

106TH CONGRESS
1ST SESSION

H. R. 989

To amend the Public Health Service Act, Employee Retirement Income Security Act of 1974, and titles XVIII and XIX of the Social Security Act to require that group and individual health insurance coverage and group health plans and managed care plans under the Medicare and Medicaid Programs provide coverage for hospital lengths of stay as determined by the attending health care provider in consultation with the patient.

IN THE HOUSE OF REPRESENTATIVES

MARCH 4, 1999

Mr. COBURN (for himself and Mr. STRICKLAND) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committees on Education and the Workforce, 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

A BILL

To amend the Public Health Service Act, Employee Retirement Income Security Act of 1974, and titles XVIII and XIX of the Social Security Act to require that group and individual health insurance coverage and group health plans and managed care plans under the Medicare and Medicaid Programs provide coverage for hospital lengths of stay as determined by the attending health care provider in consultation with the patient.

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 “Hospital Length of
 5 Stay Act of 1999”.

6 **SEC. 2. COVERAGE OF HOSPITAL LENGTH OF STAY.**

7 (a) GROUP HEALTH PLANS.—

8 (1) PUBLIC HEALTH SERVICE ACT AMEND-
 9 MENTS.—

10 (A) IN GENERAL.—Subpart 2 of part A of
 11 title XXVII of the Public Health Service Act
 12 (42 U.S.C. 300gg–4 et seq.) is amended by
 13 adding at the end the following new section:

14 **“SEC. 2707. STANDARDS RELATING TO COVERAGE OF HOS-**
 15 **PITAL LENGTHS OF STAY.**

16 “(a) REQUIREMENT.—A group health plan and a
 17 health insurance issuer offering group health insurance
 18 coverage in connection with a group health plan (including
 19 a self-insured issuer) that provides coverage for inpatient
 20 hospital services—

21 “(1) shall provide coverage for the length of an
 22 inpatient hospital stay as determined by the attend-
 23 ing physician (or other attending health care pro-
 24 vider to the extent permitted under State law) in

1 consultation with the patient to be medically appro-
2 priate; and

3 “(2) may not require that a provider obtain au-
4 thorization from the plan or the issuer for prescrib-
5 ing any length of stay required under paragraph (1).

6 “(b) PROHIBITIONS.—A group health plan and a
7 health insurance issuer offering group health insurance
8 coverage in connection with a group health plan (including
9 a self-insured issuer) may not—

10 “(1) deny to an individual eligibility, or contin-
11 ued eligibility, to enroll or to renew coverage under
12 the terms of the plan, solely for the purpose of
13 avoiding the requirements of this section;

14 “(2) provide monetary payments or rebates to
15 an individual to encourage the individual to accept
16 less than the minimum protections available under
17 this section;

18 “(3) penalize or otherwise reduce or limit the
19 reimbursement of an attending provider because
20 such provider provided care to an individual partici-
21 pant or beneficiary in accordance with this section;

22 “(4) provide incentives (monetary or otherwise)
23 to an attending provider to induce such provider to
24 provide care to an individual participant or bene-
25 ficiary in a manner inconsistent with this section; or

1 “(5) subject to subsection (c)(4), restrict bene-
2 fits for any portion of a period within a hospital
3 length of stay required under subsection (a) in a
4 manner which is less favorable than the benefits pro-
5 vided for any preceding portion of such stay.

6 “(c) RULES OF CONSTRUCTION.—

7 “(1) NO REQUIREMENT TO STAY.—Nothing in
8 this section shall be construed to require an individ-
9 ual who is a participant or beneficiary to stay in the
10 hospital for a fixed period of time for any procedure.

11 “(2) NO EFFECT ON REQUIREMENTS FOR MINI-
12 MUM HOSPITAL STAY FOLLOWING BIRTH.—Nothing
13 in this section shall be construed as modifying the
14 requirements of section 2704.

15 “(3) NONAPPLICABILITY.—This section shall
16 not apply with respect to any group health plan, or
17 any group health insurance coverage offered by a
18 health insurance issuer (including a self-insured
19 issuer), which does not provide benefits for hospital
20 lengths of stay.

