

110TH CONGRESS
1ST SESSION

H. R. 3060

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and title 5, United States Code, to require that group and individual health insurance coverage and group health plans and Federal employees health benefit plans provide coverage of colorectal cancer screening.

IN THE HOUSE OF REPRESENTATIVES

JULY 17, 2007

Mr. BOREN (for himself and Mr. HALL of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Oversight and Government Reform, 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, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and title 5, United States Code, to require that group and individual health insurance coverage and group health plans and Federal employees health benefit plans provide coverage of colorectal cancer screening.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Colorectal Cancer
3 Screening and Detection Coverage Act of 2007”.

4 **SEC. 2. COVERAGE OF COLORECTAL CANCER SCREENING.**

5 (a) GROUP HEALTH PLANS.—

6 (1) PUBLIC HEALTH SERVICE ACT AMEND-
7 MENTS.—

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

12 **“SEC. 2707. COVERAGE OF COLORECTAL CANCER SCREEN-**
13 **ING.**

14 **“(a) REQUIREMENT.—**

15 **“(1) IN GENERAL.—**A group health plan, and a
16 health insurance issuer offering group health insur-
17 ance coverage, shall provide coverage under the plan
18 or coverage, respectively, for colorectal cancer
19 screening for any participant or beneficiary who is
20 50 years of age or older, or is an individual who is
21 at high risk for colorectal cancer (as defined in sec-
22 tion 1861(pp)(2) of the Social Security Act (42
23 U.S.C. 1395x(pp)(2)), under terms and conditions
24 that are no less favorable than the terms and condi-
25 tions applicable to other screening benefits otherwise
26 provided under the plan or coverage, respectively.

1 “(2) COLORECTAL CANCER SCREENING DE-
2 FINED.—For purposes of this section, the term
3 ‘colorectal cancer screening’ means procedures
4 that—

5 “(A) are deemed appropriate by a physi-
6 cian (as defined in section 1861(r) of the Social
7 Security Act (42 U.S.C. 1395x(r))) treating the
8 participant or beneficiary, in consultation with
9 the participant or beneficiary;

10 “(B) are—

11 “(i) described in section 1861(pp)(1)
12 of the Social Security Act (42 U.S.C.
13 1395x(pp)(1)) or section 410.37 of title
14 42, Code of Federal Regulations;

15 “(ii) specified by the Secretary for the
16 detection of colorectal cancer, based upon
17 the recommendations of appropriate orga-
18 nizations with special expertise in the field
19 of colorectal cancer, including the Amer-
20 ican Cancer Society and the American Col-
21 lege of Gastroenterology; or

22 “(iii) specified by the Secretary, based
23 upon new scientific knowledge, techno-
24 logical advances, or other updated medical

1 practices with respect to detection of
2 colorectal cancer; and

3 “(C) are performed at a frequency not
4 greater than that—

5 “(i) described for such method in sec-
6 tion 1834(d) of the Social Security Act (42
7 U.S.C. 1395m(d)) or section 410.37 of
8 title 42, Code of Federal Regulations; or

9 “(ii) specified by the Secretary for
10 such method, if the Secretary finds, based
11 upon new scientific knowledge, techno-
12 logical advances, or other updated medical
13 practices and consistent with the rec-
14 ommendations of appropriate organizations
15 with special expertise in the field of
16 colorectal cancer, that a different fre-
17 quency would not adversely affect the ef-
18 fectiveness of such screening.

19 “(b) PROTECTIONS.—A group health plan, and a
20 health insurance issuer offering group health insurance
21 coverage in connection with a group health plan, may
22 not—

23 “(1) deny to an individual eligibility, or contin-
24 ued eligibility, to enroll or to renew coverage under

1 the terms of the plan, solely for the purpose of
2 avoiding the requirements of this section;

3 “(2) provide monetary payments or rebates to
4 individuals to encourage such individuals to accept
5 less than the minimum protections available under
6 this section;

7 “(3) penalize or otherwise reduce or limit the
8 reimbursement of a provider because such provider
9 provided care to an individual participant or bene-
10 ficiary in accordance with this section; or

11 “(4) provide incentives (monetary or otherwise)
12 to an attending provider to induce such provider to
13 provide care to an individual participant or bene-
14 ficiary in a manner inconsistent with this section.

15 “(c) RULES OF CONSTRUCTION.—

16 “(1) Nothing in this section shall be construed
17 to require an individual who is a participant or bene-
18 ficiary to undergo colorectal cancer screening.

