Mr. TAKANO. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "nay" on rollcall No. 218.

AMENDING THE VETERANS ACCESS, CHOICE, AND ACCOUNTABILITY ACT OF 2014

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (S. 544) to amend the Veterans Access, Choice, and Accountability Act of 2014 to modify the termination date for the Veterans Choice Program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

§ 544

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SEC. 1. MODIFICATION OF TERMINATION DATE FOR VETERANS CHOICE PROGRAM.

Section 101(p)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) is amended by striking "; or the date that is 3 years after the date of enactment of this Act," wherever it occurs first.

SEC. 2. ELIMINATION OF REQUIREMENT TO ACT AS SECONDARY PAYOR FOR CARE RELATING TO NON-SERVICE-CONNECTED DISABILITIES AND RECOVERY OF COSTS FOR CERTAIN CARE UNDER CHOICE PROGRAM.

(a) In general.—Section 101(e) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) is amended—

(1) in the subsection heading, by striking "OTHER HEALTH-CARE PLAN" and inserting "RESPONSIBILITY FOR COSTS OF CERTAIN CARE";

(2) in paragraph (1), in the paragraph heading, by striking "SECRETARY" and inserting "SECRETARY";

(3) by striking paragraphs (2) and (3);

(4) by redesignating paragraph (4) as paragraph (2); and

(5) by adding at the end the following new paragraph:

"(3) RECOVERY OF COSTS FOR CERTAIN CARE.

"(A) IN GENERAL.—In any case in which an eligible veteran is furnished hospital care or medical services under this section for a non-service-connected disability described in subsection (a)(2) of section 1729 of title 38, United States Code, or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under Public Law 87-690, commonly known as the 'Federal Medical Care Recovery Act' (42 U.S.C. 2651 et seq.), the Secretary shall recover or collect from the entity (as defined in subsection (1) of such section 1729) reasonable charges for such care or services to the extent that the veteran (or the provider of the care or services) would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished by a department or agency of the United States.

"(B) USE OF AMOUNTS.—Amounts collected by the Secretary under subparagraph (A) shall be deposited in the Medical Community Care account of the Department. Amounts deposited shall remain available until expended.

(b) CONFORMING AMENDMENT.—Paragraph (1) of subsection (c) of such section shall be amended by striking "paragraph (4)" and inserting "paragraph (2)".

During a full committee hearing last month, Senator Shulkin testified:

"Without congressional action, veterans will have to face longer wait times for care."

He went on to say that allowing Choice to sunset would be "a disaster for American veterans."

With the passage of this bill today, we can get one step closer to avoiding that disaster.

In anticipation of the program’s expiration, VA has already started halting referrals to Choice for services, like maternity care and oncology care that typically require lengthy episodes of care. That means that veterans with cancer or veterans who are pregnant can no longer choose to take advantage of Choice care if they live far away from a VA medical facility or have to wait more than 30 days for the next VA appointment.

As if that wasn’t bad enough, if Choice is not extended past the end of April, VA will have to stop sending referrals to Choice for many other services that veterans are relying on.

To prevent this, S. 544 would remove the August 7, 2017, sunset date from the Choice program. This will allow the program to continue working for veteran patients until all the money remaining in the veterans Choice fund—the money that Congress provided 3 years ago for this exact purpose—is fully expended.

It would also ensure that, as we move forward with ongoing efforts to create an enduring solution to the problems VA is facing, veterans are not cut off from potentially lifesaving or life-preserving care.

The bill would also eliminate the requirement for VA to act as the secondary payer for nonservice-connected care provided under Choice. This would bring Choice in line with VA’s other care in the community programs and remove a pain point that, while well-intentioned, has impeded the provision of care for certain patients and challenged VA’s ability to issue reimbursements to community providers in a timely consistent manner.

In addition, the bill would authorize VA to share medical record information with community providers who are jointly treating veteran patients. This would ensure that the clinicians caring for veterans, both in VA and community medical facilities, have all the information that they need to make well-informed treatment plans and provide the highest quality care.

Subsequent redisclosure of medical records information would be prohibited, meaning that personal patient information would be safeguarded from inappropriate disclosures.

As chairman, as a veteran, and as a doctor, I cannot think of anything more important that we can do today to help our Nation’s veterans and pass this legislation out of the House of Representatives and swiftly deliver it to the President’s desk for his signature.