21 “(4) COST-SHARING.—Nothing in this section
22 shall be construed as preventing a group health
23 plan, or a health insurance issuer offering group
24 health insurance coverage in connection with a group
25 health plan (including a self-insured issuer), from

1 imposing deductibles, coinsurance, or other cost-
2 sharing in relation to benefits for hospital lengths of
3 stay under the plan, health insurance coverage of-
4 fered in connection with a group health plan, or the
5 supplemental policy, except that such coinsurance or
6 other cost-sharing for any portion of a period within
7 a hospital length of stay required under subsection
8 (a) may not be greater than such coinsurance or
9 cost-sharing for any preceding portion of such stay.

10 “(d) NOTICE.—A group health plan under this part
11 shall comply with the notice requirement under section
12 714(d) of the Employee Retirement Income Security Act
13 of 1974 with respect to the requirements of this section
14 as if such section applied to such plan.

15 “(e) LEVEL AND TYPE OF REIMBURSEMENTS.—
16 Nothing in this section shall be construed to prevent a
17 group health plan or a health insurance issuer offering
18 group health insurance coverage in connection with a
19 group health plan (including a self-insured issuer) from
20 negotiating the level and type of reimbursement with a
21 provider for care provided in accordance with this section.

22 “(f) PREEMPTION; EXCEPTION FOR HEALTH INSUR-
23 ANCE COVERAGE IN CERTAIN STATES.—

24 “(1) IN GENERAL.—The requirements of this
25 section shall not apply with respect to health insur-

1 ance coverage if there is a State law (as defined in
 2 section 2723(d)(1)) for a State that regulates such
 3 coverage and provides greater protections to patients
 4 than those provided under this section.

5 “(2) CONSTRUCTION.—Section 2723(a)(1) shall
 6 not be construed as superseding a State law de-
 7 scribed in paragraph (1).”.

8 (B) CONFORMING AMENDMENT.—Section
 9 2723(c) of the Public Health Service Act (42
 10 U.S.C. 300gg–23(c)) is amended by striking
 11 “section 2704” and inserting “sections 2704
 12 and 2707”.

13 (2) ERISA AMENDMENTS.—

14 (A) IN GENERAL.—Subpart B of part 7 of
 15 subtitle B of title I of the Employee Retirement
 16 Income Security Act of 1974 (29 U.S.C. 1185
 17 et seq.) is amended by adding at the end the
 18 following new section:

19 **“SEC. 714. STANDARDS RELATING TO COVERAGE OF HOS-**
 20 **PITAL LENGTHS OF STAY.**

21 “(a) REQUIREMENT.—A group health plan and a
 22 health insurance issuer offering group health insurance
 23 coverage in connection with a group health plan (including
 24 a self-insured issuer), that provides coverage for inpatient
 25 hospital services—

1 “(1) shall provide coverage for the length of an
2 inpatient hospital stay as determined by the attend-
3 ing physician (or other attending health care pro-
4 vider to the extent permitted under State law) in
5 consultation with the patient to be medically appro-
6 priate; and

7 “(2) may not require that a provider obtain au-
8 thorization from the plan or the issuer for prescrib-
9 ing any length of stay required under paragraph (1).

10 “(b) PROHIBITIONS.—A group health plan and a
11 health insurance issuer offering group health insurance
12 coverage in connection with a group health plan (including
13 a self-insured issuer), may not—

14 “(1) deny to an individual eligibility, or contin-
15 ued eligibility, to enroll or to renew coverage under
16 the terms of the plan, solely for the purpose of
17 avoiding the requirements of this section;

18 “(2) provide monetary payments or rebates to
19 an individual to encourage the individual to accept
20 less than the minimum protections available under
21 this section;

22 “(3) penalize or otherwise reduce or limit the
23 reimbursement of an attending provider because
24 such provider provided care to an individual partici-
25 pant or beneficiary in accordance with this section;

1 “(4) provide incentives (monetary or otherwise)
2 to an attending provider to induce such provider to
3 provide care to an individual participant or bene-
4 ficiary in a manner inconsistent with this section; or

5 “(5) subject to subsection (c)(4), restrict bene-
6 fits for any portion of a period within a hospital
7 length of stay required under subsection (a) in a
8 manner which is less favorable than the benefits pro-
9 vided for any preceding portion of such stay.

10 “(c) RULES OF CONSTRUCTION.—

11 “(1) NO REQUIREMENT TO STAY.—Nothing in
12 this section shall be construed to require an individ-
13 ual who is a participant or beneficiary to stay in the
14 hospital for a fixed period of time for any procedure.

