

105TH CONGRESS
2^D SESSION

H. R. 4418

To amend title 5, United States Code, to make the Federal Employees Health Benefits Program available to the general public, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 6, 1998

Mr. KLINK introduced the following bill; which was referred to the Committee on Government Reform and Oversight

A BILL

To amend title 5, United States Code, to make the Federal Employees Health Benefits Program available to the general public, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Same Insurance as
5 Congress Act of 1998”.

1 **SEC. 2. PROVISIONS TO MAKE FEHBP COVERAGE AVAIL-**
2 **ABLE TO INDIVIDUALS AND SMALL EMPLOY-**
3 **ERS.**

4 (a) IN GENERAL.—Chapter 89 of title 5, United
5 States Code, is amended by adding at the end the follow-
6 ing:

7 **“§ 8915. Expanded access to coverage**

8 “(a) IN GENERAL.—A contract may not be made or
9 a plan approved unless the carrier agrees to offer to eligi-
10 ble individuals, throughout each term for which the con-
11 tract or approval remains effective, the same benefits (sub-
12 ject to the same maximums, limitations, exclusions, and
13 other similar terms or conditions and the same guidelines
14 as are applied by the Office of Personnel Management)
15 as would be offered under such contract or plan to employ-
16 ees and annuitants and their family members.

17 “(b) ELIGIBLE INDIVIDUALS.—An individual shall be
18 eligible to enroll under a plan or contract under this chap-
19 ter pursuant to subsection (a) if such individual—

20 “(1) is not eligible to be enrolled in a group
21 health plan (as such term is defined in section
22 2791(a) of the Public Health Service Act (42 U.S.C.
23 300gg-1(a));

24 “(2) is not eligible for benefits under the medi-
25 care program under title XVIII of the Social Secu-
26 rity Act (42 U.S.C. 1395 et seq.), for medical assist-

1 ance under a State medicaid plan under title XIX of
2 such Act (42 U.S.C. 1396 et seq.), or child health
3 assistance under a State children’s health insurance
4 program under title XXI of such Act (42 U.S.C.
5 1397aa et seq.); and

6 “(3) meets such other requirements as the Of-
7 fice, by regulation, may impose.

8 “(c) ENROLLMENT.—The Office shall provide for the
9 implementation of procedures to provide for an annual
10 open enrollment period during which individuals may en-
11 roll with a plan or contract for coverage under this section.

12 “(d) PREMIUMS.—Premiums for coverage under this
13 section shall be established by the carriers in conformance
14 with such requirements as the Office shall by regulation
15 prescribe, including provisions to ensure conformance with
16 generally accepted standards and practices associated with
17 community rating. Nothing in this section shall be con-
18 strued as providing or requiring that the premiums so es-
19 tablished shall be the same as the premiums established
20 for coverage offered under this chapter other than under
21 this section.

22 “(e) CONTRIBUTIONS AND BENEFITS.—In no event
23 shall the enactment of this section result in—

24 “(1) any increase in the level of individual con-
25 tributions by employees or annuitants as required

1 under section 8906 or under any other provision of
2 this chapter, including copayments or deductibles;

3 “(2) the payment by the Government of any
4 premiums associated with coverage under this sec-
5 tion;

6 “(3) any decrease in the types of benefits of-
7 fered under this chapter; or

8 “(4) any other change that would adversely af-
9 fect the coverage afforded under this chapter to em-
10 ployees and annuitants and their family members.

11 “(f) EXCLUSION OF CERTAIN CARRIERS.—

12 “(1) IN GENERAL.—A carrier may file an appli-
13 cation with the Office setting forth reasons why such
14 carrier, or a plan provided by such carrier, should be
15 excluded from the requirements of this section.

16 “(2) CONSIDERATION OF FACTORS.—In review-
17 ing an application under paragraph (1), the Office
18 may consider such factors as—

19 “(A) any bona fide enrollment restrictions
20 which would make the application of this sec-
21 tion inappropriate, including those common to
22 plans which are limited to individuals having a
23 past or current employment relationship with a
24 particular agency or other authority of the Gov-
25 ernment;

1 “(B) whether compliance with this section
2 would jeopardize the financial solvency of the
3 plan or carrier, or otherwise compromise its
4 ability to offer health benefits under the preced-
5 ing provisions of this chapter; and

6 “(C) the anticipated duration of the re-
7 quested exclusion and what efforts the plan or
8 carrier proposes to take in order to be able to
9 comply with this section.

10 “(g) APPLICATION OF SECTION.—Except as the Of-
11 fice may by regulation prescribe, any reference to this
12 chapter (or any requirement of this chapter), made in any
13 provision of law, shall not be considered to include this
14 section (or any requirement of this section).

15 “(h) TERMINATION.—This section shall terminate on
16 the date that is 10 years after the date of enactment of
17 this section.”.

18 (b) CLERICAL AMENDMENT.—The table of sections
19 for such is amended by adding at the end the following:
 “8915. Expanded access to coverage.”.

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