

117<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 4371

To amend the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for additional preventive care for individuals with chronic conditions without the imposition of cost sharing requirement, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 6, 2021

Ms. UNDERWOOD (for herself, Mrs. HAYES, Mr. DANNY K. DAVIS of Illinois, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for additional preventive care for individuals with chronic conditions without the imposition of cost sharing requirement, and for other purposes.

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 “Chronic Condition  
5 Copay Elimination Act”.

6 **SEC. 2. COVERAGE OF ADDITIONAL PREVENTIVE CARE FOR**  
7 **INDIVIDUALS WITH CHRONIC CONDITIONS**  
8 **WITHOUT IMPOSITION OF COST SHARING RE-**  
9 **QUIREMENTS.**

10 (a) ERISA.—

11 (1) IN GENERAL.—Subpart B of part 7 of sub-  
12 title B of title I of the Employee Retirement Income  
13 Security Act of 1974 (29 U.S.C. 1185 et seq.) is  
14 amended by adding at the end the following new sec-  
15 tion:

16 **“SEC. 726. COVERAGE OF ADDITIONAL PREVENTIVE CARE**  
17 **FOR INDIVIDUALS WITH CHRONIC CONDI-**  
18 **TIONS WITHOUT IMPOSITION OF COST SHAR-**  
19 **ING REQUIREMENTS.**

20 “(a) IN GENERAL.—In addition to any item or serv-  
21 ice described in section 2713(a) of the Public Health Serv-  
22 ice Act, a group health plan and a health insurance issuer  
23 offering group health insurance coverage shall, at a min-  
24 imum, provide coverage for, and shall not impose any cost  
25 sharing requirements for, with respect to individuals with

1 chronic conditions (as defined in subsection (b)), such ad-  
2 ditional preventive care and screenings not described in  
3 paragraph (1) of such section 2713(a) that are determined  
4 by the Secretary to meet the criteria specified in sub-  
5 section (c) with respect to the chronic condition involved.

6 “(b) CHRONIC CONDITION DEFINED.—In this sec-  
7 tion, the term ‘chronic condition’ has the meaning given  
8 such term by the Secretary and, at a minimum, includes  
9 the following conditions:

10 “(1) Heart disease, including congestive heart  
11 failure and coronary artery disease.

12 “(2) Diabetes.

13 “(3) Osteoporosis and osteopenia.

14 “(4) Hypertension.

15 “(5) Asthma.

16 “(6) Liver disease.

17 “(7) Bleeding disorders.

18 “(8) Depression.

19 “(c) CRITERIA SPECIFIED.—For purposes of sub-  
20 section (a), the criteria specified in this subsection, with  
21 respect to an item or service and a chronic condition, are  
22 the following:

23 “(1) The item or service is low-cost.

24 “(2) There is medical evidence supporting high-  
25 cost efficiency, or a large expected impact, of the

1 item or service in preventing exacerbation of the  
2 chronic condition or the development of a secondary  
3 condition.

4 “(3) There is a strong likelihood, documented  
5 by clinical evidence, that the item or service will pre-  
6 vent the exacerbation of the chronic condition or the  
7 development of a secondary condition that requires  
8 significantly higher-cost treatments.

9 “(d) UPDATES.—

10 “(1) IN GENERAL.—Once every three years, the  
11 Secretary shall review and update—

12 “(A) the list of conditions included within  
13 the meaning of the term ‘chronic condition’  
14 under subsection (b); and

15 “(B) the items and services determined to  
16 meet the criteria specified in subsection (c) for  
17 purposes of subsection (a).

18 “(2) APPLICATION OF UPDATES.—The require-  
19 ment under subsection (a) shall apply with respect  
20 to an update made under paragraph (1) beginning  
21 with the first plan year beginning after the date of  
22 such update.”.

23 (2) CLERICAL AMENDMENT.—The table of con-  
24 tents in section 1 of such Act is amended by insert-

1       ing after the item relating to section 725 the fol-  
2       lowing new items:

“726. Coverage of additional preventive care for individuals with chronic condi-  
tions without imposition of cost sharing requirements.”.

3       (b) PHSA.—Part D of title XXVII of the Public  
4 Health Service Act (42 U.S.C. 300gg–11 et seq.), is  
5 amended by adding at the end the following new section:

6 **“SEC. 2799A–11. COVERAGE OF ADDITIONAL PREVENTIVE**  
7 **CARE FOR INDIVIDUALS WITH CHRONIC CON-**  
8 **DITIONS WITHOUT IMPOSITION OF COST**  
9 **SHARING REQUIREMENTS.**

10       “(a) IN GENERAL.—In addition to any item or serv-  
11 ice described in section 2713(a), a group health plan and  
12 a health insurance issuer offering group or individual  
13 health insurance coverage shall, at a minimum, provide  
14 coverage for, and shall not impose any cost sharing re-  
15 quirements for, with respect to individuals with chronic  
16 conditions (as defined in subsection (b)), such additional  
17 preventive care and screenings not described in paragraph  
18 (1) of section 2713(a) that are determined by the Sec-  
19 retary to meet the criteria specified in subsection (c) with  
20 respect to the chronic condition involved.

21       “(b) CHRONIC CONDITION DEFINED.—In this sec-  
22 tion, the term ‘chronic condition’ has the meaning given  
23 such term by the Secretary and, at a minimum, includes  
24 the following conditions:

1           “(1) Heart disease, including congestive heart  
2 failure and coronary artery disease.

