25 with respect to the individual:

1 “(1)(A) premiums under section 1818; and

2 “(B) premiums under section 1839.

3 “(2) Coinsurance under this title (including co-  
4 insurance described in section 1813).

5 “(3) Deductibles established under this title (in-  
6 cluding those described in section 1813 and section  
7 1833(b)).

8 “(4) The difference between the amount that is  
9 paid under section 1833(a) and the amount that  
10 would be paid under such section if any reference to  
11 a percent less than 100 percent therein were deemed  
12 a reference to ‘100 percent’.

13 “(b) DETERMINATION OF ELIGIBILITY.—

14 “(1) MEDICARE COST ASSISTANCE PROGRAM  
15 ELIGIBLE INDIVIDUAL DEFINED.—The term ‘Medi-  
16 care Cost Assistance Program eligible individual’  
17 means an individual who—

18 “(A) is eligible for and is receiving medical  
19 assistance for the payment of medicare cost-  
20 sharing under a State Medicaid program pursu-  
21 ant to clause (i), (iii), or (iv) of section  
22 1902(a)(10)(E) as of the day prior to the date  
23 that is 6 months after the date of the enact-  
24 ment of the Improving Medicare Coverage Act;  
25 or

1           “(B)(i) is entitled to hospital insurance  
2           benefits under part A (including an individual  
3           entitled to such benefits pursuant to an enroll-  
4           ment under section 1818); and

5           “(ii) has income at or below 200 percent of  
6           the poverty line applicable to a family of the  
7           size involved.

8           “(2) JOINT DETERMINATION BY COMMISSIONER  
9           OF SOCIAL SECURITY FOR LIS AND MEDICARE COST  
10          ASSISTANCE.—

11           “(A) IN GENERAL.—The determination of  
12           whether an individual is a Medicare Cost As-  
13           sistance Program eligible individual described in  
14           paragraph (1) shall be determined by the Com-  
15           missioner of Social Security jointly with the de-  
16           termination of whether an individual is a sub-  
17           sidy eligible individual described in section  
18           1860D–14(a)(3). Such determination shall be  
19           made with respect to eligibility for Medicare  
20           cost assistance under this section and premium  
21           and cost-sharing subsidies under section  
22           1860D–14 upon application of an individual for  
23           a determination with respect to eligibility for ei-  
24           ther such assistance or such subsidies. There  
25           are authorized to be appropriated to the Social



1 Security Administration such sums as may be  
2 necessary for the determination of eligibility  
3 under this paragraph.

4 “(B) EFFECTIVE PERIOD.—Determina-  
5 tions under this paragraph with respect to eligi-  
6 bility for each of such assistance or such sub-  
7 sidies shall be effective beginning with the  
8 month in which the individual applies for a de-  
9 termination described in subparagraph (A) and  
10 shall remain in effect until such time as the  
11 Secretary determines the individual is no longer  
12 eligible as determined under subparagraph  
13 (C)(ii).

14 “(C) REDETERMINATIONS.—With respect  
15 to eligibility determinations under this para-  
16 graph—

17 “(i) redeterminations shall be made at  
18 the same time with respect to eligibility for  
19 Medicare cost assistance under this section  
20 and cost-sharing subsidies under section  
21 1860D–14, but not more frequently than  
22 once every 12 months;

23 “(ii) a redetermination shall automati-  
24 cally determine that an individual remains

1 eligible for such assistance or subsidies un-  
2 less—

3 “(I) the Commissioner has infor-  
4 mation indicating that the individual’s  
5 circumstances have changed such that  
6 the individual is no longer eligible for  
7 such assistance or subsidies;

8 “(II) the Commissioner sends no-  
9 tice to the individual regarding such  
10 information that requests a response  
11 either confirming or correcting such  
12 information; and

13 “(III) the individual either con-  
14 firms such information or fails to pro-  
15 vide documentation indicating that  
16 such circumstances have not changed  
17 within 60 days of receiving the notice  
18 described in subclause (II);

19 “(iii) the Commissioner shall establish  
20 procedures for appeals of such determina-  
21 tions that are similar to the procedures de-  
22 scribed in the third sentence of section  
23 1631(c)(1)(A); and

24 “(iv) judicial review of the final deci-  
25 sion of the Commissioner made after a

1 hearing shall be available to the same ex-  
2 tent, and with the same limitations, as pro-  
3 vided in subsections (g) and (h) of section  
4 205.

