

113TH CONGRESS
1ST SESSION

H. R. 3319

To modernize the Federal Employees Health Benefits Program, and for
other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 23, 2013

Mr. ISSA (for himself, Mr. CLAY, and Mr. MULVANEY) introduced the following bill; which was referred to the Committee on Oversight and Government Reform, and in addition to the Committees on Energy and Commerce and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To modernize the Federal Employees Health Benefits
Program, 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 “Equal Healthcare Ac-
5 cess Act”.

6 **SEC. 2. ACCESS TO FEDERAL HEALTH INSURANCE.**

7 (a) IN GENERAL.—Subpart G of part III of title 5,
8 United States Code, is amended—

1 (1) by redesignating chapters 89A and 89B as
2 chapters 89B and 89C, respectively; and

3 (2) by inserting after chapter 89 the following:

4 **“CHAPTER 89A—HEALTH INSURANCE FOR**
5 **NON-FEDERAL EMPLOYEES**

“Sec.

“8921. Definitions.

“8922. Health insurance program.

“8923. Contracting requirement.

“8924. Eligibility to enroll.

“8925. Exceptions to provisions incorporated by reference.

“8926. Coordination and application provisions.

6 **“§ 8921. Definitions**

7 “For purposes of this chapter—

8 “(1) any term used in this chapter which is de-
9 fined in section 8901 shall have the same meaning
10 as is given such term under such section; and

11 “(2) the term ‘Office’ means the Office of Per-
12 sonnel Management.

13 **“§ 8922. Health insurance program**

14 “(a) IN GENERAL.—The Office shall administer a
15 health insurance program for non-Federal employees in
16 accordance with this chapter.

17 “(b) REGULATIONS.—The Office shall prescribe reg-
18 ulations under which, except as otherwise provided in this
19 chapter and to the maximum extent practicable, the provi-
20 sions of chapter 89 shall be applied for purposes of car-
21 rying out this chapter.

1 **“§ 8923. Contracting requirement**

2 “The Office shall, not later than 9 months after the
3 date of the enactment of the Equal Healthcare Access Act,
4 enter into contracts with qualified carriers to make health
5 benefits plans available under this chapter.

6 **“§ 8924. Eligibility to enroll**

7 “(a) IN GENERAL.—Any qualified individual may en-
8 roll in a health benefits plan under this chapter.

9 “(b) QUALIFIED INDIVIDUAL DEFINED.—For pur-
10 poses of this section, the term ‘qualified individual’ means
11 any individual other than an individual who is enrolled or
12 eligible to be enrolled in a health benefits plan under chap-
13 ter 89, including as a family member.

14 **“§ 8925. Exceptions to provisions incorporated by ref-
15 erence**

16 “Notwithstanding any other provision of law—

17 “(1) subscription charges for a health benefits
18 plan under this chapter may differ between or
19 among geographic regions; and

20 “(2) an employer may, under arrangements sat-
21 isfactory to the Office—

22 “(A) offer coverage under this chapter to
23 its employees; and

24 “(B) make a contribution toward the cost
25 of such coverage.

1 **“§ 8926. Coordination and application provisions**

2 “(a) COORDINATION.—A health benefits plan under
3 this chapter shall be deemed to be a health plan offered
4 through an Exchange established under the Patient Pro-
5 tection and Affordable Care Act (Public Law 111–148;
6 124 Stat. 119) for purposes of section 1312 of such Act
7 (42 U.S.C. 18032).

8 “(b) APPLICATION.—

9 “(1) IN GENERAL.—In the case of a qualified
10 individual enrolled in a health benefits plan under
11 this chapter—

12 “(A) for purposes of section 36B of the In-
13 ternal Revenue Code of 1986, such plan shall
14 be treated as a qualified health plan described
15 in subsection (b)(2)(A) thereof that was en-
16 rolled in through an Exchange established by a
17 State under section 1311 of the Patient Protec-
18 tion and Affordable Care Act; and

19 “(B) for purposes of section 1402 of the
20 Patient Protection and Affordable Care Act (42
21 U.S.C. 18071), such plan shall be treated as a
22 qualified health plan in the silver level of cov-
23 erage in the individual market offered through
24 an Exchange.

25 “(2) REGULATIONS.—The Office of Personnel
26 Management, in consultation with the Secretary of

1 the Treasury, shall prescribe regulations necessary
2 to carry out this subsection.”.

3 (b) CLERICAL AMENDMENTS.—The table of chapters
4 for part III of title 5, United States Code, is amended—

5 (1) in the item relating to chapter 89A, by
6 striking “89A” and inserting “89B”;

7 (2) in the item relating to chapter 89B, by
8 striking “89B” and inserting “89C”; and

9 (3) by inserting after the item relating to chap-
10 ter 89 the following:

“89A. Health Insurance for Non-Federal Employees 8921”.

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