To amend the Internal Revenue Code of 1986 to extend the exemption for telehealth services from certain high deductible health plan rules, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 8, 2021

Mr. SCHNEIDER (for himself and Mr. WENSTRUP) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To amend the Internal Revenue Code of 1986 to extend the exemption for telehealth services from certain high deductible health plan rules, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Primary and Virtual Care Affordability Act”.

SEC. 2. EXEMPTION FOR TELEHEALTH SERVICES.

(a) In General.—Subparagraph (E) of section 223(c)(2) of the Internal Revenue Code of 1986 is amend-
ed by striking “December 31, 2021” and inserting “De-
cember 31, 2023”.

(b) CERTAIN COVERAGE DISREGARDED.—Clause (ii)
of section 223(c)(1)(B) of the Internal Revenue Code of
1986 is amended by striking “December 31, 2021” and
inserting “December 31, 2023”.

(c) EFFECTIVE DATE.—The amendments made by
this section shall take effect on the date of the enactment
of this Act.

SEC. 3. HIGH DEDUCTIBLE HEALTH PLAN SAFE HARBOR
FOR NO DEDUCTIBLE FOR CERTAIN PRIMARY
CARE SERVICES PROVIDED DURING THE
COVID EMERGENCY.

(a) IN GENERAL.—Paragraph (2) of section 223(c)
of the Internal Revenue Code of 1986 is amended by add-
ing at the end the following new subparagraph:

“(G) SAFE HARBOR FOR ABSENCE OF DE-
DUCTIBLE FOR CERTAIN PRIMARY CARE SERV-
ICES PROVIDED DURING THE COVID EMER-
GENCY.—

“(i) IN GENERAL.—A plan shall not
fail to be treated as a high deductible
health plan by reason of failing to have a
deductible for primary care services pro-
vided by a qualified provider in any plan
year beginning on or before December 31, 2023.

“(ii) PRIMARY CARE SERVICES.—For purposes of clause (i), the term ‘primary care services’ means services provided by primary care practitioners (as defined in section 1833(x)(2)(A)) of the Social Security Act.

“(iii) QUALIFIED PROVIDER.—For purposes of clause (i), the term ‘qualified provider’ means a general practitioner, family physician, general internist, obstetrician, gynecologist, pediatrician, geriatric physician, advanced practice registered nurse, or physician assistant acting in accordance with State laws.”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to plan years beginning after December 31, 2019.

SEC. 4. STUDY AND REPORTS.

(a) STUDY.—The Comptroller General of the United States shall complete a study on the effects of the safe harbor for certain primary care services provided during the COVID emergency under section 223(c)(2)(G) of the Internal Revenue Code of 1986 (as added by section 3).
(b) Reports.—

(1) Interim Report.—Not later than 365 days after the date of the enactment of this Act, the Comptroller General of the United States shall provide a report to Congress containing an analysis of the results of the study under subsection (a). Such report shall contain—

(A) an analysis of the effects of the safe harbor on—

(i) whether plan sponsors opted to incorporate changes to their benefit design;

(ii) insurance premiums;

(iii) enrollment in high deductible health plans;

(iv) utilization of primary care visits, telehealth visits, emergency department visits, and hospital admissions; and

(v) the rate of employer implementation of flexibilities in changes to benefit design; and

(B) comparisons of patient engagement with services for those whose employer incorporated flexibilities into their benefit design and those who did not do so.
(2) Final report.—Not later than 365 days after the interim report under paragraph (1) is issued, the Comptroller General of the United States shall provide a final report to Congress containing a comprehensive analysis of the results of the study under subsection (a). Such report shall include updated findings, analyses, and comparisons described in paragraph (1).