

FEDERAL EMPLOYEE DENTAL AND VISION BENEFITS ENHANCEMENT ACT OF 2004

Mr. TOM DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2657) to amend part III of title 5, United States Code, to provide for the establishment of programs under which supplemental dental and vision benefits are made available to Federal employees, retirees, and their dependents, to expand the contracting authority of the Office of Personnel Management, and for other purposes.

The Clerk read as follows:

S. 2657

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 “Federal Employee Dental and Vision Benefits Enhancement Act of 2004”.

SEC. 2. ENHANCED DENTAL BENEFITS FOR FEDERAL EMPLOYEES.

(a) IN GENERAL.—Subpart G of part III of title 5, United States Code, is amended by inserting after chapter 89 the following:

“CHAPTER 89A—ENHANCED DENTAL BENEFITS

“Sec.

“8951. Definitions.

“8952. Availability of dental benefits.

“8953. Contracting authority.

“8954. Benefits.

“8955. Information to individuals eligible to enroll.

“8956. Election of coverage.

“8957. Coverage of restored survivor or disability annuitants.

“8958. Premiums.

“8959. Preemption.

“8960. Studies, reports, and audits.

“8961. Jurisdiction of courts.

“8962. Administrative functions.

“§ 8951. Definitions

“In this chapter:

“(1) The term ‘employee’ means an employee defined under section 8901(1).

“(2) The terms ‘annuitant’, ‘member of family’, and ‘dependent’ have the meanings as such terms are defined under paragraphs (3), (5), and (9), respectively, of section 8901.

“(3) The term ‘eligible individual’ refers to an individual described in paragraph (1) or (2), without regard to whether the individual is enrolled in a health benefits plan under chapter 89.

“(4) The term ‘Office’ means the Office of Personnel Management.

“(5) The term ‘qualified company’ means a company (or consortium of companies or an employee organization defined under section 8901(8)) that offers indemnity, preferred provider organization, health maintenance organization, or discount dental programs and if required is licensed to issue applicable coverage in any number of States, taking any subsidiaries of such a company into account (and, in the case of a consortium, considering the member companies and any subsidiaries thereof, collectively).

“(6) The term ‘employee organization’ means an association or other organization of employees which is national in scope, or in which membership is open to all employees of a Government agency who are eligible to enroll in a health benefits plan under chapter 89.

“(7) The term ‘State’ includes the District of Columbia.

“§ 8952. Availability of dental benefits

“(a) The Office shall establish and administer a program through which an eligible in-

dividual may obtain dental coverage to supplement coverage available through chapter 89.

“(b) The Office shall determine, in the exercise of its reasonable discretion, the financial requirements for qualified companies to participate in the program.

“(c) Nothing in this chapter shall be construed to prohibit the availability of dental benefits provided by health benefits plans under chapter 89.

“§ 8953. Contracting authority

“(a)(1) The Office shall contract with a reasonable number of qualified companies for a policy or policies of benefits described under section 8954 without regard to section 5 of title 41 or any other statute requiring competitive bidding. An employee organization may contract with a qualified company for the purpose of participating with that qualified company in any contract between the Office and that qualified company.

“(2) The Office shall ensure that each resulting contract is awarded on the basis of contractor qualifications, price, and reasonable competition.

“(b) Each contract under this section shall contain—

“(1) the requirements under section 8902(d), (f), and (i) made applicable to contracts under this section by regulations prescribed by the Office;

“(2) the terms of the enrollment period; and

“(3) such other terms and conditions as may be mutually agreed to by the Office and the qualified company involved, consistent with the requirements of this chapter and regulations prescribed by the Office.

“(c) Nothing in this chapter shall, in the case of an individual electing dental supplemental benefit coverage under this chapter after the expiration of such individual’s first opportunity to enroll, preclude the application of waiting periods more stringent than those that would have applied if that opportunity had not yet expired.

“(d)(1) Each contract under this chapter shall require the qualified company to agree—

“(A) to provide payments or benefits to an eligible individual if such individual is entitled thereto under the terms of the contract; and

“(B) with respect to disputes regarding claims for payments or benefits under the terms of the contract—

“(i) to establish internal procedures designed to expeditiously resolve such disputes; and

“(ii) to establish, for disputes not resolved through procedures under clause (i), procedures for 1 or more alternative means of dispute resolution involving independent third-party review under appropriate circumstances by entities mutually acceptable to the Office and the qualified company.

