

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

There was no objection.

(For conference report and statement, see immediately prior proceedings of the House of today.)

The SPEAKER pro tempore. Without objection, the conference report is agreed to.

There was no objection.

A motion to reconsider was laid on the table.

**FEDERAL EMPLOYEES DENTAL AND VISION BENEFITS ENHANCEMENT ACT OF 2004**

Mr. MURPHY. Mr. Speaker, I ask unanimous consent that the Committee on Government Reform be discharged from further consideration of the bill (H.R. 5295) 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, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The Clerk read the bill, as follows:

H.R. 5295

*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 Employees Dental and Vision Benefits Enhancement Act of 2004".

**SEC. 2. ENHANCED DENTAL BENEFITS.**

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.
- "8921. Definitions.
- "8922. Availability of dental benefits.
- "8923. Contracting authority.
- "8924. Benefits.
- "8925. Information to individuals eligible to enroll.
- "8926. Election of coverage.
- "8927. Coverage of restored survivor or disability annuitants.
- "8928. Premiums.
- "8929. Preemption.
- "8930. Studies, reports, and audits.
- "8931. Jurisdiction of courts.
- "8932. Administrative functions.

**"§ 8921. Definitions**

"In this chapter:

- "(1) The term 'employee' means an employee, as defined by section 8901(1).
- "(2) The terms 'annuitant', 'member of family', and 'dependent' have the meanings given such terms by 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) 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.

**"§ 8922. Availability of dental benefits**

"(a) The Office shall establish and administer a program through which an eligible individual 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.

**"§ 8923. 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 8924, 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 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.

**"§ 8924. 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 specified by the Office. The Office shall require qualified companies to include underserved areas (with respect to dental services) 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.

**"§ 8925. 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.

**"§ 8926. 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.

**“§ 8927. Coverage of restored survivor or disability annuitants**

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

**“§ 8928. 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; and

“(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 Employees 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.

**“§ 8929. 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.

**“§ 8930. Studies, reports, and audits**

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

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

“(2) to 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 Government 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.

**“§ 8931. 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 8923(d) have been exhausted, but only to the extent judicial review is not precluded by any dispute resolution or other remedy under this chapter.

**“§ 8932. 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.**

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

**“CHAPTER 89B—ENHANCED VISION BENEFITS**

“Sec.

“8941. Definitions.

“8942. Availability of vision benefits.

“8943. Contracting authority.

“8944. Benefits.

“8945. Information to individuals eligible to enroll.

“8946. Election of coverage.

“8947. Coverage of restored survivor or disability annuitants.

“8948. Premiums.

“8949. Preemption.

“8950. Studies, reports, and audits.

“8951. Jurisdiction of courts.

“8952. Administrative functions.

**“§ 8941. Definitions**

“In this chapter:

“(1) The term ‘employee’ means an employee, as defined by section 8901(1).

“(2) The terms ‘annuitant’, ‘member of family’, and ‘dependent’ have the meanings given such terms by 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) 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.

**“§ 8942. 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.

**“§ 8943. 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 8944, 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.

#### “§ 8944. 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 specified by the Office. The Office shall require qualified companies to include underserved areas (with respect to vision services) 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.

#### “§ 8945. 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.

#### “§ 8946. 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 en-

roll, 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.

#### “§ 8947. Coverage of restored survivor or disability annuitants

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

#### “§ 8948. 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; and

“(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 Employees 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.

#### “§ 8949. 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.

#### “§ 8950. Studies, reports, and audits

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

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

“(2) to 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 Government 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.

#### “§ 8951. 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 8943(d) have been exhausted, but only to the extent judicial review is not precluded by any dispute resolution or other remedy under this chapter.

#### “§ 8952. 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 ..... 8921  
“89B. Enhanced Vision Benefits ..... 8941”.

#### 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. SENSE OF CONGRESS.

(a) FINDINGS.—Congress finds that—

(1) oral and vision health and general health and well-being are inseparable, and access to dental and vision services is an essential factor in maintaining good health;

(2) Federal employees and their families deserve and desire additional coverage options and place value on maintaining good oral and vision health; and

(3) it is in the interest of the Federal Government to remain competitive in attracting and retaining highly skilled employees and taking reasonable steps to ensure the health and well-being of its employees.

(b) SENSE OF CONGRESS.—It is the sense of Congress that health insurance benefits available to Federal employees should be sufficient to promote the health and productivity of all Federal workers and to support the recruitment and retention of a highly

qualified workforce. To help achieve these goals, Congress should evaluate the supplemental plans established under the this Act to determine the options for and feasibility of providing an employer contribution.