5 “(D) TREATMENT OF MEDICAID BENE-  
6 FICIARIES.—The Secretary shall provide that  
7 individuals who are full-benefit dual eligible in-  
8 dividuals (as defined in section 1935(e)(6)) or  
9 who are recipients of supplemental security in-  
10 come benefits under title XVI shall be treated  
11 as a Medicare Cost Assistance Program eligible  
12 individual described in paragraph (1) and, in  
13 the case of such individual who is a part D eli-  
14 gible individual, a subsidy eligible individual de-  
15 scribed in section 1860D–14(a)(3).

16 “(E) SIMPLIFIED APPLICATION FORM.—

17 “(i) IN GENERAL.—The Secretary  
18 shall develop and distribute a simplified  
19 application form for use by individuals in  
20 applying for Medicare cost assistance  
21 under this section and premium and cost-  
22 sharing subsidies under section 1860D–14.  
23 Such form shall be easily readable by ap-  
24 plicants and uniform nationally. The Sec-  
25 retary shall provide for the translation of

1           such application form into at least the 10  
2           languages (other than English) that are  
3           most often used by individuals applying for  
4           hospital insurance benefits under section  
5           226 or 226A and shall make the translated  
6           forms available to the Commissioner of So-  
7           cial Security.

8           “(ii) CONSULTATION.—In developing  
9           such form, the Secretary shall consult with  
10          beneficiary groups.

11          “(3) INCOME DETERMINATIONS.—For purposes  
12          of applying this section—

13                 “(A) in the case of an individual who is  
14                 not treated as a Medicare Cost Assistance Pro-  
15                 gram eligible individual or a subsidy eligible in-  
16                 dividual under paragraph (2)(D), income shall  
17                 be determined in the manner described under  
18                 section 1612 for purposes of the supplemental  
19                 security income program, except that support  
20                 and maintenance furnished in kind shall not be  
21                 counted as income; and

22                 “(B) the term ‘poverty line’ has the mean-  
23                 ing given such term in section 673(2) of the  
24                 Community Services Block Grant Act (42

1 U.S.C. 9902(2)), including any revision re-  
2 quired by such section.

3 “(c) BENEFICIARY PROTECTIONS.—

4 “(1) IN GENERAL.—In the case in which the  
5 payment for Medicare cost assistance for a Medicare  
6 Cost Assistance Program eligible individual with re-  
7 spect to an item or service is reduced or eliminated  
8 the individual shall not have any legal liability to  
9 make payment to a provider of services or supplier  
10 or to an organization described in section  
11 1903(m)(1)(A) for the service, and any lawful sanc-  
12 tion that may be imposed upon a provider of services  
13 or supplier or such an organization for excess  
14 charges under this title or title XIX shall apply to  
15 the imposition of any charge imposed upon the indi-  
16 vidual in such case.

17 “(2) CLARIFICATION.—This paragraph shall  
18 not be construed as preventing payment of any  
19 medicare cost assistance by a medicare supplemental  
20 policy or an employer retiree health plan on behalf  
21 of an individual.

22 “(d) ADMINISTRATION.—

23 “(1) IN GENERAL.—The Secretary shall estab-  
24 lish procedures for the administration of the pro-  
25 gram under this section.

1           “(2) FUNDING.—For purposes of carrying out  
2           this section, the Secretary shall make payments from  
3           the Federal Hospital Insurance Trust Fund under  
4           section 1817 and the Federal Supplementary Med-  
5           ical Insurance Trust Fund under section 1841, in  
6           such proportion as the Secretary determines appro-  
7           priate, of such amounts as the Secretary determines  
8           necessary to provide Medicare cost assistance under  
9           this section.

10          “(e) REFERENCES TO MEDICARE COST-SHARING.—  
11          Effective beginning on the date that is 6 months after the  
12          date of the enactment of the Improving Medicare Coverage  
13          Act, any reference to medicare cost-sharing described in  
14          section 1905(p) shall be deemed a reference to Medicare  
15          cost assistance under this section.

16          “(f) OUTREACH EFFORTS.—For provisions relating  
17          to outreach efforts to increase awareness of the availability  
18          of Medicare cost assistance, see section 1144.”.