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I urge all of my colleagues to join me in doing that by supporting this bill today. I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I, too, rise in strong support of S. 544 to eliminate the sunset on the VA's Veterans Choice Program. This bill will basically allow the Department of Veterans Affairs to continue spending previously appropriated resources in the VA's Veterans Choice Program to provide direct and timely patient care to veterans. It allows the VA to charge a veteran's healthcare insurer for nongovernmental care so that veterans aren't sent expensive medical bills, wasting time trying to figure out how to get them paid. Finally, it allows the VA to share medical information with community care providers so patient care is better coordinated.

This legislation is identical to H.R. 369, which passed unanimously in our Committee on Veterans' Affairs. It includes amendments offered by members of the committee.

I would like to take a moment, Mr. Speaker, to congratulate and thank the chairman of the committee for the bipartisan way that he approached this. The issue of veterans care is a passionate issue for all of us.

The issue of the Choice Program arose out of the crisis in Phoenix and other places in 2014, and a sunset that needed to be addressed was handled in a professional manner. It brought all parties together. I think the chairman is going to get a unanimous vote. They have got one in the Senate. I can see that, under less steady hands, where this may have bogged down, and I appreciate the chairman's sense of urgency in getting it to this point. It puts us in a good place. So thank you for that.

It also gives us the time we need to come to a bipartisan fix for the Choice Program. We know, under the Choice Program, veterans are still waiting too long to receive care. As we said, in 2014, we all supported the Choice Act because of the crisis. Throughout the country, veterans were waiting, and in some cases dying, because they were waiting for care. If we recall right, a brave and decent man, the VA Secretary, resigned over this crisis. So this was an important issue that needed to be addressed. We passed the Choice Act so that veterans could get that care.

The Choice Program was created as a temporary fix, designed to end this summer or when the VA spent the $10 billion. As the chairman said, there is about $1 billion left in Choice. With veterans still in need of care, we cannot possibly allow that to go back on the table where it needs to go. It would be a waste of money, a waste of time, and it would make veterans' wait times even higher.

The bill gives us time to rewrite the Choice Program. The bill will give us time to address all of the problems with Choice so that veterans' care is managed and coordinated with VA and community care providers and so that veterans do not have wait times. It will also make sure the money will continue to be spent on veterans' health care.

I look forward to working with the chairman. As I said earlier, his steady hand and leadership has gotten us to this point. It will ensure that we can figure out what the next iteration of community-based care looks like, and we can come together, bring that to the floor, and get it passed.

For this reason, I would urge my colleagues to support this legislation so veterans can receive their care now while Congress continues to work to improve upon that. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I thank my friend, Ranking Member WALZ, for his kind words and his hard work on this important legislation. I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the vice chair of the Veterans Affairs Committee.

Mr. BILIRAKIS. Mr. Speaker, while the Veterans Choice Program is by no means perfect—the chairman said this, as well as the ranking member—many of our men and women who wore our Nation's uniform rely on it for increased access to quality healthcare.

I strongly support S. 544 because veterans should have certainty that their care will continue, and I am optimistic that our efforts to reform and build upon the Choice Program will yield positive results going forward. The intentions and goals of the Choice Program are good, giving our true American heroes more choices and more focused care; but, clearly, some areas of the program need improvement. I hear that from my veterans.

We have already taken some solid steps to make the program work better for veterans, but not enough. We will have the opportunity to fix this in a bipartisan fashion; for example, one positive step: The eligibility rules initially stated that a veteran had to live 40 miles away to participate in the program. That was common sense; isn't it? I think it is. We have also made reforms to increase the number of non-VA providers who are allowed to participate in the program and expand eligibility to all enrolled veterans.

There is much work to be done, there is no question. The only way we can continue improving the Veterans Choice Program and ensure that veterans see no interruption to their healthcare is to eliminate the sunset date.

Mr. Speaker, I urge passage of S. 544.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from New Hampshire (Ms. KUSTER), my good friend and a friend of all veterans, our ranking member on the Oversight and Investigations Subcommittee.

Ms. KUSTER of New Hampshire. Mr. Speaker, I, too, want to commend our chairman, Mr. ROE, and ranking member, Mr. WALZ, for their bipartisan efforts.

I rise to speak on S. 544, the bill that will eliminate the sunset on the Veterans Choice Program. The Veterans Choice Program was a bipartisan effort to quickly help our veterans in need by ensuring they had access to quality health care after the crisis in Phoenix. However, it was a temporary program. It was not intended to last longer than a few years until Congress could have developed the future of VA community care. As many of my colleagues note, the Choice Program needs an update. This bill represents the first step of that process.

