

**Affordable Health Choices Act (Senate HELP Committee/Harkin), S. 1679 - TITLE I ONLY**

**Domain 3 - Health Insurance Coverage and Access to High Quality Covered Treatments and Services**

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Domain	Subdomain	Citation	Section Name	Provision		
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Offering of Coverage, States May Require Additional Benefits: As long as states assume the additional costs and do not reduce premium credits (requirements under new Section 3101(c)(2)(F) of the Public Health Service Act), states may allow qualified health plans to offer benefits in addition to the essential health benefits (described in new Section 3103(a)). Inserts new Section 3101(c)(2)(E) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Offering of Coverage, Additional Benefits: States may provide additional health benefits in addition to the essential health benefits through Health Benefit Gateways so long as those additional benefits do not affect premium credit amounts (under new Section 3111 of the Public Health Service Act). A state must make payments to or on behalf of an eligible individual to defray the cost of any benefits required by that state in addition to the essential health benefits. Inserts new Section 3101(c)(2)(F) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Program Design, In General: The Secretary shall establish essential health care benefits which are eligible for affordability credits, where such benefits include at least the following: 1) ambulatory patient services; 2) emergency services; 3) hospitalization; 4) maternity and newborn care; 5) mental health and substance abuse services; 6) prescription drugs; 7) rehabilitative and habilitative services and devices; 8) laboratory services; 9) preventive and wellness services; and 10) pediatric services, including oral and vision care. Inserts new Section 3103(a)(1)(A) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Program Design, In General: The Secretary shall establish specific criteria that health coverage must meet in order for plans to be considered minimum qualifying coverage for purposes of the Health Benefit Gateways. Inserts new Section 3103(a)(1)(B) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Program Design, In General: The essential benefits described in new Section 3103(a)(1)(A) of the Public Health Service Act shall include a requirement that there be no discrimination with respect to an individual who is eligible for medical or surgical care under a qualified health plan offered through a Health Benefit Gateway, thereby prohibiting Administrator of the Gateway, or a qualified health plan offered through the Gateway, from denying an individual benefits for religious or spiritual health care, except that such religious or spiritual health care shall be an expense eligible for deduction as a medical care expense as determined by Internal Revenue Service Rulings (interpreting Section 213(d) of the Internal Revenue Code of 1986 as of January 1, 2009). Inserts new Section 3103(a)(1)(D) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Program Design, Limitation: The Secretary shall ensure that the scope of the essential health benefits (described in new Section 3103(a)(1)(A) of the Public Health Service Act) is equal to the scope of benefits provided under a typical employer plan. Inserts new Section 3103(a)(2) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	Program Design, Certification: In establishing the essential health benefits (described in new Section 3103(a)(1)(A) of the Public Health Service Act), the Secretary shall submit a report to the appropriate committees of Congress containing a certification from the Chief Actuary of the Centers for Medicare and Medicaid Services that the scope of the essential health benefits are equal to the scope of benefits provided under a typical employer plan (described in new Section 3103(a)(2)). Inserts new Section 3103(a)(2) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Essential Health Benefits: Except as provided in new Section 3106(b)(3)(B) (allowing states to offer additional benefits) of the Public Health Service Act, the community health insurance option shall provide coverage only for the essential health benefits described in new Section 3103 (Program Design). Inserts new Section 3106(b)(3) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Essential Health Benefits, States May Offer Additional Benefits: A state may require that a community health insurance option offered in such state offer benefits in addition to the essential benefits required in new Section 3106(b)(3)(A) (Essential Health Benefits) of the Public Health Service Act. Inserts new Section 3106(b)(3)(B) into the Public Health Service Act (42 U.S.C. 201 et seq.).

