

115TH CONGRESS
2D SESSION

S. _____

To amend the Internal Revenue Code of 1986 to permit high deductible health plans to provide chronic disease prevention services to plan enrollees prior to satisfying their plan deductible.

IN THE SENATE OF THE UNITED STATES

Mr. THUNE (for himself and Mr. CARPER) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Internal Revenue Code of 1986 to permit high deductible health plans to provide chronic disease prevention services to plan enrollees prior to satisfying their plan deductible.

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; FINDINGS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Chronic Disease Management Act of 2018”.

6 (b) **FINDINGS.**—Congress finds the following:

1 (1) A small number of chronic diseases account
2 for the majority of health care spending in the
3 United States.

4 (2) Limited and targeted interventions for
5 many chronic diseases prevent the need for addi-
6 tional, more costly therapies associated with un-
7 treated or unmanaged chronic diseases that lead to
8 adverse effects on quality of life for patients.

9 (3) These types of chronic care preventive serv-
10 ices should be encouraged to maximize the effective-
11 ness and positive outcomes of the care provided
12 under high deductible health plans.

13 (4) Section 223(c)(2)(C) of the Internal Rev-
14 enue Code of 1986 explicitly grants the Secretary of
15 the Treasury flexibility in defining the scope of pre-
16 ventive care for purposes of the preventive care safe
17 harbor. As of the date of introduction of this Act,
18 the Secretary of the Treasury has refrained from ex-
19 ercising existing authority under such section to ex-
20 pand the preventive care safe harbor to include
21 chronic disease prevention.

22 (5) In the absence of an expansion of the pre-
23 ventive care safe harbor by the Secretary of the
24 Treasury, the Chronic Disease Management Act of
25 2018 would expressly permit high-deductible health

1 plans to provide chronic disease prevention and
2 treatment, subject to certain limitations, prior to a
3 plan enrollee having met their plan deductible.

4 (6) Allowing health savings account-eligible
5 high-deductible health plans to cover chronic disease
6 prevention and treatment on a pre-deductible basis
7 promotes the concept of Value-Based Insurance De-
8 sign, which is an effective tool to improve the quality
9 and reduce the cost of care for Americans with
10 chronic diseases, with improved outcomes via in-
11 creased medication adherence, reduced complica-
12 tions, and decreased emergency department visits.

13 **SEC. 2. CHRONIC DISEASE PREVENTION.**

14 (a) IN GENERAL.—Section 223(c)(2) of the Internal
15 Revenue Code of 1986 is amended by redesignating sub-
16 paragraph (D) as subparagraph (E) and by inserting after
17 subparagraph (C) the following new subparagraph:

18 “(D) SAFE HARBOR FOR ABSENCE OF DE-
19 DUCTIBLE FOR CARE RELATED TO CHRONIC
20 CONDITIONS.—A plan shall not fail to be treat-
21 ed as a high deductible health plan by reason
22 of failing to have a deductible for care and pre-
23 scription medications related to the treatment
24 of medically complex chronic conditions which—

1 “(i) are substantially disabling or life
2 threatening,

3 “(ii) have a high risk of hospitaliza-
4 tion or other significant adverse health
5 outcomes, and

6 “(iii) require specialized delivery sys-
7 tems across domains of care.”.

8 (b) **EFFECTIVE DATE.**—The amendments made by
9 this section shall apply to coverage for months beginning
10 after the date of the enactment of this Act.