It is expected that the Veterans Choice fund will still have funding by August 2017, as noted, when the Choice Program is scheduled to sunset. This bill will ensure that our veterans will be able to use those resources, and it will ensure that veterans can receive their care now while Congress continues to work to improve upon that. Mr. Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. COFFMAN), my good friend, a veteran of both the Marine Corps and the Army, twice deployed to Iraq, and a very active member of the committee.

Mr. COFFMAN. Mr. Speaker, I stand today in support of legislation to remove the sunset date on the Veterans Choice Program and, in turn, bring continuity to our Nation's veterans currently receiving their health care in the community through the Choice Program. Although the program is not perfect, it did provide our Nation's veterans with an opportunity in where they seek their health care and assisted the VA in reducing the appointment wait times backlog.
thoughtful method for connecting veteran committee and this Congress restores their endorse discrimination of any kind.  

the Federal Government cannot  

it is my privilege to yield 3 minutes to the gentleman from Minnesota, for yielding.  

Mr. Speaker, I rise today in support of S. 544. The legislation ensures that the approximately $1 billion left in Choice funding is spent on the critical mission of providing veterans timely access to care.  

It would be an abdication of our responsibility to veterans if we allowed this money to go back to the Treasury instead of going to those who need and deserve our support.  

I appreciate the efforts from my colleagues on both sides of the aisle for advancing this legislation.  

The Choice Act was designed as a rapid response to the veteran wait time crisis, but its framework and implementation has been deeply flawed. Objective analyses found that it is not meaningfully reducing veterans’ wait times, and its arbitrary standards have added a layer of confusion for both patients and providers.  

There is bipartisan consensus that these concerns must be addressed when the Choice Act sunsets and the funding expires. We can and must do a better job of prioritizing and streamlining veterans’ access to care in the community. We can and must do better than the existing Choice Act.  

Now, the Choice Act was a temporary emergency measure to address an unacceptable crisis. Unfortunately, it contained language that undermined protections against workplace discrimination for Federal contractors. The next iteration of the Choice Act cannot subvert the rights of those who treat and serve our veterans.  

The Office of Federal Contract Compliance Programs continues to be a vital tool for ensuring fairness and equality in the workplace. It should apply to everyone that does business with the Federal Government because the Federal Government cannot endorse discrimination of any kind.  

I will fight to ensure that this committee and this Congress restore their commitment to equality and fairness as we develop a more streamlined and thoughtful method for connecting veterans with community care.
Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE), my good friend and fellow classmate.

Mr. LANCE. Mr. Speaker, I certainly commend the chairman of the committee, Dr. Roe, for his leadership on this issue and as the ranking member for his leadership.

I rise in strong support of S. 544, which will extend the Veterans Access, Choice, Accountability and Transparency Act. This is an important bill. I have heard from constituents in the congressional district I serve that the Choice Program is working and Congress should extend its authorization and its funding.

The Choice Program was the first step in a long road to true transformation of the Veterans Administration. Veterans should get to choose the care and the facility serving them best. No veteran should ever been forced into waiting lines and other limitations.

Many Veterans Administration healthcare facilities do tremendous work, like the Lyons VA Hospital in Bernards Township, Somerset County, New Jersey, in the district I serve. But care through the VA should not be limited to VA facilities.

The extension of the Choice Program should be a down payment on other reforms. We should be expanding choice and eliminating geographic limitations, and I hope to work with Chairman Roe and his committee to do so.

Too often our Nation’s heroes have lost confidence in a desperately broken bureaucracy, and we have begun to reform that in 2014, and we continue today. Legislation like this bill is another step in restoring that trust and faith.

The brave men and women who have stepped forward to serve our Nation deserve our continued dedication to fixing the VA and ensuring they receive the services they have earned in our defense.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from California (Ms. BROWNLEY), the ranking member of our Health Subcommittee.

Ms. BROWNLEY of California. Mr. Speaker, I thank the gentleman from Minnesota, our ranking member, for yielding me time and for his tireless advocacy on behalf of our Nation’s veterans.

As the ranking member of the House Veterans’ Affairs Subcommittee on Health, it has been my privilege to work with the ranking member and my fellow committee members to establish and conduct rigorous oversight of the Choice Program.

We enacted the Choice Act in a time of crisis. Those of us who served on the committee during that time remember all too well the horrific stories that came to light that moved Congress to enact this law.

Congress passed the Choice Act to ensure that all veterans receive timely access to quality care. It is clear, however, that, in the rush to set up the Choice Program, many veterans were still forced to wait too long and bureaucratic headaches continue to delay needed care.

We need to get Choice 2.0 right and balance the obvious need for care in the community while protecting the top quality care that the VA provides. We must also make sure that Choice 2.0 protects the civil rights of veterans as well as VA employees, contractors, and community providers caring for our veterans.