“(2) A determination by a qualified company as to whether or not a particular individual is eligible to obtain coverage under this chapter shall be subject to review only to the extent and in the manner provided in the applicable contract.

“(3) For purposes of applying the Contract Disputes Act of 1978 to disputes arising under this chapter between a qualified company and the Office—

“(A) the agency board having jurisdiction to decide an appeal relative to such a dispute shall be such board of contract appeals as the Director of the Office of Personnel Management shall specify in writing (after appropriate arrangements, as described in section 8(c) of such Act); and

“(B) the district courts of the United States shall have original jurisdiction, concurrent with the United States Court of Fed-

eral Claims, of any action described in section 10(a)(1) of such Act relative to such a dispute.

“(e) Nothing in this section shall be considered to grant authority for the Office or third-party reviewer to change the terms of any contract under this chapter.

“(f) Contracts under this chapter shall be for a uniform term of 7 years and may not be renewed automatically.

“§ 8954. Benefits

“(a) The Office may prescribe reasonable minimum standards for enhanced dental benefits plans offered under this chapter and for qualified companies offering the plans.

“(b) Each contract may include more than 1 level of benefits that shall be made available to all eligible individuals.

“(c) The benefits to be provided under enhanced dental benefits plans under this chapter may be of the following types:

“(1) Diagnostic.

“(2) Preventive.

“(3) Emergency care.

“(4) Restorative.

“(5) Oral and maxillofacial surgery.

“(6) Endodontics.

“(7) Periodontics.

“(8) Prosthodontics.

“(9) Orthodontics.

“(d) A contract approved under this chapter shall require the qualified company to cover the geographic service delivery area specified by the Office. The Office shall require qualified companies to include dentally underserved areas in their service delivery areas.

“(e) If an individual has dental coverage under a health benefits plan under chapter 89 and also has coverage under a plan under this chapter, the health benefits plan under chapter 89 shall be the first payor of any benefit payments.

“§ 8955. Information to individuals eligible to enroll

“(a) The qualified companies at the direction and with the approval of the Office, shall make available to each individual eligible to enroll in a dental benefits plan information on services and benefits (including maximums, limitations, and exclusions), that the Office considers necessary to enable the individual to make an informed decision about electing coverage.

“(b) The Office shall make available to each individual eligible to enroll in a dental benefits plan, information on services and benefits provided by qualified companies participating under chapter 89.

“§ 8956. Election of coverage

“(a) An eligible individual may enroll in a dental benefits plan for self-only, self plus one, or for self and family. If an eligible individual has a spouse who is also eligible to enroll, either spouse, but not both, may enroll for self plus one or self and family. An individual may not be enrolled both as an employee, annuitant, or other individual eligible to enroll and as a member of the family.

“(b) The Office shall prescribe regulations under which—

“(1) an eligible individual may enroll in a dental benefits plan; and

“(2) an enrolled individual may change the self-only, self plus one, or self and family coverage of that individual.

“(c)(1) Regulations under subsection (b) shall permit an eligible individual to cancel or transfer the enrollment of that individual to another dental benefits plan—

“(A) before the start of any contract term in which there is a change in rates charged or benefits provided, in which a new plan is offered, or in which an existing plan is terminated; or

“(B) during other times and under other circumstances specified by the Office.

“(2) A transfer under paragraph (1) shall be subject to waiting periods provided under a new plan.

“§ 8957. Coverage of restored survivor or disability annuitants

“A surviving spouse, disability annuitant, or surviving child whose annuity is terminated and is later restored, may continue enrollment in a dental benefits plan subject to the terms and conditions prescribed in regulations issued by the Office.

“§ 8958. Premiums

“(a) Each eligible individual obtaining supplemental dental coverage under this chapter shall be responsible for 100 percent of the premiums for such coverage.

“(b) The Office shall prescribe regulations specifying the terms and conditions under which individuals are required to pay the premiums for enrollment.

“(c) The amount necessary to pay the premiums for enrollment may—

“(1) in the case of an employee, be withheld from the pay of such an employee; or

“(2) in the case of an annuitant, be withheld from the annuity of such an annuitant.

“(d) All amounts withheld under this section shall be paid directly to the qualified company.

“(e) Each participating qualified company shall maintain accounting records that contain such information and reports as the Office may require.