19          (b) SPECIAL ENROLLMENT PERIOD.—

20                 (1) NO PREMIUM PENALTY.—Section 1839(b)  
21                 of the Social Security Act (42 U.S.C. 1395r(b)) is  
22                 amended, in the last sentence, by inserting the fol-  
23                 lowing before the period: “or, effective beginning on  
24                 the date that is 6 months after the date of the en-  
25                 actment of the Improving Medicare Coverage Act,

1 for individuals who are Medicare Cost Assistance  
2 Program eligible individuals (as defined in section  
3 1899B(b)(1)).”.

4 (2) SPECIAL ENROLLMENT PERIOD.—Section  
5 1837 of the Social Security Act (42 U.S.C. 1395p)  
6 is amended by adding at the end the following new  
7 subsection:

8 “(o) SPECIAL ENROLLMENT PERIOD FOR MEDICARE  
9 COST ASSISTANCE PROGRAM ELIGIBLE INDIVIDUAL.—

10 “(1) IN GENERAL.—Effective beginning on the  
11 date that is 6 months after the date of the enact-  
12 ment of the Improving Medicare Coverage Act, the  
13 Secretary shall establish special enrollment periods  
14 for Medicare Cost Assistance Program eligible indi-  
15 viduals (as defined in section 1899B(b)(1)).

16 “(2) COVERAGE PERIOD.—In the case of an in-  
17 dividual who enrolls during the special enrollment  
18 period provided under paragraph (1), the coverage  
19 period under this part shall—

20 “(A) begin on the first day of the first  
21 month in which the individual applies for a de-  
22 termination under section 1899B(b)(2)(A); and

23 “(B) remain in effect until such time as  
24 the Secretary determines the individual no

1 longer eligible as determined under section  
2 1899B(b)(2)(C)(ii).”.

3 (3) CONFORMING SUNSET OF STATE AGREE-  
4 MENTS RELATING TO ENROLLMENT OF QUALIFIED  
5 MEDICARE BENEFICIARIES.—

6 (A) PART A.—Section 1818(g) of the So-  
7 cial Security Act (42 U.S.C. 1395i–2(g)) is  
8 amended by adding at the end the following  
9 new paragraph:

10 “(3) SUNSET.—This subsection shall not apply on or  
11 after the date that is 6 months after the date of the enact-  
12 ment of the Improving Medicare Coverage Act.”.

13 (B) PART B.—Section 1843(h) of the So-  
14 cial Security Act (42 U.S.C. 1395v(h)) is  
15 amended by adding at the end the following  
16 new paragraph:

17 “(3) SUNSET WITH RESPECT TO QUALIFIED MEDI-  
18 CARE BENEFICIARIES.—This subsection shall not apply  
19 with respect to qualified medicare beneficiaries on or after  
20 the date that is 6 months after the date of the enactment  
21 of the Improving Medicare Coverage Act.”.

22 (c) PUBLIC AWARENESS CAMPAIGN.—Section 1144  
23 of the Social Security Act (42 U.S.C. 1320b–14) is  
24 amended by adding at the end the following new sub-  
25 section:



1 “(d) PUBLIC AWARENESS CAMPAIGN.—

2 “(1) IN GENERAL.—The Commissioner shall  
3 conduct a public awareness campaign to educate  
4 Medicare beneficiaries on the availability of Medicare  
5 cost assistance for low-income individuals under sec-  
6 tion 1899B.

7 “(2) COORDINATION.—In carrying out such  
8 public awareness campaign, the Commissioner shall  
9 coordinate with State health insurance assistance  
10 programs described in subsection (a)(1)(A) of sec-  
11 tion 119 of the Medicare Improvements for Patients  
12 and Providers Act of 2008 (42 U.S.C. 1395b–3  
13 note), the Administrator of the Administration for  
14 Community Living, and the Administrator of the  
15 Centers for Medicare & Medicaid Services.

16 “(3) FUNDING.—There are hereby appropriated  
17 to the Commissioner, out of any funds in the Treas-  
18 ury not otherwise appropriated, \$10,000,000 for  
19 each of fiscal years 2022 through 2024, to provide  
20 grants to State health insurance assistance pro-  
21 grams to carry out outreach and education activities  
22 under the public awareness campaign pursuant to  
23 this subsection.”.