15 “(2) NO EFFECT ON REQUIREMENTS FOR MINI-
16 MUM HOSPITAL STAY FOLLOWING BIRTH.—Nothing
17 in this section shall be construed as modifying the
18 requirements of section 711.

19 “(3) NONAPPLICABILITY.—This section shall
20 not apply with respect to any group health plan or
21 any group health insurance coverage offered by a
22 health insurance issuer (including a self-insured
23 issuer), which does not provide benefits for hospital
24 lengths of stay.

1 “(4) COST-SHARING.—Nothing in this section
2 shall be construed as preventing a group health plan
3 or a health insurance issuer offering group health
4 insurance coverage in connection with a group health
5 plan (including a self-insured issuer), from imposing
6 deductibles, coinsurance, or other cost-sharing in re-
7 lation to benefits for hospital lengths of stay under
8 the plan or health insurance coverage offered in con-
9 nection with a group health plan, except that such
10 coinsurance or other cost-sharing for any portion of
11 a period within a hospital length of stay required
12 under subsection (a) may not be greater than such
13 coinsurance or cost-sharing for any preceding por-
14 tion of such stay.

15 “(d) NOTICE UNDER GROUP HEALTH PLAN.—The
16 imposition of the requirements of this section shall be
17 treated as a material modification in the terms of the plan
18 described in section 102(a)(1), for purposes of assuring
19 notice of such requirements under the plan; except that
20 the summary description required to be provided under the
21 last sentence of section 104(b)(1) with respect to such
22 modification shall be provided by not later than 60 days
23 after the first day of the first plan year in which such
24 requirements apply.

1 “(e) LEVEL AND TYPE OF REIMBURSEMENTS.—

2 Nothing in this section shall be construed to prevent a
3 group health plan or a health insurance issuer offering
4 group health insurance coverage in connection with a
5 group health plan (including a self-insured issuer), from
6 negotiating the level and type of reimbursement with a
7 provider for care provided in accordance with this section.

8 “(f) PREEMPTION; EXCEPTION FOR HEALTH INSUR-
9 ANCE COVERAGE IN CERTAIN STATES.—

10 “(1) IN GENERAL.—The requirements of this
11 section shall not apply with respect to health insur-
12 ance coverage if there is a State law (as defined in
13 section 731(d)(1)) for a State that regulates such
14 coverage and provides greater protections to patients
15 than those provided under this section.

16 “(2) CONSTRUCTION.—Section 731(a)(1) shall
17 not be construed as superseding a State law de-
18 scribed in paragraph (1).”.

19 (B) CONFORMING AMENDMENTS.—

20 (i) Section 731(c) of the Employee
21 Retirement Income Security Act of 1974
22 (29 U.S.C. 1191(c)) is amended by strik-
23 ing “section 711” and inserting “sections
24 711 and 714”.

1 (ii) Section 732(a) of the Employee
 2 Retirement Income Security Act of 1974
 3 (29 U.S.C. 1191a(a)), as amended by sec-
 4 tion 603(b)(2) of Public Law 104–204, is
 5 amended by striking “section 711” and in-
 6 serting “sections 711 and 714”.

7 (iii) The table of contents in section 1
 8 of the Employee Retirement Income Secu-
 9 rity Act of 1974 is amended by inserting
 10 after the item relating to section 713 the
 11 following new item:

“Sec. 714. Standards relating to coverage of hospital lengths of stay.”.

12 (b) INDIVIDUAL MARKET.—Subpart 3 of part B of
 13 title XXVII of the Public Health Service Act (42 U.S.C.
 14 300gg–51 et seq.) is amended by adding at the end the
 15 following new section:

16 **“SEC. 2753. STANDARDS RELATING TO COVERAGE OF HOS-**
 17 **PITAL LENGTHS OF STAY.**

18 “The provisions of section 2707 shall apply to health
 19 insurance coverage offered by a health insurance issuer
 20 in the individual market in the same manner as they apply
 21 to health insurance coverage offered by a health insurance
 22 issuer in connection with a group health plan in the small
 23 or large group market.”.

24 (c) EFFECTIVE DATES.—

1 (1) GROUP HEALTH PLANS.—Subject to para-
2 graph (3), the amendments made by subsection (a)
3 shall apply with respect to group health plans for
4 plan years beginning on or after January 1, 2000.