19 “(2) Nothing in this section shall be construed
20 as preventing a group health plan or issuer from im-
21 posing deductibles, coinsurance, or other cost-shar-
22 ing in relation to colorectal cancer screening under
23 the plan (or under health insurance coverage offered
24 in connection with a group health plan), except that
25 such coinsurance or other cost-sharing shall not dis-

1 criminate on any basis related to the coverage re-
2 quired under this section.

3 “(d) NOTICE.—A group health plan under this part
4 shall comply with the notice requirement under section
5 714(d) of the Employee Retirement Income Security Act
6 of 1974 with respect to the requirements of this section
7 as if such section applied to such plan.

8 “(e) DISCLOSURE REQUIREMENT.—

9 “(1) IN GENERAL.—A group health plan, and
10 health insurance issuer offering group health insur-
11 ance coverage shall—

12 “(A) provide to participants and bene-
13 ficiaries at the time of initial coverage under
14 the plan (or the effective date of this section, in
15 the case of individuals who are participants or
16 beneficiaries as of such date), and at least an-
17 nually thereafter, the information described in
18 paragraph (2);

19 “(B) provide to participants and bene-
20 ficiaries, within a reasonable period (as speci-
21 fied by the appropriate Secretary) before or
22 after the date of significant changes in the in-
23 formation described in paragraph (2), informa-
24 tion regarding such significant changes; and

1 “(C) upon request, make available to par-
2 ticipants and beneficiaries, the applicable au-
3 thority, and prospective participants and bene-
4 ficiaries, the information described in para-
5 graph (2).

6 “(2) INFORMATION DESCRIBED.—For purposes
7 of paragraph (1), the information described in this
8 paragraph, with respect to colorectal cancer screen-
9 ing, is the following:

10 “(A) BENEFITS.—Benefits offered under
11 the plan or coverage, including—

12 “(i) covered benefits, including benefit
13 limits and coverage exclusions;

14 “(ii) cost sharing, such as deductibles,
15 coinsurance, and copayment amounts, in-
16 cluding any liability for balance billing, any
17 maximum limitations on out of pocket ex-
18 penses, and the maximum out of pocket
19 costs for services that are provided by non-
20 participating providers or that are fur-
21 nished without meeting the applicable utili-
22 zation review requirements;

23 “(iii) the extent to which benefits may
24 be obtained from nonparticipating pro-
25 viders; and

1 “(iv) the extent to which a partici-
2 pant, beneficiary, or enrollee may select
3 from among participating providers and
4 the types of providers participating in the
5 plan or issuer network.

6 “(B) ACCESS.—A description of the fol-
7 lowing:

8 “(i) The number, mix, and distribu-
9 tion of providers under the plan or cov-
10 erage.

11 “(ii) Out-of-network coverage (if any)
12 provided by the plan or coverage.

13 “(iii) Any point-of-service option (in-
14 cluding any supplemental premium or cost-
15 sharing for such option).

16 “(iv) The procedures for participants,
17 beneficiaries, and enrollees to select, ac-
18 cess, and change participating primary and
19 specialty providers.

20 “(v) The rights and procedures for
21 obtaining referrals (including standing re-
22 ferrals) to participating and nonpartici-
23 pating providers.

24 “(vi) The name, address, and tele-
25 phone number of participating health care

1 providers and an indication of whether
 2 each such provider is available to accept
 3 new patients.

4 “(vii) How the plan or issuer address-
 5 es the needs of participants, beneficiaries,
 6 and enrollees and others who do not speak
 7 English or who have other special commu-
 8 nications needs in accessing providers
 9 under the plan or coverage, including the
 10 provision of information under this para-
 11 graph.”.

12 (B) Section 2723(c) of such Act (42
 13 U.S.C. 300gg-23(c)) is amended by striking
 14 “section 2704” and inserting “sections 2704
 15 and 2707”.