1 **SEC. 4. MOVING MEDICARE COST-SHARING BENEFITS**  
2 **FROM MEDICAID TO MEDICARE.**

3 (a) **ENDING MOST MEDICARE COST-SHARING BENE-**  
4 **FITS UNDER MEDICAID.**—Section 1902(a)(10) of the So-  
5 cial Security Act (42 U.S.C. 1396a(a)(10)) is amended—

6 (1) by inserting “for calendar quarters begin-  
7 ning before the date that is 6 months after the date  
8 of the enactment of the Improving Medicare Cov-  
9 erage Act,” before “for making” each place it ap-  
10 pears in clauses (i), (iii), and (iv) of subparagraph  
11 (E); and

12 (2) in the matter following subparagraph (G)—

13 (A) by inserting “furnished during cal-  
14 endar quarters beginning before the date that is  
15 6 months after the date of the enactment of the  
16 Improving Medicare Coverage Act” after “(de-  
17 scribed in section 1905(p)(3))”;

18 (B) by striking “(XV)” and inserting “,  
19 (XV)”;

20 (C) by striking “and (XVIII)” and insert-  
21 ing “, (XVIII)”;

22 (D) by inserting “, and (XIX) no medical  
23 assistance for medicare cost-sharing, other than  
24 medical assistance for medicare cost-sharing for  
25 qualified disabled and working individuals de-  
26 scribed in section 1905(s), shall be made avail-

1           able after the date that is 6 months after the  
2           date of the enactment of the Improving Medi-  
3           care Coverage Act” before the semicolon at the  
4           end.

5           (b) CONFORMING AMENDMENTS.—

6           (1) TITLE XIX.—

7           (A) Section 1903(i) of such Act (42 U.S.C.  
8           1396b(i)) is amended—

9           (i) in paragraph (26), by striking “;  
10           and” and inserting a semicolon;

11           (ii) in paragraph (27), by striking the  
12           period at the end and inserting “; and”;  
13           and

14           (iii) by inserting after paragraph (27)  
15           the following new paragraph:

16           “(28) with respect to any amount expended for  
17           medical assistance for medicare cost-sharing (other  
18           than medical assistance for medicare cost-sharing  
19           for qualified disabled and working individuals de-  
20           scribed in section 1905(s)) furnished during cal-  
21           endar quarters beginning on or after the date that  
22           is 6 months after the date of the enactment of the  
23           Improving Medicare Coverage Act.”.

24           (B) Section 1905(a) of such Act (42  
25           U.S.C. 1396d(a)) is amended, in the first sen-

1           tence, by inserting “furnished during calendar  
2           quarters beginning before the date that is 6  
3           months after the date of the enactment of the  
4           Improving Medicare Coverage Act” after “medi-  
5           care cost-sharing”.

6           (C) Section 1933(g) of such Act (42  
7           U.S.C. 1396u–3(g)) is amended—

8           (i) in paragraph (2)(Q), by striking  
9           “paragraph (4), for each subsequent year”  
10          and inserting “paragraphs (4) and (5), for  
11          each subsequent year (prior to the date  
12          that is 6 months after the date of the en-  
13          actment of the Improving Medicare Cov-  
14          erage Act”;

15          (ii) by adding at the end the fol-  
16          lowing:

17          “(5) SUNSET.—No individual shall be selected  
18          to be a qualifying individual for any calendar year  
19          or period under this section beginning on or after  
20          the date that is 6 months after the date of the en-  
21          actment of the Improving Medicare Coverage Act,  
22          and no State allocation shall be made for any fiscal  
23          year or period under this section beginning on or  
24          after the date that is 6 month after such date of en-  
25          actment.”.

1 (D) Section 1935(a) of such Act (42  
2 U.S.C. 1396u–5(a)) is amended—

3 (i) in paragraph (2), by striking  
4 “make determinations” and inserting  
5 “prior to the date that is 6 months after  
6 the date of the enactment of the Improving  
7 Medicare Coverage Act, make determina-  
8 tions”; and

9 (ii) in paragraph (3), by inserting  
10 “prior to the date that is 6 months after  
11 the date of the enactment of the Improving  
12 Medicare Coverage Act,” before “the State  
13 shall”.

