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(Original Signature of Member)

116TH CONGRESS
2D SESSION

H. R. _____

To impose an emergency tax on the increase in wealth of billionaires during the COVID–19 pandemic in order to pay for all of the out of pocket healthcare expenses of the uninsured and under-insured, including prescription drugs, for one year.

IN THE HOUSE OF REPRESENTATIVES

Ms. OMAR introduced the following bill; which was referred to the Committee
on _____

A BILL

To impose an emergency tax on the increase in wealth of billionaires during the COVID–19 pandemic in order to pay for all of the out of pocket healthcare expenses of the uninsured and under-insured, including prescription drugs, for one year.

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 “Make Billionaires Pay
5 Act”.

1 vidual whose assets have a net value on December 31,
2 2020, of more than \$1,000,000,000.

3 **“SEC. 2902. NET VALUE OF ASSETS.**

4 “(a) IN GENERAL.—The net value of assets held by
5 an applicable individual as of any day shall be the excess
6 of—

7 “(1) the value of all property of the applicable
8 individual, real or personal, tangible or intangible,
9 wherever situated, on such day, over

10 “(2) the amount of any debt owed by the appli-
11 cable individual on such day.

12 “(b) INCLUSION OF CERTAIN GIFTS.—For purposes
13 of this subtitle, any property transferred by an applicable
14 individual during the period described in section 2901(a)
15 to an individual who is a member of the family of the ap-
16 plicable individual (as determined under section 267(c)(4))
17 and has not attained the age of 18 shall be treated as
18 property held by the taxpayer for any date before such
19 individual attains the age of 18.

20 “(c) ESTABLISHMENT OF VALUATION RULES.—

21 “(1) AUTHORITY OF SECRETARY.—The Sec-
22 retary shall establish rules and methods for deter-
23 mining the value of any asset for purposes of this
24 subtitle.

1 “(2) GENERAL RULES.—Except as otherwise
2 provided in this paragraph, the rules and methods
3 established under paragraph (1) may be similar to
4 the rules of part III of subchapter A of chapter 11
5 (other than the rules of sections 2031(c), 2032A,
6 2035, and 2044).

7 **“SEC. 2903. SPECIAL RULES.**

8 “(a) MARRIED INDIVIDUALS.—The Secretary shall
9 by regulations establish rules for the application of this
10 subtitle to married individuals.

11 “(b) DECEASED INDIVIDUALS.—In the case of any
12 individual who dies during the period described in section
13 2901(a), section 2901(a) shall be applied by substituting
14 the date of the individual’s death for ‘December 31, 2020’.

15 “(c) ANTI-ABUSE RULES.—The Secretary shall pre-
16 scribe such rules as necessary to prevent the avoidance
17 of the purposes of this section, including through the use
18 of trusts.”.

19 (b) NO DEDUCTION FROM INCOME TAXES.—Section
20 275 is amended by inserting after paragraph (6) the fol-
21 lowing new paragraph:

22 “(7) Taxes imposed by chapter 18.”.

23 (c) CLERICAL AMENDMENT.—The table of subtitles
24 is amended by inserting after the item relating to subtitle
25 B the following new item:

 “Subtitle B-1—Pandemic Wealth Tax”.

1 **TITLE II—REIMBURSEMENTS**
2 **FOR CERTAIN COSTS OF**
3 **HEALTH CARE ITEMS AND**
4 **SERVICES INCLUDING PRE-**
5 **SCRIPTION DRUGS FUR-**
6 **NISHED DURING PUBLIC**
7 **HEALTH EMERGENCY**

8 **SEC. 201. REIMBURSEMENTS FOR CERTAIN COSTS OF**
9 **HEALTH CARE ITEMS AND SERVICES INCLUD-**
10 **ING PRESCRIPTION DRUGS FURNISHED DUR-**
11 **ING PUBLIC HEALTH EMERGENCY.**

12 (a) IN GENERAL.—During the 1-year period that be-
13 gins on the date of enactment of this Act, the Secretary
14 shall make payments to qualified providers with respect
15 to applicable health care items and services as defined in
16 subsection (b) that are furnished to an applicable indi-
17 vidual in an amount equal to—

18 (1) in the case of any portion of such period in
19 which an applicable individual is enrolled in a public
20 or private health insurance plan, the amount of any
21 cost-sharing, including any deductibles, copayments,
22 coinsurance or similar charges, that would otherwise
23 be applicable under such plan, including with respect
24 to prescription drug coverage under the plan;

1 (2) in the case of any portion of such period in
2 which an applicable individual is uninsured, the
3 amount that would be paid to the qualified provider
4 for the same or equivalent items or services, includ-
5 ing with respect to any inpatient or physician-admin-
6 istered drugs (and excluding outpatient prescription
7 drugs or biologicals with respect to which coverage
8 is provided under subsection (e)), under the Medi-
9 care program under title XVIII of the Social Secu-
10 rity Act (42 U.S.C. 1395 et seq.).