“(f)(1) The Employee Health Benefits Fund is available, without fiscal year limitation, for reasonable expenses incurred by the Office in administering this chapter before the first day of the first contract period, including reasonable implementation costs.

“(2)(A) There is established in the Employees Health Benefits Fund a Dental Benefits Administrative Account, which shall be available to the Office, without fiscal year limitation, to defray reasonable expenses incurred by the Office in administering this chapter after the start of the first contract year.

“(B) A contract under this chapter shall include appropriate provisions under which the qualified company involved shall, during each year, make such periodic contributions to the Dental Benefits Administrative Account as necessary to ensure that the reasonable anticipated expenses of the Office in administering this chapter during such year are defrayed.

“§ 8959. Preemption

“The terms of any contract that relate to the nature, provision, or extent of coverage or benefits (including payments with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relates to dental benefits, insurance, plans, or contracts.

“§ 8960. Studies, reports, and audits

“(a) Each contract shall contain provisions requiring the qualified company to—

“(1) furnish such reasonable reports as the Office determines to be necessary to enable it to carry out its functions under this chapter; and

“(2) permit the Office and representatives of the Government Accountability Office to examine such records of the qualified company as may be necessary to carry out the purposes of this chapter.

“(b) Each Federal agency shall keep such records, make such certifications, and furnish the Office, the qualified company, or both, with such information and reports as the Office may require.

“(c) The Office shall conduct periodic reviews of plans under this chapter, including a comparison of the dental benefits available under chapter 89, to ensure the competitiveness of plans under this chapter. The Office

shall cooperate with the Government Accountability Office to provide periodic evaluations of the program.

“§ 8961. Jurisdiction of courts

“The district courts of the United States have original jurisdiction, concurrent with the United States Court of Federal Claims, of a civil action or claim against the United States under this chapter after such administrative remedies as required under section 8953(d) have been exhausted, but only to the extent judicial review is not precluded by any dispute resolution or other remedy under this chapter.

“§ 8962. Administrative functions

“(a) The Office shall prescribe regulations to carry out this chapter. The regulations may exclude an employee on the basis of the nature and type of employment or conditions pertaining to it.

“(b) The Office shall, as appropriate, provide for coordinated enrollment, promotion, and education efforts as appropriate in consultation with each qualified company. The information under this subsection shall include information relating to the dental benefits available under chapter 89, including the advantages and disadvantages of obtaining additional coverage under this chapter.”.

SEC. 3. ENHANCED VISION BENEFITS FOR FEDERAL EMPLOYEES.

Subpart G of part III of title 5, United States Code, is amended by inserting after chapter 89A (as added by section 2 of this Act) the following:

“CHAPTER 89B—ENHANCED VISION BENEFITS

“Sec.

“8981. Definitions.

“8982. Availability of vision benefits.

“8983. Contracting authority.

“8984. Benefits.

“8985. Information to individuals eligible to enroll.

“8986. Election of coverage.

“8987. Coverage of restored survivor or disability annuitants.

“8988. Premiums.

“8989. Preemption.

“8990. Studies, reports, and audits.

“8991. Jurisdiction of courts.

“8992. Administrative functions.

“§ 8981. Definitions

“In this chapter:

“(1) The term ‘employee’ means an employee defined under section 8901(1).

“(2) The terms ‘annuitant’, ‘member of family’, and ‘dependent’ have the meanings as such terms are defined under paragraphs (3), (5), and (9), respectively, of section 8901.

“(3) The term ‘eligible individual’ refers to an individual described in paragraph (1) or (2), without regard to whether the individual is enrolled in a health benefits plan under chapter 89.

“(4) The term ‘Office’ means the Office of Personnel Management.

“(5) The term ‘qualified company’ means a company (or consortium of companies or an employee organization defined under section 8901(8)) that offers indemnity, preferred provider organization, health maintenance organization, or discount vision programs and if required is licensed to issue applicable coverage in any number of States, taking any subsidiaries of such a company into account (and, in the case of a consortium, considering the member companies and any subsidiaries thereof, collectively).

“(6) The term ‘employee organization’ means an association or other organization of employees which is national in scope, or in which membership is open to all employees of a Government agency who are eligible to enroll in a health benefits plan under chapter 89.

“(7) The term ‘State’ includes the District of Columbia.

“§ 8982. Availability of vision benefits

“(a) The Office shall establish and administer a program through which an eligible individual may obtain vision coverage to supplement coverage available through chapter 89.