16 (2) ERISA AMENDMENTS.—

17 (A) Subpart B of part 7 of subtitle B of
 18 title I of the Employee Retirement Income Se-
 19 curity Act of 1974 is amended by adding at the
 20 end the following new section:

21 **“SEC. 714. COVERAGE OF COLORECTAL CANCER SCREEN-**
 22 **ING.**

23 “(a) REQUIREMENT.—

24 “(1) IN GENERAL.—A group health plan, and a
 25 health insurance issuer offering group health insur-

1 ance coverage, shall provide coverage under the plan
2 or coverage, respectively, for colorectal cancer
3 screening for any participant or beneficiary who is
4 50 years of age or older, or is an individual who is
5 at high risk for colorectal cancer (as defined in sec-
6 tion 1861(pp)(2) of the Social Security Act (42
7 U.S.C. 1395x(pp)(2)), under terms and conditions
8 that are no less favorable than the terms and condi-
9 tions applicable to other screening benefits otherwise
10 provided under the plan or coverage, respectively.

11 “(2) COLORECTAL CANCER SCREENING DE-
12 FINED.—For purposes of this section, the term
13 ‘colorectal cancer screening’ means procedures
14 that—

15 “(A) are deemed appropriate by a physi-
16 cian (as defined in section 1861(r) of the Social
17 Security Act (42 U.S.C. 1395x(r))) treating the
18 participant or beneficiary, in consultation with
19 the participant or beneficiary;

20 “(B) are—

21 “(i) described in section 1861(pp)(1)
22 of the Social Security Act (42 U.S.C.
23 1395x(pp)(1)) or section 410.37 of title
24 42, Code of Federal Regulations;

1 “(ii) specified by the Secretary for the
2 detection of colorectal cancer, based upon
3 the recommendations of appropriate orga-
4 nizations with special expertise in the field
5 of colorectal cancer, including the Amer-
6 ican Cancer Society and the American Col-
7 lege of Gastroenterology; or

8 “(iii) specified by the Secretary, based
9 upon new scientific knowledge, techno-
10 logical advances, or other updated medical
11 practices with respect to detection of
12 colorectal cancer; and

13 “(C) are performed at a frequency not
14 greater than that—

15 “(i) described for such method in sec-
16 tion 1834(d) of the Social Security Act (42
17 U.S.C. 1395m(d)) or section 410.37 of
18 title 42, Code of Federal Regulations; or

19 “(ii) specified by the Secretary for
20 such method, if the Secretary finds, based
21 upon new scientific knowledge, techno-
22 logical advances, or other updated medical
23 practices and consistent with the rec-
24 ommendations of appropriate organizations
25 with special expertise in the field of

1 colorectal cancer, that a different fre-
2 quency would not adversely affect the ef-
3 fectiveness of such screening.

4 “(b) PROTECTIONS.—A group health plan, and a
5 health insurance issuer offering group health insurance
6 coverage in connection with a group health plan, may
7 not—

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

12 “(2) provide monetary payments or rebates to
13 individuals to encourage such individuals to accept
14 less than the minimum protections available under
15 this section;

16 “(3) penalize or otherwise reduce or limit the
17 reimbursement of a provider because such provider
18 provided care to an individual participant or bene-
19 ficiary in accordance with this section; or

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

24 “(c) RULES OF CONSTRUCTION.—

1 “(1) Nothing in this section shall be construed
2 to require an individual who is a participant or bene-
3 ficiary to undergo colorectal cancer screening.

4 “(2) Nothing in this section shall be construed
5 as preventing a group health plan or issuer from im-
6 posing deductibles, coinsurance, or other cost-shar-
7 ing in relation to colorectal cancer screening under
8 the plan (or under health insurance coverage offered
9 in connection with a group health plan), except that
10 such coinsurance or other cost-sharing shall not dis-
11 criminate on any basis related to the coverage re-
12 quired under this section.

13 “(d) NOTICE UNDER GROUP HEALTH PLAN.—The
14 imposition of the requirements of this section shall be
15 treated as a material modification in the terms of the plan
16 described in section 102(a), for purposes of assuring no-
17 tice of such requirements under the plan; except that the
18 summary description required to be provided under the
19 fourth sentence of section 104(b)(1) with respect to such
20 modification shall be provided by not later than 60 days
21 after the first day of the first plan year in which such
22 requirements apply.

23 “(e) DISCLOSURE REQUIREMENT.—

1 “(1) IN GENERAL.—A group health plan, and
2 health insurance issuer offering group health insur-
3 ance coverage shall—

4 “(A) provide to participants and bene-
5 ficiaries at the time of initial coverage under
6 the plan (or the effective date of this section, in
7 the case of individuals who are participants or
8 beneficiaries as of such date), and at least an-
9 nually thereafter, the information described in
10 paragraph (2);

11 “(B) provide to participants and bene-
12 ficiaries, within a reasonable period (as speci-
13 fied by the appropriate Secretary) before or
14 after the date of significant changes in the in-
15 formation described in paragraph (2), informa-
16 tion regarding such significant changes; and

17 “(C) upon request, make available to par-
18 ticipants and beneficiaries, the applicable au-
19 thority, and prospective participants and bene-
20 ficiaries, the information described in para-
21 graph (2).