**SEC. 7. 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. 8. HEARING BENEFITS REPORTING REQUIREMENT.**

(a) IN GENERAL.—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 additional hearing benefits could be made available to—

- (1) Federal employees and annuitants;
  - (2) qualified relatives of Federal employees and annuitants; and
  - (3) other appropriate classes of individuals.
- (b) REQUIRED CONTENT.—The report shall include—

(1) a description of the hearing benefits currently available under the Federal employees health benefits program;

(2) a description of any hearing plans currently offered by carriers participating in the Federal employees health benefits program;

(3) a description of specific hearing benefits that could be offered in addition to those described in paragraphs (1) and (2), including any maximums, limitations, exclusions, and definitions that might be relevant;

(4) a description of the specific classes of individuals (as referred to generally in paragraphs (1) through (3) of subsection (a)) to whom those additional benefits should be made available, including any definitions and other terms or conditions that might be relevant;

(5) a description and assessment of the various contracting arrangements by which the Government could make those additional benefits available, including whether such benefits should be contracted for on a regional or national basis;

(6) the estimated cost of those additional benefits, including an analysis relating to whether any regular Government contributions or allocation for start-up costs might be necessary or appropriate;

(7) a description of how those additional benefits could be made available through—

(A) the Federal employees health benefits program;

(B) one or more plans outside the Federal employees health benefits program, including supplemental plans referred to in paragraph (2);

(C) the program described in subparagraph (A) in combination with one or more of the plans described in subparagraph (B); and

(D) any other hearing coverage delivery method;

(8) an analysis of the advantages and disadvantages associated with the alternatives described under paragraph (7), including—

(A) the relative cost effectiveness and efficiency of each;

(B) the likely impact of each alternative on the overall attractiveness of the Federal employees health benefits program to individuals eligible to enroll, particularly Federal employees and annuitants; and

(C) the extent to which each alternative might affect the relative competitiveness of

the various carriers and plans currently participating in the Federal employees health benefits program (including as a provider of supplemental benefits);

(9) a recommendation from the Office as to its preferred method or methods for providing those additional benefits; and

(10) any proposed legislation or other measures the Office considers necessary in order to implement any of the foregoing.

**SEC. 9. 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 in any year beginning after December 31, 2005.

Mr. TOM DAVIS of Virginia. Mr. Speaker, I rise in strong support of H.R. 5295.

Earlier this year, the House passed H.R. 3751, legislation authored by Representative JO ANN DAVIS, instructing the Office of Personnel Management (OPM) to conduct a study to determine how best to include dental vision and hearing benefits in the Federal Employees Health Benefits Program, the FEHBP. The bill now before us takes an important step forward in this effort to establish a voluntary program under which federal employees and annuitants may purchase dental and vision insurance as part of the FEHBP.

It was expertly crafted by the Senator from Maine, Ms. COLLINS, and follows the design of the current Long-Term Care Insurance Program. In addition, this legislation also includes an important provision from H.R. 3751. This provision, offered by Ranking Member of the Civil Service Subcommittee, Mr. DAVIS, retains the direction to OPM to conduct a study on how best to provide hearing benefits in the FEHBP.

The 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 healthcare coverage unless we continue to explore avenues to enhance the care and choice provided.

Minimal dental and vision benefits are available in the FEHBP because over 15 years ago, OPM stopped allowing plans to add new dental and vision packages or to increase packages they already had in place. The fact is that the FEHBP has not kept pace in these areas, as an overwhelming majority of private-sector plans provide dental and vision coverage. In addition, there has been a groundswell among federal employees and annuitants through numerous surveys and focus groups on this issue—more than any other benefit, they want better coverage for dental and vision care. That will change with the passage of this important legislation.

I commend the sponsor of this legislation, Mr. MURPHY, for his dedication on issues important to our Nation's civil servants. I look forward to working with him and all members as we provide comprehensive, high-quality, affordable healthcare through the FEHBP, and serve as a model for improving the performance of the U.S. health system as a whole.

Mr. MORAN of Virginia. 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 Employees 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 strongly support its adoption.

Mr. WOLF. Mr. Speaker, I rise today as a co-sponsor and in strong support for this legislation offered by Representative MURPHY. I have often heard from my constituents who are federal employees that while they are pleased with their health benefits, they are frustrated that coverage for dental and vision are lacking.

This legislation would change this, by making dental and vision benefits available to federal employees. It is necessary to make sure that our federal employees have access to these two vital benefits.

Dental and vision related expenses can be very costly. Today we have the chance to help our federal employees, who serve their nation everyday, manage these expenses.

Additionally, this bill would require the Office of Personnel Management to report to Congress about making benefits available for hearing aids and services.