14 (2) TITLE XI.—Section 1144 of the Social Se-  
15 curity Act (42 U.S.C. 1320b–14) is amended—

16 (A) in subsection (a)—

17 (i) in paragraph (1)(A)—

18 (I) by striking “sections  
19 1902(a)(10)(E) and 1933” and in-  
20 serting “section 1902(a)(10)(E) and  
21 (prior to the date that is 6 months  
22 after the date of the enactment of the  
23 Improving Medicare Coverage Act)  
24 section 1933”;

1 (II) by striking “for the transi-  
2 tional assistance under section  
3 1860D–31(f), or” and inserting a  
4 comma; and

5 (III) by inserting “, or for Medi-  
6 care premium and cost-sharing assist-  
7 ance under section 1899B (in the case  
8 of months beginning on or after the  
9 date that is 6 months after the date  
10 of the enactment of the Improving  
11 Medicare Coverage Act)” before the  
12 semicolon; and

13 (ii) by striking paragraph (2) and in-  
14 serting the following:

15 “(2) CONTENT OF NOTICE.—Any notice fur-  
16 nished under paragraph (1) shall state that eligi-  
17 bility for such medical assistance, subsidies, or pro-  
18 gram is conditioned upon meeting the applicable eli-  
19 gibility criteria.”;

20 (B) in subsection (b)(1)(A)—

21 (i) by striking “sections  
22 1902(a)(10)(E) and 1933” and inserting  
23 “section 1902(a)(10)(E) and (prior to the  
24 date that is 6 months after the date of the

1 enactment of the Improving Medicare Cov-  
2 erage Act) section 1933”;

3 (ii) by striking “for transitional as-  
4 sistance under section 1860D–31(f), or”;  
5 and

6 (iii) by inserting “, or for Medicare  
7 premium and cost-sharing assistance under  
8 section 1899B” before the semicolon; and  
9 (C) in subsection (c)—

10 (i) in paragraph (1)(B), by inserting  
11 “, and (beginning on the date that is 6  
12 months after the date of the enactment of  
13 the Improving Medicare Coverage Act)  
14 provide an application for enrollment  
15 under the Medicare Savings Program” be-  
16 fore the period;

17 (ii) in paragraph (2), in the para-  
18 graph header, by inserting “MEDICARE  
19 SAVINGS PROGRAM APPLICATION AND” be-  
20 fore “LIS APPLICATION”; and

21 (iii) in paragraph (7), by striking  
22 “means the program of medical assist-  
23 ance” and all that follows through the pe-  
24 riod and inserting “means—

1           “(A) prior to the date that is 6 months  
2           after the date of the enactment of the Improv-  
3           ing Medicare Coverage Act, the program of  
4           medical assistance for payment of the cost of  
5           medicare cost-sharing under the Medicaid pro-  
6           gram pursuant to sections 1902(a)(10)(E) and  
7           1933; and

8           “(B) beginning on the date that is 6  
9           months after the date of the enactment of the  
10          Improving Medicare Coverage Act, the program  
11          for medical assistance for payment of the cost  
12          of medicare cost-sharing for qualified disabled  
13          and working individuals described in section  
14          1905(s) pursuant to section 1902(a)(10)(E)(ii)  
15          and medicare premium and cost-sharing assist-  
16          ance provided under section 1899B.”.

17          (c) ENSURING THAT MEDICARE COST-SHARING  
18          BENEFICIARIES UNDER MEDICAID RECEIVE MEDICARE  
19          COST ASSISTANCE.—Not later than 3 months after the  
20          date of the enactment of this Act, the Secretary of Health  
21          and Human Services and the Commissioner of Social Se-  
22          curity shall jointly develop and implement a transition  
23          plan to ensure that all individuals who are eligible for and  
24          are receiving medical assistance for the payment of medi-  
25          care cost-sharing under a State Medicaid program pursu-



1 ant to clauses (i), (iii), and (iv) of section 1902(a)(10)(E)  
 2 of the Social Security Act (42 U.S.C. 1396a(a)(10)(E))  
 3 as of the day prior to the date that is 6 months after the  
 4 date of the enactment of this Act, receive Medicare cost  
 5 assistance under section 1899B of such Act, as added by  
 6 section 3, as of the date that is 6 months after such date  
 7 of enactment.