“(b) The Office shall determine, in the exercise of its reasonable discretion, the financial requirements for qualified companies to participate in the program.

“(c) Nothing in this chapter shall be construed to prohibit the availability of vision benefits provided by health benefits plans under chapter 89.

“§ 8983. Contracting authority

“(a)(1) The Office shall contract with a reasonable number of qualified companies for a policy or policies of benefits described under section 8984 without regard to section 5 of title 41 or any other statute requiring competitive bidding. An employee organization may contract with a qualified company for the purpose of participating with that qualified company in any contract between the Office and that qualified company.

“(2) The Office shall ensure that each resulting contract is awarded on the basis of contractor qualifications, price, and reasonable competition.

“(b) Each contract under this section shall contain—

“(1) the requirements under section 8902 (d), (f), and (i) made applicable to contracts under this section by regulations prescribed by the Office;

“(2) the terms of the enrollment period; and

“(3) such other terms and conditions as may be mutually agreed to by the Office and the qualified company involved, consistent with the requirements of this chapter and regulations prescribed by the Office.

“(c) Nothing in this chapter shall, in the case of an individual electing vision supplemental benefit coverage under this chapter after the expiration of such individual’s first opportunity to enroll, preclude the application of waiting periods more stringent than those that would have applied if that opportunity had not yet expired.

“(d)(1) Each contract under this chapter shall require the qualified company to agree—

“(A) to provide payments or benefits to an eligible individual if such individual is entitled thereto under the terms of the contract; and

“(B) with respect to disputes regarding claims for payments or benefits under the terms of the contract—

“(i) to establish internal procedures designed to expeditiously resolve such disputes; and

“(ii) to establish, for disputes not resolved through procedures under clause (i), procedures for 1 or more alternative means of dispute resolution involving independent third-party review under appropriate circumstances by entities mutually acceptable to the Office and the qualified company.

“(2) A determination by a qualified company as to whether or not a particular individual is eligible to obtain coverage under this chapter shall be subject to review only to the extent and in the manner provided in the applicable contract.

“(3) For purposes of applying the Contract Disputes Act of 1978 to disputes arising under this chapter between a qualified company and the Office—

“(A) the agency board having jurisdiction to decide an appeal relative to such a dispute shall be such board of contract appeals as

the Director of the Office of Personnel Management shall specify in writing (after appropriate arrangements, as described in section 8(c) of such Act); and

“(B) the district courts of the United States shall have original jurisdiction, concurrent with the United States Court of Federal Claims, of any action described in section 10(a)(1) of such Act relative to such a dispute.

“(e) Nothing in this section shall be considered to grant authority for the Office or third-party reviewer to change the terms of any contract under this chapter.

“(f) Contracts under this chapter shall be for a uniform term of 7 years and may not be renewed automatically.

“§ 8984. Benefits

“(a) The Office may prescribe reasonable minimum standards for enhanced vision benefits plans offered under this chapter and for qualified companies offering the plans.

“(b) Each contract may include more than 1 level of benefits that shall be made available to all eligible individuals.

“(c) The benefits to be provided under enhanced vision benefits plans under this chapter may be of the following types:

“(1) Diagnostic (to include refractive services).

“(2) Preventive.

“(3) Eyewear.

“(d) A contract approved under this chapter shall require the qualified company to cover the geographic service delivery area specified by the Office. The Office shall require qualified companies to include visually underserved areas in their service delivery areas.

“(e) If an individual has vision coverage under a health benefits plan under chapter 89 and also has coverage under a plan under this chapter, the health benefits plan under chapter 89 shall be the first payor of any benefit payments.

“§ 8985. Information to individuals eligible to enroll

“(a) The qualified companies at the direction and with the approval of the Office, shall make available to each individual eligible to enroll in a vision benefits plan information on services and benefits (including maximums, limitations, and exclusions), that the Office considers necessary to enable the individual to make an informed decision about electing coverage.

“(b) The Office shall make available to each individual eligible to enroll in a vision benefits plan, information on services and benefits provided by qualified companies participating under chapter 89.

“§ 8986. Election of coverage

“(a) An eligible individual may enroll in a vision benefits plan for self-only, self plus one, or for self and family. If an eligible individual has a spouse who is also eligible to enroll, either spouse, but not both, may enroll for self plus one or self and family. An individual may not be enrolled both as an employee, annuitant, or other individual eligible to enroll and as a member of the family.