5 (2) HEALTH INSURANCE COVERAGE.—The
6 amendment made by subsection (b) shall apply with
7 respect to health insurance coverage offered, sold,
8 issued, renewed, in effect, or operated in the individ-
9 ual market on or after such date.

10 (3) COLLECTIVE BARGAINING AGREEMENTS.—
11 In the case of a group health plan maintained pur-
12 suant to 1 or more collective bargaining agreements
13 between employee representatives and 1 or more em-
14 ployers ratified before the date of enactment of this
15 Act, the amendments made subsection (a) shall not
16 apply to plan years beginning before the later of—

17 (A) the date on which the last collective
18 bargaining agreements relating to the plan ter-
19 minates (determined without regard to any ex-
20 tension thereof agreed to after the date of en-
21 actment of this Act), or

22 (B) January 1, 2000.

23 For purposes of subparagraph (A), any plan amend-
24 ment made pursuant to a collective bargaining
25 agreement relating to the plan which amends the

1 plan solely to conform to any requirement added by
 2 subsection (a) shall not be treated as a termination
 3 of such collective bargaining agreement.

4 **SEC. 3. APPLICATION TO MEDICARE AND MEDICAID BENE-**
 5 **FICIARIES.**

6 (a) MEDICARE.—

7 (1) IN GENERAL.—Title XVIII of the Social Se-
 8 curity Act (42 U.S.C. 1395 et seq.) is amended by
 9 adding at the end the following:

10 “STANDARDS RELATING TO COVERAGE OF HOSPITAL
 11 LENGTHS OF STAY

12 “SEC. 1897. (a) APPLICATION TO MEDICARE.—Not-
 13 withstanding the limitation on benefits described in sec-
 14 tion 1812, or any other limitation on benefits imposed
 15 under this title, the provisions of section 2707 of the Pub-
 16 lic Health Service Act shall apply to the provision of items
 17 and services under this title.

18 “(b) MEDICARE+CHOICE AND ELIGIBLE ORGANIZA-
 19 TIONS.—The Secretary may not enter into a contract with
 20 a Medicare+Choice organization under part C, or with an
 21 eligible organization with a risk-sharing contract under
 22 section 1876, unless the organization meets the require-
 23 ments of section 2707 of the Public Health Service Act
 24 with respect to individuals enrolled with the organiza-
 25 tion.”.

26 (2) MEDICARE SUPPLEMENTAL POLICIES.—

1 (A) IN GENERAL.—Section 1882(c) of the
2 Social Security Act (42 U.S.C. 1395ss(c)) is
3 amended—

4 (i) in paragraph (4), by striking
5 “and” at the end;

6 (ii) in paragraph (5), by striking the
7 period and inserting “, and”; and

8 (iii) by adding at the end the follow-
9 ing:

10 “(6) meets the requirements of section 2707 of
11 the Public Health Service Act with respect to indi-
12 viduals enrolled under the policy.”.

13 (B) CONFORMING AMENDMENT.—Section
14 1882(b)(1)(B) of the Social Security Act (42
15 U.S.C. 1395ss(b)(1)(B)) is amended by striking
16 “(5)” and inserting “(6)”.

17 (3) COST SHARING.—Nothing in this subsection
18 or section 2707(c) of the Public Health Service Act
19 shall be construed as authorizing the imposition of
20 cost sharing with respect to the coverage or benefits
21 required to be provided under the amendments to
22 the Social Security Act made by paragraphs (1) and
23 (2) that is inconsistent with the cost sharing that is
24 otherwise permitted under title XVIII of the Social
25 Security Act.

1 (b) MEDICAID.—Title XIX of the Social Security Act
2 (42 U.S.C. 1396 et seq.) is amended by redesignating sec-
3 tion 1935 as section 1936 and by inserting after section
4 1934 the following:

5 “STANDARDS RELATING TO COVERAGE OF HOSPITAL
6 LENGTHS OF STAY

7 “SEC. 1935. (a) IN GENERAL.—A State plan may
8 not be approved under this title unless the plan requires
9 each health insurance issuer or other entity with a con-
10 tract with such plan to provide coverage or benefits to in-
11 dividuals eligible for medical assistance under the plan, in-
12 cluding a managed care entity, as defined in section
13 1932(a)(1)(B), to comply with the provisions of section
14 2707 of the Public Health Service Act with respect to such
15 coverage or benefits.