22 “(2) INFORMATION DESCRIBED.—For purposes
23 of paragraph (1), the information described in this
24 paragraph, with respect to colorectal cancer screen-
25 ing, is the following:

1 “(A) BENEFITS.—Benefits offered under
2 the plan or coverage, including—

3 “(i) covered benefits, including benefit
4 limits and coverage exclusions;

5 “(ii) cost sharing, such as deductibles,
6 coinsurance, and copayment amounts, in-
7 cluding any liability for balance billing, any
8 maximum limitations on out of pocket ex-
9 penses, and the maximum out of pocket
10 costs for services that are provided by non-
11 participating providers or that are fur-
12 nished without meeting the applicable utili-
13 zation review requirements;

14 “(iii) the extent to which benefits may
15 be obtained from nonparticipating pro-
16 viders; and

17 “(iv) the extent to which a partici-
18 pant, beneficiary, or enrollee may select
19 from among participating providers and
20 the types of providers participating in the
21 plan or issuer network.

22 “(B) ACCESS.—A description of the fol-
23 lowing:

1 “(i) The number, mix, and distribu-
2 tion of providers under the plan or cov-
3 erage.

4 “(ii) Out-of-network coverage (if any)
5 provided by the plan or coverage.

6 “(iii) Any point-of-service option (in-
7 cluding any supplemental premium or cost-
8 sharing for such option).

9 “(iv) The procedures for participants,
10 beneficiaries, and enrollees to select, ac-
11 cess, and change participating primary and
12 specialty providers.

13 “(v) The rights and procedures for
14 obtaining referrals (including standing re-
15 ferrals) to participating and nonpartici-
16 pating providers.

17 “(vi) The name, address, and tele-
18 phone number of participating health care
19 providers and an indication of whether
20 each such provider is available to accept
21 new patients.

22 “(vii) How the plan or issuer address-
23 es the needs of participants, beneficiaries,
24 and enrollees and others who do not speak
25 English or who have other special commu-

1 communications needs in accessing providers
 2 under the plan or coverage, including the
 3 provision of information under this para-
 4 graph.”.

5 (B) Section 731(c) of such Act (29 U.S.C.
 6 1191(c)) is amended by striking “section 711”
 7 and inserting “sections 711 and 714”.

8 (C) Section 732(a) of such Act (29 U.S.C.
 9 1191a(a)) is amended by striking “section 711”
 10 and inserting “sections 711 and 714”.

11 (D) The table of contents in section 1 of
 12 such Act is amended by inserting after the item
 13 relating to section 713 the following new item:

“Sec. 714. Coverage of colorectal cancer screening.”.

14 (3) INTERNAL REVENUE CODE AMEND-
 15 MENTS.—

16 (A) Subchapter B of chapter 100 of the
 17 Internal Revenue Code of 1986 is amended by
 18 inserting after section 9812 the following new
 19 section:

20 **“SEC. 9813. COVERAGE OF COLORECTAL CANCER SCREEN-**
 21 **ING.**

22 “(a) REQUIREMENT.—

23 “(1) IN GENERAL.—A group health plan shall
 24 provide coverage under the plan for colorectal cancer
 25 screening for any participant or beneficiary who is

1 50 years of age or older, or is an individual who is
2 at high risk for colorectal cancer (as defined in sec-
3 tion 1861(pp)(2) of the Social Security Act (42
4 U.S.C. 1395x(pp)(2)), under terms and conditions
5 that are no less favorable than the terms and condi-
6 tions applicable to other screening benefits otherwise
7 provided under the plan.