8 **SEC. 5. ENHANCING PRESCRIPTION DRUG AFFORDABILITY**  
 9 **BY EXPANDING ACCESS TO ASSISTANCE WITH**  
 10 **OUT-OF-POCKET COSTS UNDER MEDICARE**  
 11 **PART D FOR LOW-INCOME SENIORS AND IN-**  
 12 **DIVIDUALS WITH DISABILITIES.**

13 (a) EXPANDING ACCESS.—Section 1860D–14 of the  
 14 Social Security Act (42 U.S.C. 1395w–114) is amended—

15 (1) in subsection (a)—

16 (A) in the heading, by striking “150 PER-  
 17 CENT” and inserting “200 PERCENT”;

18 (B) in paragraph (1)—

19 (i) in the heading, by striking “135  
 20 PERCENT” and inserting “200 PERCENT”;

21 and

22 (ii) in the matter preceding subpara-  
 23 graph (A)—

24 (I) by striking “135 percent” and  
 25 inserting “200 percent”; and

1 (II) by striking “and who meets  
2 the resources requirement described in  
3 paragraph (3)(D) or who is covered  
4 under this paragraph under para-  
5 graph (3)(B)(i)” and inserting “or  
6 who is covered under this paragraph  
7 under paragraph (3)(B)(v)”;

8 (C) by striking paragraph (2);

9 (D) in paragraph (3)—

10 (i) in subparagraph (A)—

11 (I) in clause (i), by adding “and”  
12 at the end;

13 (II) in clause (ii)—

14 (aa) by striking “150 per-  
15 cent” and inserting “200 per-  
16 cent”; and

17 (bb) by striking “; and” at  
18 the end and inserting a period;  
19 and

20 (III) by striking clause (iii);

21 (ii) by striking subparagraphs (B) and  
22 (C) and inserting the following:

23 “(B) DETERMINATIONS.—For provisions  
24 relating to joint determinations with respect to  
25 eligibility for Medicare cost assistance under

1 section 1899B and premium and cost-sharing  
2 subsidies under this section, see section  
3 1899B(b)(2).

4 “(C) INCOME DETERMINATIONS.—For pur-  
5 poses of applying this section—

6 “(i) in the case of an individual who  
7 is not treated as a Medicare cost-sharing  
8 assistance eligible individual and a subsidy  
9 eligible individual under section  
10 1899B(b)(2)(D), income shall be deter-  
11 mined in the manner described under sec-  
12 tion 1612 for purposes of the supplemental  
13 security income program, except that sup-  
14 port and maintenance furnished in kind  
15 shall not be counted as income; and

16 “(ii) the term ‘poverty line’ has the  
17 meaning given such term in section 673(2)  
18 of the Community Services Block Grant  
19 Act (42 U.S.C. 9902(2)), including any re-  
20 vision required by such section.”; and

21 (iii) by striking subparagraphs (D),  
22 (E), and (G); and

23 (E) in paragraph (4), by striking subpara-  
24 graph (B); and

1           (2) in subsection (c)(1), in the second sentence,  
2           by striking “subsections (a)(1)(D) and (a)(2)(E)”  
3           and inserting “subsection (a)(1)(D)”.

4           (b) TREATMENT OF REDUCTION OF COST-SHARING  
5 FOR INDIVIDUALS RECEIVING HOME AND COMMUNITY  
6 BASED SERVICES.—Section 1860D–14(a)(1)(D) of the  
7 Social Security Act (42 U.S.C. 1395w–114(a)(1)(D)) is  
8 amended—

9           (1) by striking “who would be such an institu-  
10          tionalized individual or couple, if the full-benefit  
11          dual eligible individual were not”; and

12          (2) by striking “or subsection (c) or (d) of sec-  
13          tion 1915 or under a State plan amendment under  
14          subsection (i) of such section” and inserting “, sec-  
15          tion 1115A, section 1915, or under a State plan  
16          amendment”.

17          (c) EFFECTIVE DATE.—The amendments made by  
18 this section shall apply to plan years beginning on or after  
19 the date that is 6 months after the date of the enactment  
20 of this Act, and apply on or after such date.

21 **SEC. 6. SUNSET.**

22          Effective on the date that is 5 years after the date  
23 that is 6 months after the date of the enactment of the  
24 Improving Medicare Coverage Act, this Act (including the  
25 amendments made by this Act) is repealed, and any provi-

1 sion of law amended or repealed by this Act is hereby re-  
2 stored or revived as if this Act had not been enacted into  
3 law.

○