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Coverage Protection Act

Congress: 113 (2013–2015, Ended)
Chamber: Senate
Policy Area: Health
Introduced: Dec 20, 2013
Current Status: Read twice and referred to the Committee on Finance.
Latest Action: Read twice and referred to the Committee on Finance. (Dec 20, 2013)
Official Text: https://www.congress.gov/bill/113th-congress/senate-bill/1886

Sponsor

Name: Sen. Merkley, Jeff [D-OR]
Party: Democratic • **State:** OR • **Chamber:** Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Heitkamp, Heidi [D-ND]	D · ND		Dec 20, 2013
Sen. King, Angus S., Jr. [I-ME]	I · ME		Dec 20, 2013
Sen. Landrieu, Mary L. [D-LA]	D · LA		Dec 20, 2013
Sen. Shaheen, Jeanne [D-NH]	D · NH		Dec 20, 2013
Sen. Udall, Mark [D-CO]	D · CO		Dec 20, 2013

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Dec 20, 2013

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 HR 3745	Related bill	**Dec 13, 2013:** Referred to the Subcommittee on Health.

Summary (as of Dec 20, 2013)

Coverage Protection Act - Directs the Secretary of Health and Human Services (HHS), in the case of an individual who enrolls in a qualified health plan offered through a health care exchange established under the Patient Protection and Affordable Care Act (PPACA) before February 1, 2014, to require the issuer of the plan to treat such individual as enrolled as of December 23, 2013, if the individual:

- attests, not later than January 31, 2014, to making reasonable, good-faith attempts to successfully enroll in such a plan through an exchange before December 23, 2013, or was initially determined through healthcare.gov to be eligible to enroll in a Medicaid plan but is not eligible to so enroll in such a plan and, because of the incorrect eligibility determination, was subsequently unable to enroll in a qualified plan before December 23, 2013; and
- pays to the issuer of the plan in which the individual is enrolled any premiums owed for enrollment in the plan, taking into account the amount of any premium assistance made available under the Internal Revenue Code.

Counts coverage provided under a qualified plan for January and February 2014 under this Act as coverage under such a plan by or through an exchange for such months for all purposes, including premium assistance, PPACA cost-sharing reductions, and the requirement to maintain minimum essential coverage.

Amends PPACA to allow a state to make coverage under a qualified plan retroactive to January 1, 2014, with respect to an individual who enrolls through the state exchange (or the federal exchange in the case of a state that does not have one) during the period established by the state that begins on December 23, 2013, and ends on a date determined by the state, but not later than January 31, 2014. Allows a state that has an enrollment deadline that is prior to December 23, 2013, to modify the period to encompass such deadline.

Applies retroactively to January 1, 2014, any premium assistance tax credit or cost-sharing assistance for which the individual is determined to be eligible, but where the determination has not been verified by the date on which the individual enrolls in the qualified plan.

Directs the Secretary to require a health insurance issuer that offers a qualified plan through an exchange to:

- allow in-network providers in the plan to treat a receipt of payment of premiums by an individual enrolled for January or February 2014 who has not received a health insurance card from the issuer in the same manner as if such receipt were such a health insurance card issued for services furnished during such month; and
- notify such in-network providers of that policy.

Actions Timeline

- **Dec 20, 2013:** Introduced in Senate
- **Dec 20, 2013:** Read twice and referred to the Committee on Finance.

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