11 (b) APPLICABLE HEALTH CARE ITEMS AND SERV-
12 ICES; APPLICABLE INDIVIDUAL DEFINED.—In this sec-
13 tion:

14 (1) APPLICABLE HEALTH CARE ITEMS AND
15 SERVICES.—The term “applicable health care items
16 and services” means, with respect to an applicable
17 individual, any health care items and services that
18 are medically necessary or appropriate for the main-
19 tenance of health or for the diagnosis, treatment, or
20 rehabilitation of a health condition of the applicable
21 individual, including—

22 (A) any testing services and treatments for
23 COVID–19 or related complications, including
24 vaccines, diagnostic tests, drugs and biologicals,
25 and therapies; and

1 (B) in the case of an applicable individual
2 who is enrolled in a public or private health in-
3 surance plan, any health care items and serv-
4 ices covered by such plan as of March 1, 2020,
5 or in the case of an applicable individual who
6 enrolls in such plan after the date, any health
7 care items and services covered by such plan as
8 of the date of such enrollment.

9 (2) APPLICABLE INDIVIDUAL.—The term “ap-
10 plicable individual” means an individual who is a
11 resident of the United States.

12 (c) REQUIREMENTS.—

13 (1) NO EFFECT ON APPLICABLE COST-SHARING
14 REQUIREMENTS.—Nothing in this section shall af-
15 fect the application of any requirements applicable
16 under Federal or State law with respect to coverage
17 of health care items and services without any cost-
18 sharing.

19 (2) MAINTENANCE OF EFFORT.—

20 (A) IN GENERAL.—During the period de-
21 scribed in subsection (a), a public or private
22 health plan shall not increase cost-sharing, de-
23 crease benefits, or otherwise make coverage less
24 generous than the benefits offered on the date
25 of enactment of this Act.

1 (B) NEW ITEMS AND SERVICES.—During
2 such period, a public or private health plan
3 shall provide coverage of new items and serv-
4 ices, including those related to COVID–19, as
5 appropriate, at a minimum, at a level consistent
6 with the prior coverage practices and
7 formularies of the plan.

8 (3) LIMITATION ON OUT-OF-POCKET EX-
9 PENSES.—During such period, in order to be eligible
10 to receive payments under this section, a qualified
11 provider shall agree not to impose on an applicable
12 individual any charge for applicable health care
13 items and services furnished to the applicable indi-
14 vidual.

15 (4) PERMISSIBLE BILLING OF PLANS; LIMITA-
16 TION ON BALANCE BILLING.—During such period, in
17 order to be eligible to receive payments under this
18 section, a qualified provider shall agree, with respect
19 to applicable health care items and services fur-
20 nished to an applicable individual when such indi-
21 vidual is enrolled in a public or private health insur-
22 ance plan—

23 (A) not to impose any charge on the plan
24 for such items and services beyond the amount
25 otherwise payable by the plan; and

1 (B) not to bill the applicable individual for
2 any amounts in excess of the amount described
3 in subparagraph (A).

4 (5) MEDICAL DEBT COLLECTION.—A qualified
5 provider shall agree—

6 (A) to immediately halt all medical debt
7 collection, including collection activities carried
8 out by third parties, during such period and
9 shall not collect medical debt or have third par-
10 ties collect medical debt for applicable health
11 care items and services furnished during such
12 period; and

13 (B) to refrain from pursuing medical debt
14 collection, including collection activities carried
15 out by third parties, after such period with re-
16 spect to items and services related to the diag-
17 nosis or treatment of COVID–19 (regardless of
18 whether such services were furnished before,
19 during, or after such period) and shall not col-
20 lect medical debt or have third parties collect
21 medical debt for such items or services after
22 such period.

