

consider public comments on any proposed rule issued pursuant to this subsection for a period of 60 days after the date of such issuance. Not later than 6 months after the date of the conclusion of the comment period, the Secretaries shall issue a final rule implementing the protections of section 2706(a) of the Public Health Service Act (42 U.S.C. 300gg-5(a)).”

**§ 300gg-6. Comprehensive health insurance coverage**

**(a) Coverage for essential health benefits package**

A health insurance issuer that offers health insurance coverage in the individual or small group market shall ensure that such coverage includes the essential health benefits package required under section 18022(a) of this title.

**(b) Cost-sharing under group health plans**

A group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under paragraph (1) of section 18022(c)<sup>1</sup> of this title.

**(c) Child-only plans**

If a health insurance issuer offers health insurance coverage in any level of coverage specified under section 18022(d) of this title, the issuer shall also offer such coverage in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not attained the age of 21.

**(d) Dental only**

This section shall not apply to a plan described in section 18031(d)(2)(B)(ii)<sup>1</sup> of this title.

(July 1, 1944, ch. 373, title XXVII, § 2707, as added Pub. L. 111-148, title I, § 1201(4), Mar. 23, 2010, 124 Stat. 161; amended Pub. L. 113-93, title II, § 213(b), Apr. 1, 2014, 128 Stat. 1047.)

**Editorial Notes**

**REFERENCES IN TEXT**

Section 18022(c) of this title, referred to in subsec. (b), was in the original “section 1302(c)”, and was translated as meaning section 1302(c) of Pub. L. 111-148, par. (1) of which relates to annual limitation on cost-sharing, to reflect the probable intent of Congress.

Section 18031(d)(2)(B)(ii) of this title, referred to in subsec. (d), was in the original “section 1302(d)(2)(B)(ii)(I)”, and was translated as meaning section 1311(d)(2)(B)(ii) of Pub. L. 111-148, which relates to offering of stand-alone dental benefits, to reflect the probable intent of Congress.

**PRIOR PROVISIONS**

A prior section 300gg-6, act July 1, 1944, ch. 373, title XXVII, § 2706, as added Pub. L. 105-277, div. A, § 101(f) [title IX, § 903(a)], Oct. 21, 1998, 112 Stat. 2681-337, 2681-438, which related to required coverage for reconstructive surgery following mastectomies, was renumbered section 2727 of act July 1, 1944, and transferred to section 300gg-27 of this title.

A prior section 2707 of act July 1, 1944, was renumbered section 2728 and is classified to section 300gg-28 of this title.

Another prior section 2707 of act July 1, 1944, was successively renumbered by subsequent acts and transferred, see section 238f of this title.

**AMENDMENTS**

2014—Subsec. (b). Pub. L. 113-93 substituted “paragraph (1)” for “paragraphs (1) and (2)”.

<sup>1</sup> See References in Text note below.

**Statutory Notes and Related Subsidiaries**

**EFFECTIVE DATE OF 2014 AMENDMENT**

Pub. L. 113-93, title II, § 213(c), Apr. 1, 2014, 128 Stat. 1047, provided that: “The amendments made by this Act [probably means this section, amending this section and section 18022 of this title] shall be effective as if included in the enactment of the Patient Protection and Affordable Care Act (Public Law 111-148).”

**EFFECTIVE DATE**

Section effective for plan years beginning on or after Jan. 1, 2014, see section 1255 of Pub. L. 111-148, set out as a note under section 300gg of this title.

**§ 300gg-7. Prohibition on excessive waiting periods**

A group health plan and a health insurance issuer offering group health insurance coverage shall not apply any waiting period (as defined in section 300gg-3(b)(4) of this title) that exceeds 90 days.

(July 1, 1944, ch. 373, title XXVII, § 2708, as added and amended Pub. L. 111-148, title I, § 1201(4), title X, § 10103(b), Mar. 23, 2010, 124 Stat. 161, 892.)

**Editorial Notes**

**PRIOR PROVISIONS**

A prior section 300gg-7, act July 1, 1944, ch. 373, title XXVII, § 2707, as added Pub. L. 110-381, § 2(b)(1), Oct. 9, 2008, 122 Stat. 4083, which related to coverage of dependent students on medically necessary leave of absence, was renumbered section 2728 of act July 1, 1944, and transferred to section 300gg-28 of this title.

A prior section 2708 of act July 1, 1944, was successively renumbered by subsequent acts and transferred, see section 238g of this title.

**AMENDMENTS**

2010—Pub. L. 111-148, § 10103(b), struck out “or individual” after “offering group”.

**Statutory Notes and Related Subsidiaries**

**EFFECTIVE DATE**

Section effective for plan years beginning on or after Jan. 1, 2014, see section 1255 of Pub. L. 111-148, set out as a note under section 300gg of this title.

**§ 300gg-8. Coverage for individuals participating in approved clinical trials**

**(a) Coverage**

**(1) In general**

If a group health plan or a health insurance issuer offering group or individual health insurance coverage provides coverage to a qualified individual, then such plan or issuer—

(A) may not deny the individual participation in the clinical trial referred to in subsection (b)(2);

(B) subject to subsection (c), may not deny (or limit or impose additional conditions on) the coverage of routine patient costs for items and services furnished in connection with participation in the trial; and

(C) may not discriminate against the individual on the basis of the individual's participation in such trial.

**(2) Routine patient costs**

**(A) Inclusion**

For purposes of paragraph (1)(B), subject to subparagraph (B), routine patient costs