Today’s bill will allow the VA to continue spending the remaining funds in the Veterans Choice Program fund. It will also allow the VA to reimburse community providers faster and improve the sharing of medical records. It gives us time to continue our bipartisan work to fix the Choice Program.

Each Member of this body, on both sides of the aisle, agrees that our veterans have earned the very best care available. Mr. Speaker, I urge my colleagues to support this legislation so that veterans can receive care now while Congress uses this opportunity to get this right.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), a former member and a very active member of our committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I thank the chairman for his leadership.

Mr. Speaker, I rise today in support of the Veterans Choice Program Improvement Act.

This legislation protects access to health care for our Nation’s veterans by maintaining the VA Choice Program and ensuring that funds already allocated for veterans health care remain dedicated to that purpose.

Veterans across my district have utilized the program to access treatment from community healthcare providers. And while they appreciate the flexibility this program provides, I often hear of a need to make improvements and remove hurdles that prevent this program from realizing its full potential.

I am pleased this legislation takes several steps to reduce red tape. Now, what do I mean by that?

First, we are going to speed up reimbursements to providers. We are going to strengthen medical record sharing between the VA and community providers and reduce out-of-pocket costs for veterans—all very important steps to improving the VA Choice Program. These are common-sense, bipartisan improvements.

I want to thank Chairman Roe for his leadership.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. WALLACE. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. O’ROURKE), my good friend, the ranking member of our Economic Opportunity Subcommittee.

Mr. O’ROURKE. Mr. Speaker, I would like to begin by thanking the chairman of the full committee, and I join the ranking member of the full committee in honoring the work of Chairman Roe, his staff, and his ensuring that we do the right thing in every single one of the veterans in this country that we are here to serve.

It would be easy just to criticize the Choice Program which has not worked fully as intended. Too many of the veterans that we represent are getting bills when their provider in the community, the VA, and the third-party administrator can’t resolve their differences.

Too many veterans are having too hard of a time in getting an appointment in a timely fashion. And as we learned recently, the VA still is not fully measuring the true wait time for more than 3 million appointments that have been made through the Choice Program right now. I don’t have the kind of accountability that we must have.

All the same, the Choice Program is bridging care for veterans who need it in ways that the budget constraints simply allow the sunset to take place without some of the necessary fixes would be irresponsible. So thanks to the chairman and the ranking member, we are able to do that today.

We also ensure that the VA becomes the primary payer, which is going to reduce some of the billing headaches that veterans have unnecessarily been subjected to.

Mr. Speaker, I also want to point out that the bill contains the Vet Connect Act, which I was able to author with Congressman BENISHEK, a bipartisan bill, last session, re-introduced this session.

It is bicameral, as well, in the Senate. We have Senators TESTER, ISAKSON, and MANCHIN, who authored this bill that ensures that veterans’ private medical information follows them from the VA to their providers in the community and then back to the VA, ensuring that every appointment, every provider, and every doctor can make informed medical decisions on behalf of those veterans. Right now, at the current rate of inclusion of veterans’ personal medical information, it would take 30 years to get all the data into the hands of the doctors who need to make that care.

This brings the VA and the veterans under the VA’s care into modern medical record keeping and sharing. It honors all of the HIPAA regulations; ensures privacy of veterans’ medical records; but, most importantly, ensures that they are going to get better, more informed quality care, better outcomes, better treatment. It is what the veterans that we serve have earned and deserve.

I am very proud to join my colleagues in this to work for its passage. I hope that the other Members of this body will join us in supporting this unanimously.
Mr. ROE of Tennessee. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, may I inquire how much time I have remaining? I have two speakers to go.

The SPEAKER pro tempore (Mr. WOODALL). The gentleman from Minnesota has 7½ minutes remaining.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CORREA), a good friend, a new member of the Veterans’ Affairs Committee, someone who came to the House of Representatives and asked to serve veterans and be on the committee.

Mr. CORREA. Mr. Speaker, I thank Chairman ROE and our ranking member, Mr. WALZ, for all the good work for all of our veterans.

Mr. Speaker, I rise also in support of the Choice Act and urge my colleagues to also protect our veterans’ access to health care.

Our veterans all gave some, and many, many made the ultimate sacrifice for our Nation. Providing our vets with the best health care our Nation can deliver on a timely basis is the least we can do for our veterans.

As we all know, in 2014, the average wait time at a VA medical center was 115 days. The Choice Program has provided vets with the opportunity of obtaining health care in their community on a timely basis.

