

105TH CONGRESS  
1ST SESSION

# S. 1384

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

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## IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 1997

Mr. DASCHLE introduced the following bill; which was read twice and referred to the Committee on Governmental Affairs

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## 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 “Accessible Health Cov-  
5 erage Act”.

1 **SEC. 2. PROVISIONS TO MAKE FEHBP AVAILABLE TO THE**  
 2 **GENERAL PUBLIC.**

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

6 **“§ 8915. Individual access to coverage**

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

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

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

22 “(2) provides the Office with documentation  
 23 that such individual has been denied individual  
 24 health insurance coverage (as such term is defined  
 25 in section 2791(b)(5) of the Public Health Service  
 26 Act (42 U.S.C. 300gg–1(b)(5));

1           “(3) during the 6-month period prior to the  
 2           date on which such individual attempts to enroll  
 3           under such plan or contract, was not eligible for cov-  
 4           erage through a State high-risk health insurance  
 5           pool or coverage through a health insurer of last re-  
 6           sort;

7           “(4) is not eligible for medical assistance under  
 8           title XIX of the Social Security Act (42 U.S.C. 1396  
 9           et seq.); and

10           “(5) meets such other requirements as the Of-  
 11          fice, by regulation, may impose.

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

16          “(d) PREMIUMS.—

17           “(1) IN GENERAL.—Premiums for coverage  
 18           under this section shall be established in conform-  
 19           ance with such requirements as the Office shall by  
 20           regulation prescribe, including provisions to ensure  
 21           conformance with generally accepted standards and  
 22           practices associated with community rating.

23           “(2) LIMITATION.—With respect to coverage  
 24           under a health plan or contract under this section,  
 25           the Office, in establishing premiums under para-

graph (1), shall ensure that the monthly premium for coverage under this section does not exceed 200 percent of the monthly premium otherwise applicable for the coverage of employees and annuitants and their family members under such health plan or contract under this chapter.

“(e) ADJUSTMENT IN AGENCY CONTRIBUTIONS.—

“(1) ANNUAL REPORTING.—Each carrier shall maintain separate records with respect to individuals covered under this section and employees and annuitants (and their family members) otherwise covered under this chapter, and shall annually report to the Office the amount which the carrier paid (including claims and administrative costs) with respect to coverage provided to individuals under this section.

“(2) DETERMINATION BY OFFICE.—If, based on the reports received under paragraph (1), the Office determines that the average cost of providing coverage to individuals under this section exceeds 200 percent of the premiums paid by such individuals for such coverage, the Office shall increase the biweekly Government contribution for coverage otherwise provided under this chapter by an amount equal to such excess amount.

“(f) CONTRIBUTIONS AND BENEFITS.—

1           “(1) IN GENERAL.—In no event shall the enact-  
2           ment of this section result in—

3                   “(A) any increase in the level of individual  
4                   contributions by employees or annuitants as re-  
5                   quired under section 8906 or under any other  
6                   provision of this chapter, including copayments  
7                   or deductibles;

8                   “(B) the payment by the Government of  
9                   any premiums associated with coverage under  
10                  this section except for the increase described in  
11                  subsection (e)(2);

12                  “(C) any decrease in the types of benefits  
13                  offered under this chapter; or

14                  “(D) any other change that would ad-  
15                  versely affect the coverage afforded under this  
16                  chapter to employees and annuitants and their  
17                  family members.

18           “(2) LIMITATION.—Coverage under this section  
19           shall be provided on an individual, not a family  
20           basis.

21           “(g) INDIVIDUALS ELIGIBLE FOR MEDICARE.—Ben-  
22           efits under this section shall, with respect to an individual  
23           who is entitled to benefits under part A of title XVIII of  
24           the Social Security Act (42 U.S.C. 1395 et seq.), be of-  
25           fered (for use in coordination with those Social Security

1 benefits) to the same extent and in the same manner as  
 2 if coverage were under the preceding provisions of this  
 3 chapter, rather than under this section.

4 “(h) EXCLUSION OF CERTAIN CARRIERS.—

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

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

12 “(A) any bona fide enrollment restrictions  
 13 which would make the application of this sec-  
 14 tion inappropriate, including those common to  
 15 plans which are limited to individuals having a  
 16 past or current employment relationship with a  
 17 particular agency or other authority of the Gov-  
 18 ernment;

19 “(B) whether compliance with this section  
 20 would jeopardize the financial solvency of the  
 21 plan or carrier, or otherwise compromise its  
 22 ability to offer health benefits under the preced-  
 23 ing provisions of this chapter; and

24 “(C) the anticipated duration of the re-  
 25 quested exclusion, and what efforts the plan or

1 carrier proposes to take in order to be able to  
 2 comply with this section.

3 “(i) APPLICATION OF SECTION.—Except as the Of-  
 4 fice may by regulation prescribe, any reference to this  
 5 chapter (or any requirement of this chapter), made in any  
 6 provision of law, shall not be considered to include this  
 7 section (or any requirement of this section).

8 “(j) TERMINATION.—This section shall terminate on  
 9 the date that is 10 years after the date of enactment of  
 10 this section.”.

11 (b) CONFORMING AMENDMENT.—The table of sec-  
 12 tions for chapter 89 of title 5, United States Code, is  
 13 amended by adding at the end the following:

“8915. Individual access to coverage.”.