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3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Essential Health Benefits, State Must Assume Cost: A state shall make payments to or on behalf of any eligible individual to defray the cost of any additional benefits described in new Section 3106(b)(3)(B) (States May Offer Additional Benefits) of the Public Health Service Act. Inserts new Section 3106(b)(3)(D) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Essential Health Benefit, Protecting Access to End of Life Care: A community health insurance option offered under this section shall be prohibited from limiting end of life care. Inserts new Section 3106(b)(3)(F) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	A	Benefits	<a href="#">Title I, Subtitle B, Section 189C</a>	Access to Therapies	In General: Notwithstanding any other provision of this Act, the Secretary shall not promulgate any regulation that: 1) creates any unreasonable barriers to the ability of individuals to obtain appropriate medical care; 2) impedes timely access to health care services; 3) interferes with communications regarding a full range of treatment options between the patient and the provider; 4) restricts the ability of health care providers to provide full disclosure of all relevant information to patients making health care decisions; 5) violates the principles of informed consent and the ethical standards of health care professionals; or 6) limits the availability of health care treatment for the full duration of a patient's medical needs.
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	B	Benefit restrictions	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	No Lifetime or Annual Limits, In General: A group health plan and an insurance issuer offering group or individual coverage may not establish lifetime or annual limits on the dollar value of benefits for any participant or beneficiary. Inserts new Section 2711(a) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	B	Benefit restrictions	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	No Lifetime or Annual Limits, Preventing Fraud and Abuse: This section regarding the prohibition of lifetime or annual limits on the dollar value of benefits for beneficiaries shall not apply until the Secretary certifies that enacting this section will not result in under proliferation of fraud and abuse, especially with regard to durable medical equipment. Inserts new Section 2711(b) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	C	Preventive services and wellness	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Coverage of Preventive Health Services, In General: A group health plan and an insurance issuer offering group or individual health insurance coverage shall provide coverage for and shall not impose any cost sharing requirements for: 1) evidence based items or services that have ratings of "A" or "B" in the current U.S. Preventive Services Task Force recommendations; 2) immunizations that have a recommendation from the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the individual involved; and 3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Inserts new Section 2708(a) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	C	Preventive services and wellness	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Coverage of Preventive Health Services, Interval: The Secretary shall establish a minimum interval between the date on which a recommendation or guideline described in new Section 2708(a) (regarding mandatory insurance coverage without cost sharing requirements for certain items and services) of the Public Health Service Act is issued and the plan year with respect to which the mandatory coverage requirement is effective with respect to the service described in such recommendation or guideline. The minimum interval shall not be less than one year. Inserts new Section 2708(b) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	C	Preventive services and wellness	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Coverage of Preventive Women's Health Services: A group health insurance plan and an insurance issuer offering group or individual coverage shall provide coverage without imposing any cost sharing requirements for, with respect to women, additional preventive care and screenings not covered under new Section 2708 of the Public Health Service Act as provided for in guidelines supported by the Health Resources and Service Administration. Inserts new Section 2709 into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	C	Preventive services and wellness	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Existing Programs: Nothing in this section regarding wellness programs shall prohibit a program of health promotion or disease prevention that was established prior to the date of enactment of this section, and that is actually operating, from continuing to be carried out for as long as it is supposed to stay in effect. Inserts new Section 2706(c) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	C	Preventive services and wellness	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Regulations: Nothing in this section regarding wellness programs shall prohibit the Secretaries of Labor, Health and Human Services, and the Treasury from establishing regulations in connection with such programs. Inserts new Section 2706(d) into the Public Health Service Act (42 U.S.C. 300gg et seq.).