23 (6) SUBMISSION OF BILLS AND DOCUMENTA-
24 TION.—A qualified provider shall agree to submit
25 bills and any required supporting documentation re-

1 lating to the provision of applicable health care
2 items and services within 30 days after the date of
3 providing such services, in such manner as the Sec-
4 retary determines appropriate.

5 (d) WAIVER OF LATE ENROLLMENT PENALTIES
6 UNDER MEDICARE.—During the period described in sub-
7 section (a), no increase in the monthly premium of an indi-
8 vidual pursuant to section 1818(c), 1839(b), or 1860D–
9 13 of the Social Security Act (42 U.S.C. 1395i–2(e),
10 1395r(b), 1395w–113) shall be effected in the case of any
11 individual who enrolls for benefits under title XVIII of
12 such Act with respect to any period prior to the date of
13 such enrollment.

14 (e) COVERAGE WITH RESPECT TO OUTPATIENT PRE-
15 SCRIPTION DRUGS.—

16 (1) IN GENERAL.—During the period described
17 in subsection (a), with respect to outpatient pre-
18 scription drugs or biologicals described in subsection
19 (b)(1)(A) that are dispensed to uninsured individ-
20 uals, the Secretary shall establish procedures under
21 which—

22 (A) such drugs or biologicals are dispensed
23 at no cost to such individuals;

24 (B) pharmacies that dispense such drugs
25 or biologicals—

1 (i) are reimbursed by the Secretary
2 for such drugs or biologicals dispensed to
3 such individuals at an amount equal to the
4 price paid by the Secretary of Veterans Af-
5 fairs to procure the drug or biological
6 under the laws administered by the Sec-
7 retary of Veterans Affairs; and

8 (ii) agree not to charge such individ-
9 uals for any difference between the amount
10 reimbursed under clause (i) and the cost to
11 the pharmacy for the drug; and

12 (C) manufacturers of such drugs or
13 biologicals reimburse pharmacies for any dif-
14 ference described in subparagraph (B)(ii) with
15 respect to drugs or biologicals of the manufac-
16 turer that are dispensed to such individuals.

17 (2) CONDITION OF COVERAGE UNDER MEDI-
18 CARE.—During the period described in subsection
19 (a), no coverage may be provided under part B or
20 D of title XVIII of the Social Security Act (42
21 U.S.C. 1395j et seq., 1395w–101 et seq.) with re-
22 spect to a drug or biological of a manufacturer if the
23 manufacturer does not enter into an agreement with
24 the Secretary to carry out the requirements applica-

1 ble with respect to such manufacturers under this
2 subsection.

3 (3) REQUIREMENT FOR PARTICIPATING PHAR-
4 MACIES.—During the period described in subsection
5 (a), a prescription drug plan under part D of title
6 XVIII of the Social Security Act (42 U.S.C. 1395w-
7 101 et seq.) may not contract with a pharmacy if
8 the pharmacy does not enter into an agreement with
9 the Secretary to carry out the requirements applica-
10 ble with respect to pharmacies under this subsection.

11 (f) OTHER DEFINITIONS.—

12 (1) PUBLIC OR PRIVATE HEALTH INSURANCE
13 PLAN.—

14 (A) IN GENERAL.—The term “public or
15 private health insurance plan” means any of
16 the following:

17 (i) A group health plan, or group
18 health insurance coverage, as such terms
19 are defined in section 2791 of the Public
20 Health Service Act (42 U.S.C. 300gg-91).

21 (ii) A qualified health plan, as defined
22 in section 1301 of the Patient Protection
23 and Affordable Care Act (42 U.S.C.
24 18021).

1 (iii) Subject to subparagraph (B), any
2 health insurance coverage (other than a
3 plan described in clause (ii)) offered in the
4 individual market, as such terms are de-
5 fined in section 2791 of the Public Health
6 Service Act, including any short-term lim-
7 ited duration insurance.

8 (iv) A health plan offered under chap-
9 ter 89 of title 5, United States Code.

