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(Original Signature of Member)

115TH CONGRESS
2D SESSION

H. R. _____

To amend the Internal Revenue Code of 1986 to require coverage without
a deductible of certain primary care services by high deductible health plans.

IN THE HOUSE OF REPRESENTATIVES

Mr. SCHNEIDER introduced the following bill; which was referred to the
Committee on _____

A BILL

To amend the Internal Revenue Code of 1986 to require
coverage without a deductible of certain primary care
services by high deductible health plans.

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 “Primary Care Patient
5 Protection Act of 2018”.

1 **SEC. 2. REQUIREMENT OF COVERAGE WITHOUT DEDUCT-**
2 **IBLE OF CERTAIN PRIMARY CARE SERVICES**
3 **BY HIGH DEDUCTIBLE HEALTH PLANS.**

4 (a) IN GENERAL.—Section 223(c)(2)(B) of the Inter-
5 nal Revenue Code of 1986 is amended by striking “if sub-
6 stantially all of its coverage is coverage described in para-
7 graph (1)(B).” and inserting the following: “if—

8 “(i) substantially all of its coverage is
9 coverage described in paragraph (1)(B), or

10 “(ii) such plan has a deductible for
11 primary care services provided by a quali-
12 fied provider as part of a qualified visit.”.

13 (b) QUALIFIED PRIMARY CARE SERVICES DE-
14 FINED.—Section 223(c) of the Internal Revenue Code of
15 1986 is amended by adding at the end the following new
16 paragraph:

17 “(6) PRIMARY CARE SERVICES.—The term ‘pri-
18 mary care services’ has the meaning given such term
19 by section 1833(x)(2)(B) of the Social Security Act,
20 without regard to clauses (ii) and (iii) of such sec-
21 tion.

22 “(7) QUALIFIED PROVIDER.—The term ‘quali-
23 fied provider’ means a general practitioner, family
24 practice practitioner, general internist, obstetrician,
25 gynecologist, pediatrician, geriatric physician, or ad-

1 vanced practice registered nurse acting in accord-
2 ance with State laws.

3 “(8) QUALIFIED VISIT.—The term ‘qualified
4 visit’ means, with respect to an individual for a plan
5 year, either of the first 2 visits by the individual
6 during the year with a qualified provider who is des-
7 ignated by such individual as the primary care pro-
8 vider for such individual.”.

9 (c) EFFECTIVE DATE.—The amendment made by
10 this section shall apply to plan years beginning after the
11 date of the enactment of this Act.