AMENDMENT TO RULES COMMITTEE PRINT 11759

OFFERED BY MR. SCHNEIDER OF ILLINOIS

At the end, add the following:

1	SEC. 11. HIGH DEDUCTIBLE HEALTH PLAN SAFE HARBOR
2	FOR NO DEDUCTIBLE FOR CERTAIN PRIMARY
3	CARE SERVICES PROVIDED DURING THE
4	COVID EMERGENCY.
5	(a) In General.—Paragraph (2) of section 223(c)
6	of the Internal Revenue Code of 1986 is amended by add-
7	ing at the end the following new subparagraph:
8	"(G) Safe harbor for absence of de-
9	DUCTIBLE FOR CERTAIN PRIMARY CARE SERV-
10	ICES PROVIDED DURING THE COVID EMER-
11	GENCY.—
12	"(i) In general.—A plan shall not
13	fail to be treated as a high deductible
14	health plan by reason of failing to have a
15	deductible for primary care services pro-
16	vided by a qualified provider in any plan
17	year beginning on or before January 1,
18	2025.

1	"(ii) Primary care services.—For
2	purposes of clause (i), the term 'primary
3	care services' means services provided by
4	primary care practitioners (as defined in
5	section $1833(x)(2)(A)$) of the Social Secu-
6	rity Act.
7	"(iii) Qualified provider.—For
8	purposes of clause (i), the term 'qualified
9	provider' means a general practitioner,
10	family physician, general internist, obste-
11	trician, gynecologist, pediatrician, geriatric
12	physician, advanced practice registered
13	nurse, or physician assistant acting in ac-
14	cordance with State laws.".
15	(b) Effective Date.—The amendment made by
16	this section shall apply to periods after the date of the
17	enactment of this Act, in plan years ending after such
18	date.
19	SEC. 12. STUDY AND REPORTS RELATED TO SAFE HARBOR.
20	(a) STUDY.—The Comptroller General of the United
21	States shall complete a study on the effects of the safe
22	harbor for certain primary care services provided during
23	the COVID emergency under section $223(c)(2)(G)$ of the
24	Internal Revenue Code of 1986 (as added by section 11).
25	(b) Reports.—

1	(1) Interim report.—Not later than 365
2	days after the date of the enactment of this Act, the
3	Comptroller General of the United States shall pro-
4	vide a report to Congress containing an analysis of
5	the results of the study under subsection (a). Such
6	report shall contain—
7	(A) an analysis of the effects of the safe
8	harbor on—
9	(i) whether plan sponsors opted to in-
10	corporate changes to their benefit design;
11	(ii) insurance premiums;
12	(iii) enrollment in high deductible
13	health plans;
14	(iv) utilization of primary care visits
15	telehealth visits, emergency department
16	visits, and hospital admissions; and
17	(v) the rate of employer implementa-
18	tion of flexibilities in changes to benefit de-
19	sign; and
20	(B) comparisons of patient engagement
21	with services for those whose employer incor-
22	porated flexibilities into their benefit design and
23	those who did not do so.
24	(2) Final Report.—Not later than 365 days
25	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).