8 “(2) COLORECTAL CANCER SCREENING DE-
9 FINED.—For purposes of this section, the term
10 ‘colorectal cancer screening’ means procedures
11 that—

12 “(A) are deemed appropriate by a physi-
13 cian (as defined in section 1861(r) of the Social
14 Security Act (42 U.S.C. 1395x(r))) treating the
15 participant or beneficiary, in consultation with
16 the participant or beneficiary;

17 “(B) are—

18 “(i) described in section 1861(pp)(1)
19 of the Social Security Act (42 U.S.C.
20 1395x(pp)(1)) or section 410.37 of title
21 42, Code of Federal Regulations;

22 “(ii) specified by the Secretary of
23 Health and Human Services for the detec-
24 tion of colorectal cancer, based upon the
25 recommendations of appropriate organiza-

1 tions with special expertise in the field of
2 colorectal cancer, including the American
3 Cancer Society and the American College
4 of Gastroenterology; or

5 “(iii) specified by the Secretary of
6 Health and Human Services, based upon
7 new scientific knowledge, technological ad-
8 vances, or other updated medical practices
9 with respect to detection of colorectal can-
10 cer; and

11 “(C) are performed at a frequency not
12 greater than that—

13 “(i) described for such method in sec-
14 tion 1834(d) of the Social Security Act (42
15 U.S.C. 1395m(d)) or section 410.37 of
16 title 42, Code of Federal Regulations; or

17 “(ii) specified by the Secretary of
18 Health and Human Services for such
19 method, if such Secretary finds, based
20 upon new scientific knowledge, techno-
21 logical advances, or other updated medical
22 practices and consistent with the rec-
23 ommendations of appropriate organizations
24 with special expertise in the field of
25 colorectal cancer, that a different fre-

1 quency would not adversely affect the ef-
2 fectiveness of such screening.

3 “(b) PROTECTIONS.—A group health plan may not—

4 “(1) deny to an individual eligibility, or contin-
5 ued eligibility, to enroll or to renew coverage under
6 the terms of the plan, solely for the purpose of
7 avoiding the requirements of this section;

8 “(2) provide monetary payments or rebates to
9 individuals to encourage such individuals to accept
10 less than the minimum protections available under
11 this section;

12 “(3) penalize or otherwise reduce or limit the
13 reimbursement of a provider because such provider
14 provided care to an individual participant or bene-
15 ficiary in accordance with this section; or

16 “(4) provide incentives (monetary or otherwise)
17 to an attending provider to induce such provider to
18 provide care to an individual participant or bene-
19 ficiary in a manner inconsistent with this section.

20 “(c) RULES OF CONSTRUCTION.—

21 “(1) Nothing in this section shall be construed
22 to require an individual who is a participant or bene-
23 ficiary to undergo colorectal cancer screening.

24 “(2) Nothing in this section shall be construed
25 as preventing a group health plan from imposing

1 deductibles, coinsurance, or other cost-sharing in re-
2 lation to colorectal cancer screening under the plan,
3 except that such coinsurance or other cost-sharing
4 shall not discriminate on any basis related to the
5 coverage required under this section.

6 “(d) DISCLOSURE REQUIREMENT.—

7 “(1) IN GENERAL.—A group health plan
8 shall—

9 “(A) provide to participants and bene-
10 ficiaries at the time of initial coverage under
11 the plan (or the effective date of this section, in
12 the case of individuals who are participants or
13 beneficiaries as of such date), and at least an-
14 nually thereafter, the information described in
15 paragraph (2);

16 “(B) provide to participants and bene-
17 ficiaries, within a reasonable period (as speci-
18 fied by the appropriate Secretary) before or
19 after the date of significant changes in the in-
20 formation described in paragraph (2), informa-
21 tion regarding such significant changes; and

22 “(C) upon request, make available to par-
23 ticipants and beneficiaries, the applicable au-
24 thority, and prospective participants and bene-

1 ficiaries, the information described in para-
2 graph (2).

3 “(2) INFORMATION DESCRIBED.—For purposes
4 of paragraph (1), the information described in this
5 paragraph, with respect to colorectal cancer screen-
6 ing, is the following:

7 “(A) BENEFITS.—Benefits offered under
8 the plan, including—

9 “(i) covered benefits, including benefit
10 limits and coverage exclusions;

11 “(ii) cost sharing, such as deductibles,
12 coinsurance, and copayment amounts, in-
13 cluding any liability for balance billing, any
14 maximum limitations on out of pocket ex-
15 penses, and the maximum out of pocket
16 costs for services that are provided by non-
17 participating providers or that are fur-
18 nished without meeting the applicable utili-
19 zation review requirements;

20 “(iii) the extent to which benefits may
21 be obtained from nonparticipating pro-
22 viders; and

23 “(iv) the extent to which a partici-
24 pant, beneficiary, or enrollee may select
25 from among participating providers and

1 the types of providers participating in the
2 plan or issuer network.

