

117TH CONGRESS
2D SESSION

H. R. 9594

To amend title XVIII of the Social Security Act to provide benefits under the Medicare program for first responders at the age of 57.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 15, 2022

Mr. PANETTA (for himself and Ms. CONWAY) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 amend title XVIII of the Social Security Act to provide benefits under the Medicare program for first responders at the age of 57.

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 “First Responders’ Care
5 Expansion Act of 2022”.

1 **SEC. 2. PROVIDING BENEFITS UNDER THE MEDICARE PRO-**
2 **GRAM FOR FIRST RESPONDERS AT THE AGE**
3 **OF 57.**

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

7 “MEDICARE FOR FIRST RESPONDERS AT AGE 57

8 “SEC. 1899C. (a) OPTION.—

9 “(1) IN GENERAL.—Every individual who meets
10 the requirements described in paragraph (2) shall be
11 eligible to enroll under this section.

12 “(2) ELIGIBILITY.—The requirements described
13 in this paragraph are the following:

14 “(A) AGE.—The individual has attained 57
15 years of age, but has not attained 65 years of
16 age.

17 “(B) FIRST RESPONDER.—The individual
18 has worked for a total of 10 years or longer in
19 any occupation (or a combination of occupa-
20 tions) identified by any of the following codes
21 (or successor codes) under the Standard Occu-
22 pations Classification System established by the
23 Bureau of Labor Statistics:

24 “(i) 33–1010.

25 “(ii) 33–1020.

26 “(iii) 33–2000.

1 “(iv) 33–3000 (other than any occu-
2 pations identified under code 33–3040).

3 “(v) 33–9092.

4 “(C) MEDICARE ELIGIBILITY (BUT FOR
5 AGE).—The individual is not otherwise entitled
6 to benefits under part A or eligible to enroll
7 under part A or part B but would be so entitled
8 (or so eligible) if the individual were 65 years
9 of age.

10 “(3) PART A, B, AND D BENEFITS AND PROTEC-
11 TIONS.—An individual enrolled under this section is
12 entitled to the same benefits (and shall receive the
13 same protections) under this title as an individual
14 who is entitled to benefits under part A and enrolled
15 under part B, including the ability to enroll in a pre-
16 scription drug plan under part D or a Medicare Ad-
17 vantage plan (including such a plan that provides
18 qualified prescription drug coverage (an MA–PD
19 plan)) and including access to the Medicare Bene-
20 ficiary Ombudsman under section 1808(c).

21 “(b) ENROLLMENT AND COVERAGE PERIODS.—

22 “(1) ENROLLMENT.—An individual eligible to
23 enroll under this section may so enroll—

24 “(A) during the 1-month period prior to
25 the individual becoming so eligible; or

1 “(B) at any time while such individual is
2 so eligible.

3 “(2) COVERAGE.—An individual enrolled under
4 this section shall be eligible for benefits provided
5 under this section beginning with the first day of the
6 first month beginning after the date such individual
7 so enrolls and ending on the earlier of the following:

8 “(A) The date on which such individual
9 elects to terminate enrollment under this sec-
10 tion.

11 “(B) The date on which such individual
12 becomes entitled to benefits under part A or eli-
13 gible to enroll for benefits under part B.

14 “(c) PREMIUM.—

15 “(1) AMOUNT OF MONTHLY PREMIUMS.—The
16 monthly premium payable for coverage for a month
17 under this section for an individual is equal to—

18 “(A) the monthly premium that would
19 apply to such individual for such month under
20 section 1839 if such individual were enrolled
21 under part B; plus

22 “(B) in the case of an individual who
23 would not be entitled to benefits under part A
24 for such month pursuant to section 226 if the
25 individual were 65 years of age, the monthly

1 premium that would apply to such individual
2 for such month under section 1818 if such indi-
3 vidual were enrolled under part A.

4 “(2) ADDITIONAL PREMIUMS.—In the case of
5 an individual enrolled under this section who elects
6 to enroll in a Medicare Advantage plan under part
7 C or a prescription drug plan under part D, the pro-
8 visions of such part C or such part D, as applicable,
9 relating to payment of premiums for individuals so
10 enrolled shall apply to individuals enrolled under this
11 section.

12 “(d) PAYMENT OF PREMIUMS.—

13 “(1) PAYMENT.—Premiums for enrollment
14 under this section shall be paid to the Secretary at
15 such times, and in such manner, as the Secretary
16 determines appropriate.

17 “(2) DEPOSIT.—Amounts collected by the Sec-
18 retary under this section shall be deposited in the
19 Medicare First Responder Trust Fund established
20 under subsection (e).