“(b) The Office shall prescribe regulations under which—

“(1) an eligible individual may enroll in a vision benefits plan; and

“(2) an enrolled individual may change the self-only, self plus one, or self and family coverage of that individual.

“(c)(1) Regulations under subsection (b) shall permit an eligible individual to cancel or transfer the enrollment of that individual to another vision benefits plan—

“(A) before the start of any contract term in which there is a change in rates charged or benefits provided, in which a new plan is offered, or in which an existing plan is terminated; or

“(B) during other times and under other circumstances specified by the Office.

“(2) A transfer under paragraph (1) shall be subject to waiting periods provided under a new plan.

“§ 8987. Coverage of restored survivor or disability annuitants

“A surviving spouse, disability annuitant, or surviving child whose annuity is terminated and is later restored, may continue enrollment in a vision benefits plan subject to the terms and conditions prescribed in regulations issued by the Office.

“§ 8988. Premiums

“(a) Each eligible individual obtaining supplemental vision coverage under this chapter shall be responsible for 100 percent of the premiums for such coverage.

“(b) The Office shall prescribe regulations specifying the terms and conditions under which individuals are required to pay the premiums for enrollment.

“(c) The amount necessary to pay the premiums for enrollment may—

“(1) in the case of an employee, be withheld from the pay of such an employee; or

“(2) in the case of an annuitant, be withheld from the annuity of such an annuitant.

“(d) All amounts withheld under this section shall be paid directly to the qualified company.

“(e) Each participating qualified company shall maintain accounting records that contain such information and reports as the Office may require.

“(f)(1) The Employee Health Benefits Fund is available, without fiscal year limitation, for reasonable expenses incurred by the Office in administering this chapter before the first day of the first contract period, including reasonable implementation costs.

“(2)(A) There is established in the Employees Health Benefits Fund a Vision Benefits Administrative Account, which shall be available to the Office, without fiscal year limitation, to defray reasonable expenses incurred by the Office in administering this chapter after the start of the first contract year.

“(B) A contract under this chapter shall include appropriate provisions under which the qualified company involved shall, during each year, make such periodic contributions to the Vision Benefits Administrative Account as necessary to ensure that the reasonable anticipated expenses of the Office in administering this chapter during such year are defrayed.

“§ 8989. Preemption

“The terms of any contract that relate to the nature, provision, or extent of coverage or benefits (including payments with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relates to vision benefits, insurance, plans, or contracts.

“§ 8990. Studies, reports, and audits

“(a) Each contract shall contain provisions requiring the qualified company to—

“(1) furnish such reasonable reports as the Office determines to be necessary to enable it to carry out its functions under this chapter; and

“(2) permit the Office and representatives of the Government Accountability Office to examine such records of the qualified company as may be necessary to carry out the purposes of this chapter.

“(b) Each Federal agency shall keep such records, make such certifications, and furnish the Office, the qualified company, or both, with such information and reports as the Office may require.

“(c) The Office shall conduct periodic reviews of plans under this chapter, including a comparison of the vision benefits available

under chapter 89, to ensure the competitiveness of plans under this chapter. The Office shall cooperate with the Government Accountability Office to provide periodic evaluations of the program.

“§ 8991. Jurisdiction of courts

“The district courts of the United States have original jurisdiction, concurrent with the United States Court of Federal Claims, of a civil action or claim against the United States under this chapter after such administrative remedies as required under section 8983(d) have been exhausted, but only to the extent judicial review is not precluded by any dispute resolution or other remedy under this chapter.

“§ 8992. Administrative functions

“(a) The Office shall prescribe regulations to carry out this chapter. The regulations may exclude an employee on the basis of the nature and type of employment or conditions pertaining to it.

“(b) The Office shall, as appropriate, provide for coordinated enrollment, promotion, and education efforts as appropriate in consultation with each qualified company. The information under this subsection shall include information relating to the vision benefits available under chapter 89, including the advantages and disadvantages of obtaining additional coverage under this chapter.”.

SEC. 4. TECHNICAL AND CONFORMING AMENDMENT.

The table of chapters for part III of title 5, United States Code, is amended by inserting after the item relating to chapter 89 the following:

“89A. Enhanced Dental Benefits 8951
“89B. Enhanced Vision Benefits 8981”.

SEC. 5. APPLICATION TO POSTAL SERVICE EMPLOYEES.

