

apply to grandfathered health plans for plan years beginning with the first plan year to which such provisions would otherwise apply:

“(i) Section 2708 (relating to excessive waiting periods).

“(ii) Those provisions of section 2711 relating to lifetime limits.

“(iii) Section 2712 (relating to rescissions).

“(iv) Section 2714 (relating to extension of dependent coverage).

“(B) PROVISIONS APPLICABLE ONLY TO GROUP HEALTH PLANS.—

“(i) PROVISIONS DESCRIBED.—Those provisions of section 2711 relating to annual limits and the provisions of section 2704 (relating to pre-existing condition exclusions) of the Public Health Service Act (as added by this subtitle) shall apply to grandfathered health plans that are group health plans for plan years beginning with the first plan year to which such provisions otherwise apply.

“(ii) ADULT CHILD COVERAGE.—For plan years beginning before January 1, 2014, the provisions of section 2714 of the Public Health Service Act (as added by this subtitle) shall apply in the case of an adult child with respect to a grandfathered health plan that is a group health plan only if such adult child is not eligible to enroll in an eligible employer-sponsored health plan (as defined in section 5000A(f)(2) of the Internal Revenue Code of 1986) other than such grandfathered health plan.”

(b) CLARIFICATION REGARDING DEPENDENT COVERAGE.—Section 2714(a) of the Public Health Service Act, as added by section 1001(5) of the Patient Protection and Affordable Care Act, is amended by striking “(who is not married)”.

**SEC. 2302. DRUGS PURCHASED BY COVERED ENTITIES.**

Section 340B of the Public Health Service Act (42 U.S.C. 256b), as amended by sections 7101 and 7102 of the Patient Protection and Affordable Care Act, is amended—

(1) in subsection (a)—

(A) in paragraphs (1), (2), (5), (7), and (9), by striking the terms “covered drug” and “covered drugs” each place either term appears and inserting “covered outpatient drug” or “covered outpatient drugs”, respectively;

(B) in paragraph (4)(L)—

(i) in clause (i), by striking “and” at the end;

(ii) in clause (ii), by striking the period and inserting “; and”; and

(iii) by inserting after clause (ii), the following:

“(iii) does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement.”; and

(C) in paragraph (5)—

(i) by striking subparagraph (C);

(ii) by redesignating subparagraphs (D) and (E) as subparagraphs (C) and (D), respectively; and

(iii) in subparagraph (D), as so redesignated, by striking “subparagraph (D)” and inserting “subparagraph (C)”;

(2) by striking subsection (c);

(3) in subsection (d)—

(A) by striking “covered drugs” each place it appears and inserting “covered outpatient drugs”;

(B) by striking “(a)(5)(D)” each place it appears and inserting “(a)(5)(C)”;

(C) by striking “(a)(5)(E)” each place it appears and inserting “(a)(5)(D)”;

(4) by inserting after subsection (d) the following:

“(e) EXCLUSION OF ORPHAN DRUGS FOR CERTAIN COVERED ENTITIES.—For covered entities described in subparagraph (M), (N), or (O) of subsection (a)(4), the term ‘covered outpatient drug’ shall not include a drug designated by the Secretary under section 526 of the Federal Food, Drug, and Cosmetic Act for a rare disease or condition.”.

**SEC. 2303. COMMUNITY HEALTH CENTERS.**

Section 10503(b)(1) of the Patient Protection and Affordable Care Act is amended—

- (1) in subparagraph (A), by striking “700,000,000” and inserting “1,000,000,000”;
- (2) in subparagraph (B), by striking “800,000,000” and inserting “1,200,000,000”;
- (3) in subparagraph (C), by striking “1,000,000,000” and inserting “1,500,000,000”;
- (4) in subparagraph (D), by striking “1,600,000,000” and inserting “2,200,000,000”; and
- (5) in subparagraph (E), by striking “2,900,000,000” and inserting “3,600,000,000”.

*Speaker of the House of Representatives.*

*Vice President of the United States and  
President of the Senate.*