10 (v) A Federal health care program (as
11 defined under section 1128B(f) of the So-
12 cial Security Act (42 U.S.C. 1320a-7b(f)),
13 including—

14 (I) health benefits furnished
15 under the TRICARE program (as de-
16 fined in section 1072 of title 10,
17 United States Code);

18 (II) health benefits furnished to
19 veterans under the laws administered
20 by the Secretary of Veterans Affairs;
21 and

22 (III) health benefits furnished to
23 Indians (as defined in section 4 of the
24 Indian Health Care Improvement Act
25 (25 U.S.C. 1603)) receiving health

1 services through the Indian Health
2 Service, including through an Urban
3 Indian Organization, regardless of
4 whether such benefits are for items or
5 services that have been authorized
6 under the purchased/referred care sys-
7 tem funded by the Indian Health
8 Service or are covered as a health
9 service of the Indian Health Service.

10 (B) LIMITATION ON INDIVIDUAL HEALTH
11 INSURANCE COVERAGE.—The term “public or
12 private health insurance coverage” includes the
13 health insurance coverage described in clause
14 (iii) of subparagraph (A) only with respect to
15 an individual who is enrolled in such coverage
16 on March 1, 2020.

17 (2) QUALIFIED PROVIDER.—The term “quali-
18 fied provider” means a health care provider who is
19 a participating provider under the Medicare program
20 under title XVIII of the Social Security Act (42
21 U.S.C. 1395 et seq.). Such term includes a health
22 care provider who is not a participating provider
23 under such program if the health care provider
24 would meet the criteria for such participation and,
25 if the State requires the health care provider to be

1 licensed by the State, is licensed by the State in
2 which the items or services are furnished.

3 (3) SECRETARY.—The term “Secretary” means
4 the Secretary of Health and Human Services.

5 (g) IMPLEMENTATION.—

6 (1) IN GENERAL.—The Secretary, in coordina-
7 tion with the Secretary of the Treasury, the Com-
8 missioner of Social Security, and the Secretary of
9 Labor, shall implement the provisions of this section
10 not later than the date that is 7 days after the date
11 of the enactment of this Act.

12 (2) ENSURING TIMELY PAYMENT.—The Sec-
13 retary shall establish a process and issue such guid-
14 ance as is necessary to ensure a qualified provider
15 receives payments under this section in a timely
16 manner.

17 (3) ENSURING COLLECTION OF DATA ON DIS-
18 PARITIES.—The Secretary shall implement this sec-
19 tion in a manner and issue such guidance as is nec-
20 essary to allow for the ongoing, accurate, and timely
21 collection and analysis of data on disparities in ac-
22 cordance with subsection (h).

23 (h) COLLECTION OF DATA ON DISPARITIES.—

24 (1) IN GENERAL.—During the period described
25 in subsection (a), the Secretary shall collect data on

1 disparities across race, ethnicity, primary language,
2 gender, sexual orientation, disability status, age, ge-
3 ographic area, insurance status, and socioeconomic
4 status—

5 (A) in health outcomes and access to health
6 care related to the COVID–19 outbreak, includ-
7 ing data on COVID–19 cases, treatment, and
8 deaths; and

9 (B) in patient access to applicable health
10 care items and services under this section.

11 (2) PUBLIC AVAILABILITY.—The Secretary
12 shall—

13 (A) make data collected under this sub-
14 section publicly available on the internet website
15 of the Department of Health and Human Serv-
16 ices as soon as is practicable, but not later than
17 30 days after the date of enactment of this Act,
18 in a manner that allows researchers, scholars,
19 health care providers, and others to access and
20 analyze such data, without compromising pa-
21 tient privacy; and

22 (B) update such data on a weekly basis
23 thereafter for the duration of the period de-
24 scribed in subsection (a).

25 (i) WEEKLY REPORTS TO CONGRESS.—

1 (1) IN GENERAL.—On a weekly basis during
2 the period described in subsection (a), the Secretary
3 shall report to Congress on—

4 (A) the implementation of this section, in-
5 cluding information on the amount, type, and
6 geographic distribution of payments to qualified
7 providers under this section; and

8 (B) any disparities in health and access to
9 health care related to the COVID–19 outbreak
10 or patient access to applicable health care items
11 and services under this section, as identified
12 through the collection and analysis of data col-
13 lected under subsection (h).

14 (2) PUBLIC AVAILABILITY.—The Secretary
15 shall make each report submitted under paragraph
16 (1) publicly available on the internet website of the
17 Department of Health and Human Services.

18 (j) FUNDING.—There are authorized to be appro-
19 priated \$400,000,000,000 to carry out this section.