In order to recruit and retain federal employees, it is necessary to provide them with a first class health care system. Many health plans for employees in the private sector include dental, vision, and hearing coverage. This bill will help federal employees enjoy a health care system that is on par with the private sector.

This bill is important to improve and expand the current health care available to federal employees, and will send an important signal that Congress and the American people continue to value the hard work and the health of those serving our government.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 7 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 0210

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. RYAN of Wisconsin) at 2 o'clock and 10 minutes a.m.

#### HOUR OF MEETING ON SATURDAY, OCTOBER 9, 2004

Mr. CANTOR. Mr. Speaker, I ask unanimous consent that when the House adjourns on this legislative day, it adjourn to meet at noon on Saturday, October 9, 2004.

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

There was no objection.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 11 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 0936

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PETRI) at 9 o'clock and 36 minutes a.m.

#### REPORT ON RESOLUTION WAIVING A REQUIREMENT OF CLAUSE 6(A) OF RULE XIII WITH RESPECT TO THE SAME DAY CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. SESSIONS, from the Committee on Rules, submitted a privileged report (Rept. No. 108-772) on the resolution (H. Res. 846) waiving a requirement of clause 6(a) of Rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. KILPATRICK (at the request of Ms. PELOSI) for today after 7:00 p.m. and the balance of the week on account of personal reasons.

Mr. TAUZIN (at the request of Mr. DELAY) for October 7 and the balance of the week on account of medical reasons.

#### ENROLLED BILLS SIGNED

Mr. Trandahl, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 854. An act to provide for the promotion of democracy, human rights, and rule of law in the Republic of Belarus and for the consolidation and strengthening of Belarus sovereignty and independence.

H.R. 2828. An act to authorize the Secretary of the Interior to implement water supply technology and infrastructure programs aimed at increasing and diversifying domestic water resources.

H.R. 5122. An act to amend the Congressional Accountability Act of 1995 to permit members of the Board of Directors of the Office of Compliance to serve for 2 terms.

#### SENATE ENROLLED BILLS SIGNED

The SPEAKER announced his signature to enrolled bills of the Senate of the following titles:

S. 33.—An act to authorize the Secretary of Agriculture to sell or exchange all or part of certain administrative sites and other land in the Ozark-St. Francis and Ouachita National Forests and to use funds derived from the sale or exchange to acquire, construct, or improve administrative sites.

S. 1791.—An act to amend the Lease Lot Conveyance Act of 2002 to provide that the amounts received by the United States under that Act shall be deposited in the reclamation fund, and for other purposes.

S. 2178.—An act to make technical corrections to laws relating to certain units of the National Park System and to National Park programs.

S. 2415.—An act to designate the facility of the United States Postal Service located at 4141 Postmark Drive, Anchorage, Alaska, as the "Robert J. Opinsky Post Office Building".

S. 2511.—An act to direct the Secretary of the Interior to conduct a feasibility study of a Chimayo water supply system, to provide for the planning, design, and construction of a water supply, reclamation, and filtration facility for Espanola, New Mexico, and for other purposes.

S. 2742.—An act to extend certain authority of the Supreme Court Police, modify the venue of prosecutions relating to the Supreme Court building and grounds, and authorize the acceptance of gifts to the United States Supreme Court.

#### BILLS PRESENTED TO THE PRESIDENT

Jeff Trandahl, Clerk of the House reports that on October 7, 2004, he presented to the President of the United States, for his approval, the following bills:

H.R. 4011. To promote human rights and freedom in the Democratic People's Republic of Korea, and for other purposes.

H.R. 4850. Making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of said District for the fiscal year ending September 30, 2005, and for other purposes.

#### ADJOURNMENT

Mr. SESSIONS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 37 minutes a.m.), under its previous order, the House adjourned until today at noon.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

10260. A letter from the Executive Director, Commodity Futures Trading Commission, transmitting the Commission's final rule — Foreign Futures and Foreign Options Transactions (RIN: 3038-AB45) received September 21, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10261. A letter from the Executive Director, Commodity Futures Trading Commission, transmitting the Commission's final rule — Collection of Claims Owed the United States Arising From Activities Under the Commission's Jurisdiction (RIN: 3038-AC03) received September 21, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10262. A letter from the Executive Director, Commodity Futures Trading Commission, transmitting the Department's final rule — Correction to Regional Office Information, Reference to Section 4D(2) and Criteria for CPO Registration Exemption — received July 23, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10263. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's final rule — Importation of Wood Packaging Material [Docket No. 02-032-3] (RIN: 0579-AB48) received September 22, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10264. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's final rule — Tuberculosis in Cattle; Import Requirements [Docket No. 03-081-2] received August 30, 2004, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

10265. A letter from the Congressional Review Coordinator, APHIS, Department of Agriculture, transmitting the Department's