16 “(b) COST SHARING.—Nothing in this section or sec-
17 tion 2707(c) of the Public Health Service Act shall be con-
18 strued as authorizing a health insurance issuer or entity
19 to impose cost sharing with respect to the coverage or ben-
20 efits required to be provided under section 2707 of the
21 Public Health Service Act that is inconsistent with the
22 cost sharing that is otherwise permitted under this title.

23 “(c) WAIVERS PROHIBITED.—The requirement of
24 subsection (a) may not be waived under section 1115 or
25 section 1915(b) of the Social Security Act.”.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section apply to contract years under titles XVIII and
3 XIX of the Social Security Act beginning on or after Jan-
4 uary 1, 2000.

5 (d) MEDIGAP TRANSITION PROVISIONS.—

6 (1) IN GENERAL.—If the Secretary of Health
7 and Human Services identifies a State as requiring
8 a change to its statutes or regulations to conform its
9 regulatory program to the changes made by sub-
10 section (a)(2), the State regulatory program shall
11 not be considered to be out of compliance with the
12 requirements of section 1882 of the Social Security
13 Act due solely to failure to make such change until
14 the date specified in paragraph (4).

15 (2) NAIC STANDARDS.—If, within 9 months
16 after the date of the enactment of this Act, the Na-
17 tional Association of Insurance Commissioners (in
18 this subsection referred to as the “NAIC”) modifies
19 its NAIC Model Regulation relating to section 1882
20 of the Social Security Act (referred to in such sec-
21 tion as the 1991 NAIC Model Regulation, as modi-
22 fied pursuant to section 171(m)(2) of the Social Se-
23 curity Act Amendments of 1994 (Public Law 103–
24 432) and as modified pursuant to section
25 1882(d)(3)(A)(vi)(IV) of the Social Security Act, as

1 added by section 271(a) of the Health Insurance
2 Portability and Accountability Act of 1996 (Public
3 Law 104–191) to conform to the amendments made
4 by this section, such revised regulation incorporating
5 the modifications shall be considered to be the appli-
6 cable NAIC model regulation (including the revised
7 NAIC model regulation and the 1991 NAIC Model
8 Regulation) for the purposes of such section.

9 (3) SECRETARY STANDARDS.—If the NAIC
10 does not make the modifications described in para-
11 graph (2) within the period specified in such para-
12 graph, the Secretary of Health and Human Services
13 shall make the modifications described in such para-
14 graph and such revised regulation incorporating the
15 modifications shall be considered to be the appro-
16 priate Regulation for the purposes of such section.

17 (4) DATE SPECIFIED.—

18 (A) IN GENERAL.—Subject to subpara-
19 graph (B), the date specified in this paragraph
20 for a State is the earlier of—

21 (i) the date the State changes its stat-
22 utes or regulations to conform its regu-
23 latory program to the changes made by
24 this section, or

1 (ii) 1 year after the date the NAIC or
2 the Secretary first makes the modifications
3 under paragraph (2) or (3), respectively.

4 (B) ADDITIONAL LEGISLATIVE ACTION RE-
5 QUIRED.—In the case of a State which the Sec-
6 retary identifies as—

7 (i) requiring State legislation (other
8 than legislation appropriating funds) to
9 conform its regulatory program to the
10 changes made in this section, but

11 (ii) having a legislature which is not
12 scheduled to meet in 2000 in a legislative
13 session in which such legislation may be
14 considered,

15 the date specified in this paragraph is the first
16 day of the first calendar quarter beginning after
17 the close of the first legislative session of the
18 State legislature that begins on or after July 1,
19 2000. For purposes of the previous sentence, in
20 the case of a State that has a 2-year legislative
21 session, each year of such session shall be
22 deemed to be a separate regular session of the
23 State legislature.

1 **SEC. 4. APPLICATION TO OTHER HEALTH CARE COVERAGE.**

2 (a) FEHBP.—Chapter 89 of title 5, United States
3 Code, is amended by adding at the end the following:

4 **“§ 8915. Standards relating to coverage of hospital**
5 **lengths of stay**

6 “(a) The provisions of section 2707 of the Public
7 Health Service Act shall apply to the provision of items
8 and services under this chapter.

9 “(b) Nothing in this section or section 2707(c) of the
10 Public Health Service Act shall be construed as authoriz-
11 ing a health insurance issuer or entity to impose cost shar-
12 ing with respect to the coverage or benefits required to
13 be provided under section 2707 of the Public Health Serv-
14 ice Act that is inconsistent with the cost sharing that is
15 otherwise permitted under this chapter.”.

