To amend title XXVII of the Public Health Service Act to apply additional payments, discounts, and other financial assistance towards the cost-sharing requirements of health insurance plans, 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 “Help Ensure Lower Patient Copays Act” or the “HELP Copays Act”.
SEC. 2. APPLICATION OF ADDITIONAL PAYMENTS, DISCOUNTS, AND OTHER FINANCIAL ASSISTANCE TOWARD COST-SHARING REQUIREMENTS.

(a) Application Toward Cost-Sharing Requirements.—Section 2715(g)(1) of the Public Health Service Act (42 U.S.C. 300gg–15(g)(1)) is amended by adding at the end the following: “In developing the standards for defining the terms ‘deductible’, ‘co-insurance’, ‘co-payment’, and ‘out-of-pocket limit’ (as described in paragraph (2)), such standards shall provide that such terms include amounts paid by, or on behalf of, an individual enrolled in a group health plan or group or individual health insurance coverage, including third-party payments, financial assistance, discounts, product vouchers, and other reductions in out-of-pocket expenses and that such amounts shall be counted toward such deductible, co-insurance, co-payment, or limit, respectively.”.

(b) Conforming Amendments.—

(1) PPACA.—Section 1302(c)(3) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(c)(3)) is amended by adding at the end the following new subparagraph:

“(C) Application of Terms.—For purposes of subparagraph (A), the terms ‘deductible’, ‘coinsurance’, ‘copayment’, or ‘similar
charge’ and any other expenditure described in clause (ii) of such subparagraph shall include amounts paid by, or on behalf of, an individual enrolled in a group health plan or group or individual health insurance coverage, including third-party payments, financial assistance, discounts, product vouchers, and other reductions in out-of-pocket expenses and such amounts shall be counted toward such deductible, coinsurance, copayment, charge, or other expenditure, respectively.”.

(2) PHSA.—Section 2707(b) of the Public Health Service Act (42 U.S.C. 300gg–6(b)) is amended by adding at the end the following new sentence: “For purposes of the previous sentence, such limitation shall be applied as if the reference to ‘essential health benefits’ in section 1302(c)(3) of the Patient Protection and Affordable Care Act were a reference to ‘any item or service covered under the plan included within a category of essential health benefits as described in (b)(1) of such section’.”.