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3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	C	Preventive services and wellness	<a href="#">Title I, Subtitle A, Section 101</a>	Amendments to the Public Health Service Act	Wellness and Prevention Programs: Wellness and health promotion activities may include personalized wellness and prevention services which are coordinated, maintained or delivered by a health care provider, a wellness and prevention plan manager, or a health, wellness or prevention services organization that conducts health risk assessments or offer ongoing intervention efforts for smoking cessation, weight management, stress management, physical fitness, nutrition, heart disease prevention, healthy lifestyle support and diabetes prevention. Inserts new Section 2707(b) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Cost Sharing: A community health insurance option shall offer coverage at each of the cost sharing tiers described in new Section 3111(a) (regarding cost sharing for a basic plan) of the Public Health Service Act. Inserts new Section 3106(b)(4) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Premiums Sufficient to Cover Costs: The Secretary shall set premium rates in an amount sufficient to cover expected costs (including claims and administrative costs) using methods in general use by qualified health costs. Inserts new Section 3106(b)(5)(A) of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Rules Applicable to Premiums: The provisions of Title XXVII (Assuring Portability, Availability, and Renewability of Health Insurance Coverage) of the Public Health Service Act relating to premiums shall apply to community health insurance options under new Section 3106 (Community Health Insurance Option) of the Public Health Service Act, including modified community rating provisions under new Section 2701 (Fair Insurance Coverage). Inserts Section 3106(b)(5)(B) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Collection of Data Regarding Premiums: The Secretary shall collect data as necessary to set premium rates under new Section 3106(b)(5)(A) (Premiums Sufficient to Cover Costs) of the Public Health Service Act. Inserts new Section 3106(b)(5)(C) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Contingency Margin: In establishing premium rates under new Section 3106(b)(5)(A) (Premiums Sufficient to Cover Costs) of the Public Health Service Act, the Secretary shall include an appropriate amount for a contingency margin. Inserts Section 3106(b)(5)(D) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle C, Section 151(a)</a>	Support for Affordable Health Coverage	Cost Sharing for a Basic Plan: The Secretary shall establish at least three tiers of cost sharing for eligible individuals. Inserts new Section 3111(a)(1) into Subtitle B of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle C, Section 151(a)</a>	Support for Affordable Health Coverage	First Tier of Cost Sharing for a Basic Plan: The Secretary shall establish a tier of cost sharing for a basic plan which: 1) shall, on average, provide reimbursement for 76 percent of the total allowed costs of the benefit provided; and 2) shall no have an out-of-pocket limitation for the plan greater than the out-of-pocket limitation applicable under Section 223(c)(2) of the Internal Revenue Code of 1986 (defining "high deductible health plan" as a health plan: 1) which has an annual deductible which is not less than \$1,000 for self-only coverage, or twice that dollar amount for family coverage; and 2) the sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$5,000 for self-only coverage, or twice that dollar amount for family coverage). Inserts new Section 3111(a)(1)(A) into Subtitle B of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle C, Section 151(a)</a>	Support for Affordable Health Coverage	Second Tier of Cost Sharing: The Secretary shall establish a second tier of cost sharing which: 1) the average reimbursement percentage is equal to the reimbursement percentage of the basic plan increased by eight percentage points; and 2) the dollar value of the out of pocket limitation shall not be greater than 50 percent of the dollar value of the out of pocket limitation of the basic plan. Inserts new Section 3111(a)(1)(B) into Subtitle B of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle C, Section 151(a)</a>	Support for Affordable Health Coverage	Third Tier of Cost Sharing: The Secretary shall establish a third tier of cost sharing in which: 1) the average reimbursement percentage is equal to the reimbursement percentage of the basic plan increased by 17 percentage points; and 2) the dollar value of the out of pocket limitation shall not be greater than 20 percent of the dollar value of the out of pocket limitation of the basic plan. Inserts new Section 3111(a)(1)(C) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	D	Cost-sharing	<a href="#">Title I, Subtitle C, Section 151(a)</a>	Support for Affordable Health Coverage	"Out of Pocket:" Defined, for purposes of this section, to include all expenditures for covered qualified medical expenses (as provided for with respect to high deductible health plans under Section 223(d)(2) of the Internal Revenue Code of 1986, which defines qualified medical expenses for health savings accounts, with respect to an account beneficiary, as amounts paid by such beneficiary for medical care for such individual, the spouse of such individual, and any dependent of such individual, but only to the extent such amounts are not compensated for by insurance or otherwise). Inserts new Section 3111(a)(2) into Subtitle B of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).

