

Calendar No. 499

118TH CONGRESS
2D SESSION**S. 4035****[Report No. 118–220]**

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.

 IN THE SENATE OF THE UNITED STATES

MARCH 21, 2024

Mr. SCOTT of Florida (for himself and Mr. CARPER) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

SEPTEMBER 10, 2024

Reported by Mr. PETERS, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

A BILL

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.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “FEHB Protection
3 Act”.

4 **SEC. 2. FEHB IMPROVEMENTS.**

5 (a) **DEFINITIONS.**—In this section:

6 (1) **DIRECTOR.**—The term “Director” means
7 the Director of the Office of Personnel Management.

8 (2) **EMPLOYING OFFICE.**—The term “employing
9 office” has the meaning given the term in section
10 890.101(a) of title 5, Code of Federal Regulations,
11 or any successor regulation.

12 (3) **HEALTH BENEFITS PLAN; MEMBER OF**
13 **FAMILY.**—The terms “health benefits plan” and
14 “member of family” have the meanings given those
15 terms in section 8901 of title 5, United States Code.

16 (4) **OPEN SEASON.**—The term “open season”
17 means an open season described in section
18 890.301(f) of title 5, Code of Federal Regulations,
19 or any successor regulation.

20 (5) **PROGRAM.**—The term “Program” means
21 the health insurance program carried out under
22 chapter 89 of title 5, United States Code, including
23 the program carried out under section 8903e of that
24 title.

25 (6) **QUALIFYING LIFE EVENT.**—The term
26 “qualifying life event” has the meaning given the

1 term in section 892.101 of title 5, Code of Federal
2 Regulations, or any successor regulation.

3 (b) VERIFICATION REQUIREMENTS.—Beginning on
4 the date that is 180 days after the date of enactment of
5 this Act, the Director shall require each employing office
6 to verify—

7 (1) the veracity of any qualifying life event
8 through which an enrollee in the Program seeks to
9 add a member of family with respect to the enrollee
10 to a health benefits plan under the Program; and

11 (2) that, when an enrollee in the Program seeks
12 to add a member of family with respect to the en-
13 rollee to the health benefits plan of the enrollee
14 under the Program during any open season, the in-
15 dividual so added is actually a member of family
16 with respect to the enrollee.

17 (c) FRAUD RISK ASSESSMENT.—In any fraud risk
18 assessment conducted with respect to the Program on or
19 after the date of enactment of this Act, the Director shall
20 include an assessment of individuals who are enrolled in,
21 or covered under, a health benefits plan under the Pro-
22 gram even though those individuals are not eligible to be
23 so enrolled or covered.

24 (d) FAMILY MEMBER ELIGIBILITY VERIFICATION
25 AUDIT.—

1 (1) ~~IN GENERAL.~~—During the 5-year period be-
 2 ginning on the date of enactment of this Act, the Di-
 3 rector shall conduct a comprehensive audit regarding
 4 members of family—

5 (A) who are covered under an enrollment
 6 in a health benefits plan under the Program;
 7 and

8 (B) with respect to whom the basis for the
 9 eligibility for the coverage described in subpara-
 10 graph (A) has not been verified.

11 (2) ~~CONTENTS.~~—In conducting the audit re-
 12 quired under paragraph (1), the Director shall re-
 13 view marriage certificates, birth certificates, and
 14 other appropriate documents that are necessary to
 15 determine eligibility to enroll in a health benefits
 16 plan under the Program.

17 (c) ~~DISENROLLMENT OR REMOVAL.~~—Beginning on
 18 the date of enactment of this Act, the Director may
 19 disenroll or remove from enrollment any individual en-
 20 rolled in, or covered under, a health benefits plan under
 21 the Program if the Director determines that such indi-
 22 vidual is not eligible to be so enrolled or covered.