3 “(B) ACCESS.—A description of the fol-
4 lowing:

5 “(i) The number, mix, and distribu-
6 tion of providers under the plan.

7 “(ii) Out-of-network coverage (if any)
8 provided by the plan.

9 “(iii) Any point-of-service option (in-
10 cluding any supplemental premium or cost-
11 sharing for such option).

12 “(iv) The procedures for participants,
13 beneficiaries, and enrollees to select, ac-
14 cess, and change participating primary and
15 specialty providers.

16 “(v) The rights and procedures for
17 obtaining referrals (including standing re-
18 ferrals) to participating and nonpartici-
19 pating providers.

20 “(vi) The name, address, and tele-
21 phone number of participating health care
22 providers and an indication of whether
23 each such provider is available to accept
24 new patients.

1 “(vii) How the plan or issuer address-
 2 es the needs of participants, beneficiaries,
 3 and enrollees and others who do not speak
 4 English or who have other special commu-
 5 nications needs in accessing providers
 6 under the plan, including the provision of
 7 information under this paragraph.”.

8 (B) The table of sections of such sub-
 9 chapter of such Code is amended by inserting
 10 after the item relating to section 9812 the fol-
 11 lowing new item:

“Sec. 9813. Coverage of colorectal cancer screening.”.

12 (C) Section 4980D(d)(1) of such Code is
 13 amended by striking “section 9811” and insert-
 14 ing “sections 9811 and 9813”.

15 (b) INDIVIDUAL HEALTH INSURANCE.—

16 (1) IN GENERAL.—Part B of title XXVII of the
 17 Public Health Service Act is amended by inserting
 18 after section 2752 the following new section:

19 **“SEC. 2753. COVERAGE OF COLORECTAL CANCER SCREEN-**
 20 **ING.**

21 “(a) IN GENERAL.—The provisions of section 2707
 22 (other than subsection (d)) shall apply to health insurance
 23 coverage offered by a health insurance issuer in the indi-
 24 vidual market in the same manner as it applies to health
 25 insurance coverage offered by a health insurance issuer

1 in connection with a group health plan in the small or
2 large group market.

3 “(b) NOTICE.—A health insurance issuer under this
4 part shall comply with the notice requirement under sec-
5 tion 714(d) of the Employee Retirement Income Security
6 Act of 1974 with respect to the requirements referred to
7 in subsection (a) as if such section applied to such issuer
8 and such issuer were a group health plan.”.

9 (2) CONFORMING AMENDMENT.—Section
10 2762(b)(2) of such Act (42 U.S.C. 300gg–63(b)(2))
11 is amended by striking “section 2751” and inserting
12 “sections 2751 and 2753”.

13 (c) APPLICATION UNDER FEDERAL EMPLOYEES
14 HEALTH BENEFITS PROGRAM (FEHBP).—Section 8902
15 of title 5, United States Code, is amended by adding at
16 the end the following new subsection:

17 “(p) A contract may not be made or a plan approved
18 which does not comply with the requirements of section
19 2707 of the Public Health Service Act.”.

20 (d) EFFECTIVE DATES.—

21 (1) GROUP HEALTH PLANS AND HEALTH BEN-
22 EFIT PLANS.—The amendments made by subsections
23 (a) and (c) shall apply with respect to group health
24 plans (and health insurance coverage offered in con-
25 nection with group health plans) and health benefit

1 plans, respectively, for plan years beginning on or
2 after January 1, 2008.

3 (2) INDIVIDUAL HEALTH INSURANCE.—The
4 amendments made by subsection (b) shall apply with
5 respect to health insurance coverage offered, sold,
6 issued, or renewed in the individual market on or
7 after January 1, 2008.

8 (e) COORDINATION OF ADMINISTRATION.—The Sec-
9 retary of Health and Human Services, the Secretary of
10 Labor, and the Secretary of the Treasury shall ensure,
11 through the execution of an interagency memorandum of
12 understanding among such Secretaries, that—

13 (1) regulations, rulings, and interpretations
14 issued by such Secretaries relating to the same mat-
15 ter over which two or more such Secretaries have re-
16 sponsibility under the provisions of this section (and
17 the amendments made thereby) are administered so
18 as to have the same effect at all times; and

19 (2) coordination of policies relating to enforcing
20 the same requirements through such Secretaries in
21 order to have a coordinated enforcement strategy
22 that avoids duplication of enforcement efforts and
23 assigns priorities in enforcement.

○