

1 **SEC. 4402. INCLUSION OF CERTAIN OVER-THE-COUNTER**  
2 **MEDICAL PRODUCTS AS QUALIFIED MEDICAL**  
3 **EXPENSES.**

4 (a) HSAs.—Section 223(d)(2) of the Internal Rev-  
5 enue Code of 1986 is amended—

6 (1) by striking the last sentence of subpara-  
7 graph (A) and inserting the following: “For pur-  
8 poses of this subparagraph, amounts paid for men-  
9 strual care products shall be treated as paid for  
10 medical care.”; and

11 (2) by adding at the end the following new sub-  
12 paragraph:

13 “(D) MENSTRUAL CARE PRODUCT.—For  
14 purposes of this paragraph, the term ‘menstrual  
15 care product’ means a tampon, pad, liner, cup,  
16 sponge, or similar product used by individuals  
17 with respect to menstruation or other genital-  
18 tract secretions.”.

19 (b) ARCHER MSAs.—Section 220(d)(2)(A) of such  
20 Code is amended by striking the last sentence and insert-  
21 ing the following: “For purposes of this subparagraph,  
22 amounts paid for menstrual care products (as defined in  
23 section 223(d)(2)(D)) shall be treated as paid for medical  
24 care.”.

25 (c) HEALTH FLEXIBLE SPENDING ARRANGEMENTS  
26 AND HEALTH REIMBURSEMENT ARRANGEMENTS.—Sec-

1 tion 106 of such Code is amended by striking subsection  
2 (f) and inserting the following new subsection:

3 “(f) REIMBURSEMENTS FOR MENSTRUAL CARE  
4 PRODUCTS.—For purposes of this section and section  
5 105, expenses incurred for menstrual care products (as  
6 defined in section 223(d)(2)(D)) shall be treated as in-  
7 curred for medical care.”.

8 (d) EFFECTIVE DATES.—

9 (1) DISTRIBUTIONS FROM SAVINGS AC-  
10 COUNTS.—The amendment made by subsections (a)  
11 and (b) shall apply to amounts paid after December  
12 31, 2019.

13 (2) REIMBURSEMENTS.—The amendment made  
14 by subsection (c) shall apply to expenses incurred  
15 after December 31, 2019.

16 **SEC. 4403. TREATMENT OF DIRECT PRIMARY CARE SERV-**  
17 **ICE ARRANGEMENTS.**

18 (a) IN GENERAL.—Section 223(c)(1) of the Internal  
19 Revenue Code of 1986 is amended by adding at the end  
20 the following new subparagraph:

21 “(D) TREATMENT OF DIRECT PRIMARY  
22 CARE SERVICE ARRANGEMENTS.—

23 “(i) IN GENERAL.—A direct primary  
24 care service arrangement shall not be