23 **SECTION 1. SHORT TITLE.**

24 *This Act may be cited as the “FEHB Protection Act”.*

1 **SEC. 2. FEHB IMPROVEMENTS.**

2 (a) *DEFINITIONS.—In this section:*

3 (1) *APPROPRIATE COMMITTEES OF CONGRESS.—*

4 *The term “appropriate committees of Congress”*
 5 *means—*

6 (A) *the Committee on Homeland Security*
 7 *and Governmental Affairs of the Senate;*

8 (B) *the Committee on Appropriations of the*
 9 *Senate;*

10 (C) *the Committee on Oversight and Ac-*
 11 *countability of the House of Representatives; and*

12 (D) *the Committee on Appropriations of the*
 13 *House of Representatives.*

14 (2) *DIRECTOR.—The term “Director” means the*
 15 *Director of the Office of Personnel Management.*

16 (3) *EMPLOYING OFFICE.—The term “employing*
 17 *office” has the meaning given the term in section*
 18 *890.101(a) of title 5, Code of Federal Regulations, or*
 19 *any successor regulation.*

20 (4) *HEALTH BENEFITS PLAN; MEMBER OF FAM-*
 21 *ILY.—The terms “health benefits plan” and “member*
 22 *of family” have the meanings given those terms in*
 23 *section 8901 of title 5, United States Code.*

24 (5) *OPEN SEASON.—The term “open season”*
 25 *means an open season described in section 890.301(f)*

1 *of title 5, Code of Federal Regulations, or any suc-*
 2 *cessor regulation.*

3 (6) *PROGRAM.*—*The term “Program” means the*
 4 *health insurance program carried out under chapter*
 5 *89 of title 5, United States Code, including the pro-*
 6 *gram carried out under section 8903c of that title.*

7 (7) *QUALIFYING LIFE EVENT.*—*The term “quali-*
 8 *fying life event” has the meaning given the term in*
 9 *section 892.101 of title 5, Code of Federal Regula-*
 10 *tions, or any successor regulation.*

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

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

19 (2) *that, when an enrollee in the Program seeks*
 20 *to add a member of family with respect to the enrollee*
 21 *to the health benefits plan of the enrollee under the*
 22 *Program, including during any open season, the indi-*
 23 *vidual so added is actually a member of family with*
 24 *respect to the enrollee.*

1 (c) *FRAUD RISK ASSESSMENT.*—*In any fraud risk as-*
 2 *essment conducted with respect to the Program on or after*
 3 *the date of enactment of this Act, the Director shall include*
 4 *an assessment of individuals who are enrolled in, or covered*
 5 *under, a health benefits plan under the Program even*
 6 *though those individuals are not eligible to be so enrolled*
 7 *or covered.*

8 (d) *FAMILY MEMBER ELIGIBILITY VERIFICATION*
 9 *AUDIT.*—

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

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

24 (3) *REPORTS.*—

1 (A) *IN GENERAL.*—Not later than 180 days
2 after the date on which the 3-year period de-
3 scribed in paragraph (1) begins, and once every
4 180 days thereafter until the end of that 3-year
5 period, the Director shall submit to the appro-
6 priate committees of Congress a report regarding
7 the status of the audit required under that para-
8 graph.

9 (B) *CONTENTS.*—Each report required
10 under subparagraph (A) shall include, for the pe-
11 riod covered by the report—

12 (i) the number of members of family
13 who were reviewed under the audit con-
14 ducted under paragraph (1), including the
15 number of those individuals found during
16 the audit to be ineligible to be enrolled in,
17 or covered under, a health benefits plan
18 under the Program;

19 (ii) the number of members of family
20 who disenrolled from a health benefits plan,
21 and the number of members of family who
22 reduced the amount of coverage under a
23 health benefits plan, under the Program be-
24 fore the end of a coverage year; and

1 (iii) any other information that the
2 Director determines to be relevant.

3 (e) *DISENROLLMENT OR REMOVAL.*—Not later than
4 180 days after the date of enactment of this Act, the Direc-
5 tor shall develop a process through which any individual
6 enrolled in, or covered under, a health benefits plan under
7 the Program who is not eligible to be so enrolled or covered
8 shall be disenrolled or removed from enrollment with respect
9 to that health benefits plan.

Calendar No. 499

118TH CONGRESS
2^D Session

S. 4035

[Report No. 118-220]

A BILL

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.

SEPTEMBER 10, 2024

Reported with an amendment