

1 “(C) populations at high risk of prevent-
2 able diseases and conditions.

3 “(b) FINDINGS; REPORT.—

4 “(1) SUBMISSION OF FINDINGS.—The Secretary
5 shall submit the findings of research and demonstra-
6 tion projects under subsection (a) to—

7 “(A) the Task Force on Clinical Preventive
8 Services established under section 3131 or the
9 Task Force on Community Preventive Services
10 established under section 3132, as appropriate;
11 and

12 “(B) the Health Benefits Advisory Com-
13 mittee established by section 223 of the Afford-
14 able Health Care for America Act.

15 “(2) REPORT TO CONGRESS.—Not later than
16 18 months after the initiation of research and dem-
17 onstration projects under subsection (a), the Sec-
18 retary shall submit a report to the Congress on the
19 progress of such research and projects, including
20 any preliminary findings.

21 “(c) INCLUSION IN ESSENTIAL BENEFITS PACK-
22 AGE.—If, on the basis of the findings of research and dem-
23 onstration projects under subsection (a) or other sources
24 consistent with section 3131, the Task Force on Clinical
25 Preventive Services determines that a subsidy or reward

1 meets the Task Force's standards for a grade A or B,
2 the Secretary shall ensure that the subsidy or reward is
3 included in the essential benefits package under section
4 222.

5 “(d) INCLUSION AS ALLOWABLE USE OF COMMUNITY
6 PREVENTION AND WELLNESS SERVICES GRANTS.—If, on
7 the basis of the findings of research and demonstration
8 projects under subsection (a) or other sources consistent
9 with section 3132, the Task Force on Community Preven-
10 tive Services determines that a subsidy or reward is effec-
11 tive, the Secretary shall ensure that the subsidy or reward
12 becomes an allowable use of grant funds under section
13 3151.

14 “(e) NONDISCRIMINATION; NO TIE TO PREMIUM OR
15 COST SHARING.—In carrying out this section, the Sec-
16 retary shall ensure that any subsidy or reward—

17 “(1) does not have a discriminatory effect on
18 the basis of any personal characteristic extraneous
19 to the provision of high-quality health care or related
20 services; and

21 “(2) is not tied to the premium or cost sharing
22 of an individual under any qualified health benefits
23 plan (as defined in section 100(e)).