21 “(e) MEDICARE FIRST RESPONDER TRUST FUND.—

22 “(1) IN GENERAL.—There is hereby created on
23 the books of the Treasury of the United States a
24 trust fund to be known as the ‘Medicare First Re-
25 sponder Trust Fund’ (in this subsection referred to

1 as the ‘Trust Fund’). The Trust Fund shall consist
2 of such gifts and bequests as may be made as pro-
3 vided in section 201(i)(1) and such amounts as may
4 be deposited in, or appropriated to, such fund as
5 provided in this title.

6 “(2) PREMIUMS.—Premiums collected under
7 subsection (d) (not including any premium payable
8 pursuant to paragraph (2) of such subsection) shall
9 be transferred to the Trust Fund.

10 “(3) INCORPORATION OF PROVISIONS.—Sub-
11 sections (b) through (i) of section 1841 shall apply
12 with respect to the Trust Fund and this title in the
13 same manner as they apply with respect to the Fed-
14 eral Supplementary Medical Insurance Trust Fund
15 and part B, respectively, except that in applying
16 such section 1841, any reference in such section to
17 ‘this part’ shall be construed to be a reference to
18 this section and any reference in section 1841(h) to
19 section 1840(d) and in section 1841(i) to sections
20 1840(b)(1) and 1842(g) are deemed to be references
21 to comparable authority exercised under this section.

22 “(f) CLARIFICATION.—Nothing in this section shall
23 affect the benefits or eligibility under this title of individ-
24 uals who would otherwise be entitled to or eligible for ben-
25 efits under this title or title XIX, or both.

1 “(g) TREATMENT IN RELATION TO THE AFFORD-
2 ABLE CARE ACT.—

3 “(1) TREATMENT AS MINIMUM ESSENTIAL COV-
4 ERAGE.—For purposes of applying section 5000A of
5 the Internal Revenue Code of 1986, the coverage
6 provided through enrollment under this section con-
7 stitutes minimum essential coverage under sub-
8 section (f)(1)(A)(i) of such section.

9 “(2) MEDICAID MANAGED CARE.—States are
10 prohibited from buying their Medicaid beneficiaries
11 ages 57 to 64 who are eligible to enroll under this
12 section into Medicare under this section, and individ-
13 uals otherwise eligible for enrollment under a State
14 plan under title XIX are prohibited from coverage
15 under this title pursuant to enrollment under this
16 section. The preceding sentence shall not apply to
17 Medicaid beneficiaries whose Medicaid coverage or
18 eligibility does not meet the definition of minimum
19 essential coverage under a government-sponsored
20 program under section 1.5000A–2 of title 26, Code
21 of Federal Regulations (or any successor regulation).

22 “(3) ACCESS TO MEDIGAP.—Coverage provided
23 through medicare supplemental policies certified
24 under section 1882 shall be made available to indi-
25 viduals eligible for enrollment pursuant to this sec-

1 tion for enrollment, information, comparison, and
2 otherwise as such a policy through any internet
3 website described in paragraph (2).”.

4 (b) MEDIGAP.—Section 1882 of the Social Security
5 Act is amended by adding at the end the following new
6 subsection:

7 “(aa) DEVELOPMENT OF NEW STANDARDS FOR CER-
8 TAIN MEDICARE SUPPLEMENTAL POLICIES RELATING TO
9 FIRST RESPONDER COVERAGE.—The Secretary shall re-
10 quest the National Association of Insurance Commis-
11 sioners to review and revise the standards for benefit pack-
12 ages described in subsection (p)(1), to otherwise update
13 standards to include requirements for each medicare sup-
14 plemental policy that offers such a policy in a State, with
15 respect to each year, to accept every individual in the
16 State who is eligible for enrollment pursuant to section
17 1899C and who applies for such coverage for such year
18 if the individual applies for enrollment in such policy dur-
19 ing the 30-day period following the date of enrollment pur-
20 suant to section 1899C and to accept every such individual
21 during a period of transition from enrollment pursuant to
22 such section to enrollment under this title pursuant to eli-
23 gibility other than under such section. Such revisions shall
24 be made consistent with the rules applicable under sub-
25 section (p)(1)(E) with the reference to the ‘1991 NAIC

1 Model Regulation’ deemed a reference to the NAIC Model
2 Regulation as published in the Federal Register on De-
3 cember 4, 1998, and as subsequently updated by the Na-
4 tional Association of Insurance Commissioners to reflect
5 previous changes in law and the reference to ‘date of en-
6 actment of this subsection’ deemed a reference to the date
7 of enactment of this subsection (aa).’.

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