

116TH CONGRESS  
1ST 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.

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IN THE SENATE OF THE UNITED STATES

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

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**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 2019”.

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) The Office of the Assistant Secretary for  
5 Health of the Department of Health and Human  
6 Services used a deliberative process involving the  
7 Multiple Chronic Conditions working group subject  
8 matter experts in clinical medicine, epidemiology,  
9 and public health to develop a list of 20 chronic con-  
10 ditions that are prevalent and potentially amenable  
11 to public health or clinical interventions, or a com-  
12 bination of both.

13           (3) Limited and targeted interventions for  
14 many chronic diseases prevent the need for addi-  
15 tional, more costly therapies associated with un-  
16 treated or unmanaged chronic diseases that lead to  
17 adverse effects on quality of life for patients.

18           (4) These types of chronic care preventive serv-  
19 ices should be encouraged to maximize the effective-  
20 ness and positive outcomes of the care provided  
21 under high deductible health plans.

22           (5) Section 223(c)(2)(C) of the Internal Rev-  
23 enue Code of 1986 explicitly grants the Secretary of  
24 the Treasury flexibility in defining the scope of pre-  
25 ventive care for purposes of the preventive care safe

1 harbor. As of the date of introduction of this Act,  
2 the Secretary of the Treasury has refrained from ex-  
3 ercising existing authority under such section to ex-  
4 pand the preventive care safe harbor to include  
5 chronic disease prevention.

6 (6) In the absence of an expansion of the pre-  
7 ventive care safe harbor by the Secretary of the  
8 Treasury, the Chronic Disease Management Act of  
9 2019 would expressly permit high-deductible health  
10 plans to provide chronic disease prevention and  
11 treatment, subject to certain limitations, prior to a  
12 plan enrollee having met their plan deductible.

13 (7) Allowing health savings account-eligible  
14 high-deductible health plans to cover chronic disease  
15 prevention and treatment on a pre-deductible basis  
16 promotes the concept of Value-Based Insurance De-  
17 sign, which is an effective tool to improve the quality  
18 and reduce the cost of care for Americans with  
19 chronic diseases, with improved outcomes via in-  
20 creased medication adherence, reduced complica-  
21 tions, and decreased emergency department visits.

22 **SEC. 2. CHRONIC DISEASE PREVENTION.**

23 (a) IN GENERAL.—Section 223(c)(2) of the Internal  
24 Revenue Code of 1986 is amended by redesignating sub-

1 paragraph (D) as subparagraph (E) and by inserting after  
2 subparagraph (C) the following new subparagraph:

3           “(D) SAFE HARBOR FOR ABSENCE OF DE-  
4           DUCTIBLE FOR CARE RELATED TO CHRONIC  
5           CONDITIONS.—A plan shall not fail to be treat-  
6           ed as a high deductible health plan by reason  
7           of failing to have a deductible for care related  
8           to the treatment of any chronic condition, as  
9           determined by the Assistant Secretary for  
10          Health of the Department of Health and  
11          Human Services.”.

12          (b) EFFECTIVE DATE.—The amendments made by  
13 this section shall apply to coverage for months beginning  
14 after the date of the enactment of this Act.