

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—118th Cong., 2d Sess.

S. 4035

To require the Director of the Office of Personnel Management to take certain actions with respect to the health insurance program carried out under chapter 89 of title 5, United States Code, and for other purposes.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by Mr. SCOTT of Florida

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “FEHB Protection
5 Act”.

6 **SEC. 2. FEHB IMPROVEMENTS.**

7 (a) DEFINITIONS.—In this section:

8 (1) APPROPRIATE COMMITTEES OF CON-
9 GRESS.—The term “appropriate committees of Con-
10 gress” means—

1 (A) the Committee on Homeland Security
2 and Governmental Affairs of the Senate;

3 (B) the Committee on Appropriations of
4 the Senate;

5 (C) the Committee on Oversight and Ac-
6 countability of the House of Representatives;
7 and

8 (D) the Committee on Appropriations of
9 the House of Representatives.

10 (2) DIRECTOR.—The term “Director” means
11 the Director of the Office of Personnel Management.

12 (3) EMPLOYING OFFICE.—The term “employing
13 office” has the meaning given the term in section
14 890.101(a) of title 5, Code of Federal Regulations,
15 or any successor regulation.

16 (4) HEALTH BENEFITS PLAN; MEMBER OF
17 FAMILY.—The terms “health benefits plan” and
18 “member of family” have the meanings given those
19 terms in section 8901 of title 5, United States Code.

20 (5) OPEN SEASON.—The term “open season”
21 means an open season described in section
22 890.301(f) of title 5, Code of Federal Regulations,
23 or any successor regulation.

24 (6) PROGRAM.—The term “Program” means
25 the health insurance program carried out under

1 chapter 89 of title 5, United States Code, including
2 the program carried out under section 8903c of that
3 title.

4 (7) QUALIFYING LIFE EVENT.—The term
5 “qualifying life event” has the meaning given the
6 term in section 892.101 of title 5, Code of Federal
7 Regulations, or any successor regulation.

8 (b) VERIFICATION REQUIREMENTS.—Not later than
9 1 year after the date of enactment of this Act, the Director
10 shall issue regulations and implement a process to require
11 each employing office to verify—

12 (1) the veracity of any qualifying life event
13 through which an enrollee in the Program seeks to
14 add a member of family with respect to the enrollee
15 to a health benefits plan under the Program; and

16 (2) that, when an enrollee in the Program seeks
17 to add a member of family with respect to the en-
18 rollee to the health benefits plan of the enrollee
19 under the Program, including during any open sea-
20 son, the individual so added is actually a member of
21 family with respect to the enrollee.

22 (c) FRAUD RISK ASSESSMENT.—In any fraud risk
23 assessment conducted with respect to the Program on or
24 after the date of enactment of this Act, the Director shall
25 include an assessment of individuals who are enrolled in,

1 or covered under, a health benefits plan under the Pro-
2 gram even though those individuals are not eligible to be
3 so enrolled or covered.

4 (d) FAMILY MEMBER ELIGIBILITY VERIFICATION
5 AUDIT.—

6 (1) IN GENERAL.—During the 3-year period be-
7 ginning on the date that is 1 year after the date of
8 enactment of this Act, the Director, in coordination
9 with the head of each employing office, shall conduct
10 a comprehensive audit regarding members of family
11 who are enrolled in, or covered under, a health bene-
12 fits plan under the Program.

13 (2) CONTENTS.—In conducting the audit re-
14 quired under paragraph (1), the Director, in coordi-
15 nation with the head of each employing office, shall
16 review marriage certificates, birth certificates, and
17 other appropriate documents that are necessary to
18 determine eligibility to enroll in, or be covered
19 under, a health benefits plan under the Program.

20 (3) REPORTS.—

21 (A) IN GENERAL.—Not later than 180
22 days after the date on which the 3-year period
23 described in paragraph (1) begins, and once
24 every 180 days thereafter until the end of that
25 3-year period, the Director shall submit to the

1 appropriate committees of Congress a report re-
2 garding the status of the audit required under
3 that paragraph.

4 (B) CONTENTS.—Each report required
5 under subparagraph (A) shall include, for the
6 period covered by the report—

7 (i) the number of members of family
8 who were reviewed under the audit con-
9 ducted under paragraph (1), including the
10 number of those individuals found during
11 the audit to be ineligible to be enrolled in,
12 or covered under, a health benefits plan
13 under the Program;

14 (ii) the number of members of family
15 who disenrolled from a health benefits
16 plan, and the number of members of fam-
17 ily who reduced the amount of coverage
18 under a health benefits plan, under the
19 Program before the end of a coverage year;
20 and

21 (iii) any other information that the
22 Director determines to be relevant.

23 (e) DISENROLLMENT OR REMOVAL.—Not later than
24 180 days after the date of enactment of this Act, the Di-
25 rector shall develop a process through which any indi-

1 individual enrolled in, or covered under, a health benefits plan
2 under the Program who is not eligible to be so enrolled
3 or covered shall be disenrolled or removed from enrollment
4 with respect to that health benefits plan.