16 (b) MEDICAL CARE FOR MEMBERS AND CERTAIN
17 FORMER MEMBERS OF THE UNIFORMED SERVICES AND
18 THEIR DEPENDENTS.—Chapter 55 of title 10, United
19 States Code, is amended by adding at the end the follow-
20 ing:

21 **“§ 1110. Standards relating to coverage of hospital**
22 **lengths of stay**

23 “(a) APPLICATION OF STANDARDS.—The provisions
24 of section 2707 of the Public Health Service Act shall
25 apply to the provision of items and services under this
26 chapter.

1 “(b) COST-SHARING.—Nothing in this section or sec-
 2 tion 2707(c) of the Public Health Service Act shall be con-
 3 strued as authorizing the imposition of cost sharing with
 4 respect to the coverage or benefits required to be provided
 5 under section 2707 of the Public Health Service Act that
 6 is inconsistent with the cost sharing that is otherwise per-
 7 mitted under this chapter.”.

8 (c) VETERANS.—Subchapter II of chapter 17 of title
 9 38, United States Code, is amended by adding at the end
 10 the following:

11 **“§ 1720E. Standards relating to coverage of hospital**
 12 **lengths of stay**

13 “(a) The provisions of section 2707 of the Public
 14 Health Service Act shall apply to the provision of items
 15 and services under this chapter.

16 “(b) Nothing in this section or section 2707(c) of the
 17 Public Health Service Act shall be construed as authoriz-
 18 ing the imposition of cost sharing with respect to the cov-
 19 erage or benefits required to be provided under section
 20 2706 of the Public Health Service Act that is inconsistent
 21 with the cost sharing that is otherwise permitted under
 22 this chapter.”.

23 (d) STATE CHILDREN’S HEALTH INSURANCE PRO-
 24 GRAM.—Section 2109 of the Social Security Act (42

1 U.S.C. 1397ii) is amended by adding at the end the follow-
2 ing:

3 “(b) APPLICATION OF STANDARDS RELATING TO
4 COVERAGE OF HOSPITAL LENGTHS OF STAY.—

5 “(1) IN GENERAL.—The provisions of section
6 2707 of the Public Health Service Act shall apply to
7 the provision of items and services under this title.

8 “(2) COST-SHARING.—Nothing in this section
9 or section 2707(c) of the Public Health Service Act
10 shall be construed as authorizing a health insurance
11 issuer or entity to impose cost sharing with respect
12 to the coverage or benefits required to be provided
13 under section 2707 of the Public Health Service Act
14 that is inconsistent with the cost sharing that is oth-
15 erwise permitted under this title.”.

16 (e) INDIAN HEALTH SERVICE AND HEALTH CARE
17 PROVIDED BY TRIBAL ORGANIZATIONS.—Title VIII of the
18 Indian Health Care Improvement Act (25 U.S.C. 1671 et
19 seq.) is amended by adding at the end the following:

20 “STANDARDS RELATING TO COVERAGE OF HOSPITAL
21 LENGTHS OF STAY

22 “SEC. 826. (a) The provisions of section 2707 of the
23 Public Health Service Act shall apply to the provision of
24 items and services under this Act by the Service or a tribal
25 organization.

1 “(b) Nothing in this section or section 2707(c) of the
2 Public Health Service Act shall be construed as authoriz-
3 ing the imposition of cost sharing with respect to the cov-
4 erage or benefits required to be provided under section
5 2707 of the Public Health Service Act that is inconsistent
6 with the cost sharing that is otherwise permitted under
7 this Act.”.

8 (f) HEALTH CARE PROVIDED TO PEACE CORPS VOL-
9 UNTEERS.—Section 5(e) of the Peace Corps Act (22
10 U.S.C. 2504(e)) is amended by adding at the end the fol-
11 lowing: “The provisions of section 2707 of the Public
12 Health Service Act shall apply to the provision of items
13 and services under this section. Nothing in this section
14 or section 2707(c) of the Public Health Service Act shall
15 be construed as authorizing the imposition of cost sharing
16 with respect to the coverage or benefits required to be pro-
17 vided under section 2707 of the Public Health Service Act
18 that is inconsistent with the cost sharing that is otherwise
19 permitted under this section.”.

○