

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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.

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IN THE SENATE OF THE UNITED STATES

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Mr. SANDERS introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**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       **TITLE I—PANDEMIC WEALTH**  
 2                                   **TAX**

3   **SEC. 101. IMPOSITION OF PANDEMIC WEALTH TAX.**

4       (a) IN GENERAL.—The Internal Revenue Code of  
 5 1986 is amended by inserting after subtitle B the fol-  
 6 lowing new subtitle:

7       **“Subtitle B–1—Pandemic Wealth**  
 8                                   **Tax**

“CHAPTER 18—DETERMINATION OF WEALTH TAX

9       **“CHAPTER 18—DETERMINATION OF**  
 10                                   **WEALTH TAX**

“Sec. 2901. Imposition of tax.

“Sec. 2902. Net value of assets.

“Sec. 2903. Special rules.

11   **“SECTION 2901. IMPOSITION OF TAX.**

12       “(a) IN GENERAL.—In the case of any applicable in-  
 13 dividual, there is hereby imposed a tax of 60 percent of  
 14 the excess (if any) of—

15               “(1) the net value of assets of the applicable in-  
 16 dividual on December 31, 2020, over

17               “(2) the greater of—

18                       “(A) the net value of assets of the applica-  
 19 ble individual on March 18, 2020, or

20                       “(B) \$1,000,000,000.

21       “(b) APPLICABLE INDIVIDUAL.—For purposes of this  
 22 chapter, the term ‘applicable individual’ means any indi-

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.