Section 1005(f) of title 39, United States Code, is amended in the second sentence by striking “chapters 87 and 89” and inserting “chapters 87, 89, 89A, and 89B”.

SEC. 6. REQUIREMENT TO STUDY HEALTH BENEFITS COVERAGE FOR DEPENDENT CHILDREN WHO ARE FULL-TIME STUDENTS.

Not later than 6 months after the date of enactment of this Act, the Office of Personnel Management shall submit to Congress a report describing and evaluating options whereby benefits under chapter 89 of title 5, United States Code, could be made available to an unmarried dependent child under 25 years of age who is enrolled as a full-time student at an institution of higher education as defined under section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

SEC. 7. EFFECTIVE DATE.

The amendments made by this Act shall take effect on the date of enactment of this Act and shall apply to contracts that take effect with respect to the calendar year 2006.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. TOM DAVIS) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. TOM DAVIS).

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of S. 2657, the Federal Employee Dental and Vision Benefits Enhancement Act.

The Federal Employees Health Benefit Plan, FEHBP, is one of the Federal Government's most important tools as we seek to recruit and retain the best Federal workforce that this country has to offer. It covers over 8.6 million

individuals, including 2.2 million Federal and postal employees, 1.9 million Federal annuitants, and 4.5 million dependents; and offers the widest selection of health plans in the country, enabling enrollees to compare the costs, benefits, and features of different plans. However, this program will not remain a model for excellence in employer-provided health care coverage unless we continue to explore avenues to enhance the care and the choices provided.

Through the FEHBP, the Federal Government fulfills its responsibilities as an employer to contribute to health and well-being by providing comprehensive high-quality, affordable health care for its employees, while also providing an example and a model for improving the performance of the U.S. health care system as a whole. While a fine example for comprehensive care, the FEHBP currently offers minimal dental and vision benefits. Over 15 years ago, the Office of Personnel Management stopped allowing plans to add new dental and vision packages or to enhance packages they already had in place. As a result, the FEHBP has not kept pace in these areas, as an overwhelming majority of private sector plans provide dental and vision benefits.

In addition, there has been a groundswell among Federal employees and annuitants through numerous surveys and focus groups on this issue. More than any benefit, they want better coverage for dental and vision care. This will change with the passage of this important legislation.

The bill before us now will establish a voluntary, supplemental program under which Federal employees and annuitants may purchase dental and vision insurance as part of the FEHBP. This important legislation follows the design of the current long-term care insurance program whose premiums are wholly employee-funded, but allows the Federal Government to leverage its purchasing power to lower the cost of care in these areas.

Mr. Speaker, I want to recognize the efforts of my distinguished counterpart in the other body, the Senator from Maine, Ms. COLLINS. Senator COLLINS was instrumental in the drafting of this legislation. I commend her for her dedication on issues important to our Nation's civil service. I look forward to continuing to work with her on these important issues in the 109th Congress. I also thank my ranking member, the gentleman from California (Mr. WAXMAN), and the ranking member of the subcommittee, my friend, the gentleman from Illinois (Mr. DAVIS).

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to join with the gentleman from Virginia (Chairman TOM DAVIS) in consideration of S. 2657, the Federal Employee Dental

and Vision Benefits Enhancement Act of 2004.

Visual health and oral health are integral to our general health. Eye and oral diseases are progressive and become more complex over time. Our ability to eat, see, read, learn, and communicate all depends on good visual and oral health.

Periodic eye and dental examinations are an important part of routine preventive health care. Many visual and oral conditions present no obvious symptoms. Therefore, individuals are often unaware that problems exist.

There are safe and effective measures to prevent the most common eye and dental diseases, and that is why early diagnosis and treatment are important for maintaining good visual and oral health, and why a vision and dental benefit should be made available to Federal employees and annuitants.

We know that in 1987, the Office of Personnel Management stopped plans in the Federal health benefits program from adding new visual and dental packages. OPM did so for various reasons. However, that decision was made over 15 years ago, and it is time to take a fresh look at how we can meet the visual and oral health needs of Federal employees.

In the long run, preventive care through periodic examinations and doctor visits will help keep down long-term visual and dental costs due to early detection.

I am happy to support S. 2657 because it permits OPM to contract with qualified companies to offer dental and vision benefits to Federal employees and retirees under the Federal Employee Health Benefits Program.