3           “(2) Diabetes.

4           “(3) Osteoporosis and osteopenia.

5           “(4) Hypertension.

6           “(5) Asthma.

7           “(6) Liver disease.

8           “(7) Bleeding disorders.

9           “(8) Depression.

10          “(c) CRITERIA SPECIFIED.—For purposes of sub-  
11 section (a), the criteria specified in this subsection, with  
12 respect to an item or service and a chronic condition, are  
13 the following:

14           “(1) The item or service is low-cost.

15           “(2) There is medical evidence supporting high-  
16 cost efficiency, or a large expected impact, of the  
17 item or service in preventing exacerbation of the  
18 chronic condition or the development of a secondary  
19 condition.

20           “(3) There is a strong likelihood, documented  
21 by clinical evidence, that the item or service will pre-  
22 vent the exacerbation of the chronic condition or the  
23 development of a secondary condition that requires  
24 significantly higher-cost treatments.

25          “(d) UPDATES.—

1           “(1) IN GENERAL.—Once every three years, the  
2           Secretary shall review and update—

3                   “(A) the list of conditions included within  
4           the meaning of the term ‘chronic condition’  
5           under subsection (b); and

6                   “(B) the items and services determined to  
7           meet the criteria specified in subsection (c) for  
8           purposes of subsection (a).

9           “(2) APPLICATION OF UPDATES.—The require-  
10          ment under subsection (a) shall apply with respect  
11          to an update made under paragraph (1) beginning  
12          with the first plan year beginning after the date of  
13          such update.”.

14          (c) IRC.—

15               (1) IN GENERAL.—Subchapter B of chapter  
16          100 of the Internal Revenue Code of 1986 is amend-  
17          ed by adding at the end the following new section:

18          **“SEC. 9826. COVERAGE OF ADDITIONAL PREVENTIVE CARE**  
19                       **FOR INDIVIDUALS WITH CHRONIC CONDI-**  
20                       **TIONS WITHOUT IMPOSITION OF COST SHAR-**  
21                       **ING REQUIREMENTS.**

22               “(a) IN GENERAL.—In addition to any item or serv-  
23          ice described in section 2713(a) of the Public Health Serv-  
24          ice Act, a group health plan shall, at a minimum, provide  
25          coverage for, and shall not impose any cost sharing re-

1 requirements for, with respect to individuals with chronic  
2 conditions (as defined in subsection (b)), such additional  
3 preventive care and screenings not described in paragraph  
4 (1) of such section 2713(a) that are determined by the  
5 Secretary to meet the criteria specified in subsection (c)  
6 with respect to the chronic condition involved.

7 “(b) CHRONIC CONDITION DEFINED.—In this sec-  
8 tion, the term ‘chronic condition’ has the meaning given  
9 such term by the Secretary and, at a minimum, includes  
10 the following conditions:

11 “(1) Heart disease, including congestive heart  
12 failure and coronary artery disease.

13 “(2) Diabetes.

14 “(3) Osteoporosis and osteopenia.

15 “(4) Hypertension.

16 “(5) Asthma.

17 “(6) Liver disease.

18 “(7) Bleeding disorders.

19 “(8) Depression.

20 “(c) CRITERIA SPECIFIED.—For purposes of sub-  
21 section (a), the criteria specified in this subsection, with  
22 respect to an item or service and a chronic condition, are  
23 the following:

24 “(1) The item or service is low-cost.



1           “(2) There is medical evidence supporting high-  
2           cost efficiency, or a large expected impact, of the  
3           item or service in preventing exacerbation of the  
4           chronic condition or the development of a secondary  
5           condition.

6           “(3) There is a strong likelihood, documented  
7           by clinical evidence, that the item or service will pre-  
8           vent the exacerbation of the chronic condition or the  
9           development of a secondary condition that requires  
10          significantly higher-cost treatments.

11          “(d) UPDATES.—

12           “(1) IN GENERAL.—Once every three years, the  
13          Secretary shall review and update—

14           “(A) the list of conditions included within  
15           the meaning of the term ‘chronic condition’  
16           under subsection (b); and

17           “(B) the items and services determined to  
18           meet the criteria specified in subsection (c) for  
19           purposes of subsection (a).

20          “(2) APPLICATION OF UPDATES.—The require-  
21          ment under subsection (a) shall apply with respect  
22          to an update made under paragraph (1) beginning  
23          with the first plan year beginning after the date of  
24          such update.”.

1           (2) CLERICAL AMENDMENT.—The table of con-  
2           tents for subchapter B of chapter 100 of such Code  
3           is amended by adding at the end the following new  
4           item:

“9826. Coverage of additional preventive care for individuals with chronic condi-  
          tions without imposition of cost sharing requirements.”.

5           (3) HIGH DEDUCTIBLE HEALTH PLANS.—Sec-  
6           tion 223(c)(2)(C) of the Internal Revenue Code of  
7           1986 is amended by inserting “or for additional pre-  
8           ventive care for individuals with chronic conditions  
9           described in section 9826” before the period.

10          (d) EFFECTIVE DATE.—The amendments made by  
11          this section shall apply with respect to plan years begin-  
12          ning on or after the date that is one year after the date  
13          of the enactment of this Act.

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