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3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	E	Provider networks and access to out of network care	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices for All Americans	No Limitation on Contracting Based on Abortion: No individual health care provider or health care facility may be excluded from contracting with a health insurance issuer participating in the Health Benefit Gateway on the basis that the provider or facility: 1) performs abortions; or 2) the provider or facility refuses to perform abortions, except in an emergency, if performing abortions is contrary to the religious or moral beliefs of the provider or facility. Inserts new Section 3101(g) into Subtitle A of new Title XXXI of the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Exceptions: In establishing regulations under new Section 2707(d) (regarding the expiration of minimum periods of time between when a policy is generally implemented and the date on which the policy applies to coverage, and the provision of criteria for determining certain payment policies) of the Public Health Service Act, the Secretary may create exceptions to the requirements under new Section 2707(a) (requiring certain insurance issuers to establish reimbursement structures for making payments). Inserts new Section 2707(c) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle A, Section 101</a>	Amendment to the Public Health Service Act	Regulations: No later than 180 days after the enactment of this Act, the Secretary shall promulgate regulations: 1) that define the term "generally implemented" as used in new Section 2707(a)(2) (regarding health insurance issuer reimbursement structures that provide incentives to health care providers for having payment policies that substantially reflect those of Medicare and the Children's Health Insurance Program) of the Public Health Service Act; 2) that require the expiration of a minimum period of time between the date on which a policy is generally implemented and the date on which the policy shall apply with respect to health insurance coverage in the group and individual markets; and 3) that provide criteria for determining whether a payment policy falls under Section 2707(a) (regarding health insurance issuer reimbursement structures that provide certain incentives to health care providers). Inserts new Section 2707(d) into the Public Health Service Act (42 U.S.C. 300gg et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Essential Health Benefits, Ensuring Access to All Services: Nothing in this Act shall prohibit an individual enrolled in a community health insurance option from paying out-of-pocket the full cost of any item or service not included as an essential health benefit or otherwise covered as a benefit by a health plan. Nothing in this Act shall prohibit any type of medical provider from accepting an out-of-pocket payment from an individual enrolled in a community health insurance option for a service not included as an essential health benefit. Inserts new Section 3106(b)(3)(E) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Reimbursement Rates, Negotiated Rates: The Secretary shall negotiate rates for the reimbursement of health care providers for benefits covered under a community health insurance option. Inserts Section 3106(b)(6)(A) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Reimbursement Rates, Limitation: The rates described in new Section 3106(b)(6)(A) of the Public Health Service Act (Negotiated Rates) shall not be higher, in aggregate, than the average reimbursement rates paid by health insurance issuers offering qualified health plans through the Gateway. Inserts new Section 3106(b)(6)(B) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Reimbursement Rate, Innovation: Subject to the limits contained in new Section 3106(b)(6)(A) (Negotiated Rates) of the Public Health Service Act, a State Advisory Council established or designated under new Section 3106(d) (State Advisory Council) may develop or encourage the use of innovative payment policies that promote quality, efficiency and savings to consumers. Inserts new Section 3106(b)(6)(C) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Reimbursement Rates, Physician Negotiated Rates: Nothing in new Section 3106(b)(6) (Reimbursement Rates) of the Public Health Service Act, shall prohibit the application of a state law that permits physicians to jointly negotiate with health plans. In such state, physicians may jointly negotiate with a community health insurance option concerning rates paid by the option. Inserts new Section 3106(b)(6)(D) into the Public Health Service Act (42 U.S.C. 201 et seq.).
3	Health Insurance Coverage and Access to High Quality Covered Treatments and Services	G	Paying for health care coverage	<a href="#">Title I, Subtitle B, Section 142(b)</a>	Affordable Health Choices For All Americans	Establishment of a Community Health Insurance Option, Authority to Contract, Terms of Contract, Limitation: Notwithstanding the terms of a contract under new Section 3106(e) (regarding contracts for administrative functions) of the Public Health Service Act, the Secretary shall negotiate the reimbursement rates for purposes of new Section 3106(b)(6) (Reimbursement Rates). Inserts Section 3106(e)(8) into the Public Health Service Act (42 USC 201 et seq.).