Unfortunately, however, this bill does not include a provision that would require OPM to study the feasibility of providing hearing benefits to Federal benefits and retirees. Currently, over 28 million Americans suffer hearing loss, half of whom are under the age of 50. Hearing loss is not just a problem affecting adults. Thirty-three children are born every day with some form of hearing loss. With early detection and treatment, these children can be taught in regular classes, saving the school system as much as \$500,000 during a 12-year education.

I included similar language in H.R. 3751, which passed the House in June. Like vision and dental benefits, most insurance plans do not provide hearing benefits, such as coverage for hearing aids.

To address this omission, the gentleman from California (Mr. WAXMAN) and I, along with the gentleman from Virginia (Chairman TOM DAVIS) and the Senate sponsors of this bill, sent a letter to the Director of the office of OPM requesting that the agency assess current hearing benefits available to FEHBP participants and explore the feasibility of expanding hearing benefits to enrollees and their dependents.

Director James has already replied that such a study will be conducted

and completed by September 30, 2005. I am pleased that we have received this commitment from OPM and look forward to reviewing the finished report.

I would urge my colleagues to support passage of Senate bill 2657.

Mr. Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. MORAN).

(Mr. MORAN of Virginia asked and was given permission to revise and extend his remarks.)

Mr. MORAN of Virginia. Mr. Speaker, we had inserted similar language to this bill in the legislative branch appropriations bill that hopefully we will approve tonight as well. It addresses the fact that dental and vision needs are some of the most expensive out-of-pocket expenses. We will now have it available for Federal employees in the executive branch, as well as the legislative branch; this is a very important accomplishment of the Committee on Government Reform.

Mr. Speaker, I rise in strong support of H.R. 5295, the Federal Employees Dental and Vision Benefits Enhancement Act of 2004 and am proud to be a co-sponsor of this bill. As ranking member of the Legislative Branch Appropriations Subcommittee, I was pleased to initiate efforts to establish a similar benefit for Members and congressional staff with House passage of the Fiscal 2005 Legislative Branch Appropriations Act (H.R. 4755). Combined, these two initiatives represent one of the most significant changes to health benefits under the Federal Employee Health Benefits Plan in recent years.

The Federal Employees Dental and Vision Benefits Enhancement Act would establish a voluntary program under which Federal employees, retirees and annuitants may purchase supplemental dental and vision coverage. The legislation grants the Office of Personnel Management (OPM) the authority to select the appropriate combination of nationwide and regional companies and a variety of benefit packages to meet the diverse needs of our Federal employee, retiree, and annuitant population.

Greater access to dental and vision care is an area where major improvement is needed and should be an essential component to any comprehensive health care strategy. Many Federal employees whom I hear from tell me that their greatest health care expenditures go towards dental and vision care. Federal employees need and deserve increased access to dental and vision benefits.

FEHBP has long been regarded as a model health care program. I am confident that with the addition of a supplementary dental and vision coverage program, the Federal government will set an example for other employers to expand their health care offerings to include dental and vision coverage for their employees. Additionally, I believe this new benefit will serve as a recruitment tool for the Federal government in attracting and keeping the best and the brightest in the government.

Mr. Speaker, I thank Chairman DAVIS on the Government Reform Committee for moving this important legislation, and I strongly support its adoption.

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

Mr. MURPHY. Mr. Speaker, too often, basic health insurance coverage offered to federal

employees does not adequately cover the cost of dental and vision care, yet regular visits to the eye doctor and the dentist are just as important for maintaining overall health as annual visits to the M.D. That is why Chairman DAVIS, Rep. JOANN DAVIS, Senator SUSAN COLLINS, myself and others have made the addition of supplemental dental and vision benefits to the Federal Employee Health Benefits Program a priority.

According to testimony we heard last year in the Government Reform Committee, while 56 percent of Americans have dental coverage, of 150 FEHBP plans studied, only one provided dental coverage for children and only 14 provided orthodontic coverage. Unfortunately, there are not a lot of options for federal employees when it comes to vision insurance either. The FEHBP is often cited as a leader and a model for health care plans across the Nation. It is unacceptable that federal employees and their families are denied quality coverage for dental and vision services.

The Federal Employees Dental and Vision Benefits Enhancement Act of 2004 seeks to address this situation by leveraging the purchasing power of the federal government to obtain supplemental dental and vision benefits for federal employees. This much-needed legislation is patterned after the successful long-term care benefits program we already offer federal employees and will provide tangible relief to millions of federal employees and their families.