The program, in my view, is an excellent institution that takes care of many, many of our veterans. Yet, when the VA is not available, the Choice Program can be the best option for our heroes.

No one—no one—should have to wait 3 months to see their doctor, especially our vets, our heroes. We must meet our commitment one way or another. I urge my colleagues to support this bill.

Let’s, all of us, keep the promise this country has made to every one of our veterans.

Mr. ROE of Tennessee. Mr. Speaker, I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield 1 minute to the gentleman from Nevada (Mr. KIHUEN), who has taken a keen interest in veterans’ issues. I am grateful that he is here today.

Mr. KIHUEN. Mr. Speaker, I thank Chairman ROE and Ranking Member WALZ for their bipartisan work on this issue on behalf of our veterans and our country. It is very refreshing to see bipartisanship here in this body.

Mr. Speaker, veterans have made the incredible sacrifice for our country. The Department of Veterans Affairs has the obligation to ensure that they have access to high-quality and affordable health care.

I support the aim of S. 544 to make key improvements to the Choice Program as Congress continues to work on longer term solutions.

While VA is hopeful that this bill will help eliminate the problems and delays that veterans have experienced with the Choice Program, this program should be the option of last resort for veterans.

In Ely, Nevada, a rural community in my district, the VA is considering not renewing its contract with the Ely Community Clinic, forcing veterans to rely solely on the Choice Program for access to care. Just this week, hundreds of veterans turned out at a forum in Ely to voice their opposition to using the Choice Program.

Closing the VA clinic in Ely will be burdensome for veterans in northern Nevada and central Nevada and could force them to travel hundreds of miles to get healthcare services that they rely on. These veterans have already fought for their country. They shouldn’t have to fight to keep their VA clinic in Ely open.

Mr. Speaker, I support this bill, but it is not enough. We owe it to our veterans not to use the Choice Program as a crutch, but to make the proper investments in the health care our veterans deserve.

Mr. ROE of Tennessee. Mr. Speaker, I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, once again, I would like to thank the chairman, the staff, and everyone who has been here.

I think, of all the committees that are modeling the behavior of democracy, bipartisanship, and what our government stands for, the Veterans’ Affairs Committee is one that takes that to the next level. I thank the chairman, who always models it. I think this is a case of that.

You heard the speakers come here. This is a big issue. There may be some differences in how the delivery, long term, looks, but there is no division on getting the best and most timely care to our veterans.

With that, I encourage my colleagues to support S. 544.

Mr. Speaker, I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

I want to thank the majority and the minority staff that worked on this bill, and certainly the Senate, Senators Tester and Isakson, and the committee on the Senate side for getting this over here in a timely way. We needed to do this now so that we could continue care for patients that would go past August 7. We have people right now who are getting care that is going to be long term, and they would be cut off or couldn’t use the Choice program.

We have heard a lot of the problems with Choice here, but it has also helped a lot of veterans. What we feel like we want the opportunity to do now is be given a little bit of time, in a bipartisan way, to work out the problems with this.

I think this goes for everyone on our committee: At the end of the day, our purpose, our goal is to provide access and the best quality of care for veterans that this country can deliver. That is the goal of our committee in a bipartisan way.

With that, once again, I encourage all of my Members to support this legislation.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, S. 544.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SELF-INSURANCE PROTECTION ACT

Ms. FOXX. Mr. Speaker, pursuant to House Resolution 241, I call up the bill (H.R. 1304) to amend the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to exclude from the definition of health insurance coverage certain medical stop-loss insurance obtained by certain plan sponsors of group health plans, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. RICE of South Carolina). Pursuant to House Resolution 241, the amendment in the nature of a substitute recommended by the Committee on Education and the Workforce, printed in the bill, shall be considered as adopted, and the bill, as amended, shall be considered read.

The text of the bill, as amended, is as follows:

H.R. 1304

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, SECTION 1. SHORT TITLE.

This Act may be cited as the “Self-Insurance Protection Act.”

SEC. 2. CERTAIN MEDICAL STOP-LOSS INSURANCE OBTAINED BY CERTAIN PLAN SPONSORS OF GROUP HEALTH PLANS NOT INCLUDED UNDER THE DEFINITION OF HEALTH INSURANCE COVERAGE.

(a) ERISA.—Section 333(b)(4) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(b)(4)) is amended by adding at the end the following sentence: “Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants, reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor.”.

(b) PHSA.—Section 2791(b)(1) of the Public Health Service Act (42 U.S.C. 300gg–91(b)(1)) is amended by adding at the end the following sentence: “Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor.”.