The new benefits would be offered separately from existing health care plans and would be available strictly on a voluntary basis. Since federal employees opting to take advantage of these benefits would pay 100 percent of the premiums, we can offer these policies at very little cost to the federal government. This legislation is a win-win for all parties involved.

Recently, I chaired a subcommittee hearing on steps the federal government can take to lead the way in reducing health care costs by taking advantage of our missive purchasing power, investing in new health care technologies and promoting good health through preventative care. This legislation is a step in that direction. The federal government must lead by example when it comes to health care and I ask my colleagues to support that effort by voting in favor of this bill.

□ 1515

Mr. TOM DAVIS of Virginia. Mr. Speaker, I urge support for the bill, S. 2657.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Virginia (Mr. TOM DAVIS) that the House suspend the rules and pass the Senate bill, S. 2657.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

AMENDING THE DISTRICT OF COLUMBIA COLLEGE ACCESS ACT OF 1999

Mr. TOM DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and concur in the Senate amendments to the bill (H.R. 4012) to amend the District of Columbia College Access Act of 1999 to reauthorize for 5 additional years the public school and private school tuition assistance programs established under the Act.

The Clerk read as follows:

Senate Amendments:

Page 2, line 7, strike "10 succeeding" and insert "7 succeeding".

Page 2, line 11, strike "10 succeeding" and insert "7 succeeding".

Amend the title so as to read: "An Act to amend the District of Columbia College Access Act of 1999 to reauthorize for 2 additional years the public school and private school tuition assistance programs established under the Act."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. TOM DAVIS) and the gentlewoman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia (Mr. TOM DAVIS).

GENERAL LEAVE

Mr. TOM DAVIS of Virginia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4012.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 4012, legislation to authorize the District of Columbia College Access Act for 2 additional years.

The College Access Program has been a key component of the District's revitalization efforts in recent years. It is critical that Congress continue to support its partnership with the District of Columbia in providing access to higher education resources and opportunities.

Congress established the D.C. College Access Program in 1999 for two primary reasons. First, the program addressed the fact that the District of Columbia does not have a State university system like most States do for its high school graduates. The program essentially leveled the playing field for high school graduates in the Nation's Capital by enabling them to attend colleges and universities around the country at instate tuition rates. This is State universities around the country.

The program's second purpose was to deter tax-paying families in the District from moving to surrounding States in order to take advantage of instate higher education options available to residents in other States that were not available to District residents

at the time that would deprive the District of very much needed stability in tax revenue should they leave the jurisdiction.

I cannot tell you how many mothers and fathers have approached me to say thank you. We were going to have to leave the District of Columbia so our kid could go to college, but thanks to this program we can stay; or young people from the district that come up to me and say thank you for this act. I am now able to afford to go to a good college.

At a Committee on Government Reform hearing on this program last March, it is clear that the program has been more than an anecdotal success over the past 5 years. D.C. Mayor Anthony Williams testified that since creation of the program, the number of high school graduates in the District continuing on to college has increased 28 percent. The national average over the same period was an increase of approximately 5 percent.

The impact of the College Access Program is undeniable. According to a survey of high school graduates in the District, the vast majority of students who have received assistance through the program have indicated that the existence of the grants made a difference in their decision to attend college and was a key factor in deciding which college to attend.

H.R. 4012 represents a shot at a better education and, in turn, a better life for hundreds of D.C. students.

The House passed a 5-year authorization for the program in July, but after discussions with the other body, we have agreed to limit the reauthorization to 2 years while we in Congress continue to work with the city to refine the scope and the mission of the program.

Mr. Speaker, I urge my colleagues to support H.R. 4012 and to continue to support a level playing field for high school graduates in the District.

I also want to acknowledge my friend and colleague, the gentlewoman from the District of Columbia (Ms. NORTON) for her help in starting this bill and working through this legislation today as we reauthorize it, and my colleague, the gentleman from Alexandria, Virginia (Mr. MORAN), who has also been very helpful and instrumental in getting this legislation originally established and reauthorizing it today.

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

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

Mr. Speaker, I appreciate the kind words and acknowledgement of the chairman. I particularly appreciate the strong leadership he has given this bill from its inception and the continuing strong leadership he has afforded this absolutely vital bill to the residents of the District of Columbia.

Led by my good friend, the chairman of the Committee on Government Reform, the gentleman from Virginia (Mr. TOM DAVIS), the District of Columbia College Access Act of 1999 has