

110<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 6806

To establish a Citizens Congressional Health Benefits Program, based on the Federal employees health benefits program, to provide health insurance coverage for the President, Vice President, and Members of Congress, and citizens not eligible for coverage under the Federal employees health benefits program.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2008

Mr. GOODE introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Government Reform and House Administration, 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

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## A BILL

To establish a Citizens Congressional Health Benefits Program, based on the Federal employees health benefits program, to provide health insurance coverage for the President, Vice President, and Members of Congress, and citizens not eligible for coverage under the Federal employees health benefits program.

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; TABLE OF CONTENTS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Citizenship Should Count for Something Act”.

4 (b) **TABLE OF CONTENTS.**—The table of contents of  
5 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Establishment of Citizens Congressional Health Benefits Program (CCHBP).
- Sec. 3. Eligibility; enrollment.
- Sec. 4. Qualified health plans; benefits; premiums.
- Sec. 5. Government contribution.
- Sec. 6. Administration.
- Sec. 7. Definitions.

6 **SEC. 2. ESTABLISHMENT OF CITIZENS CONGRESSIONAL**  
7 **HEALTH BENEFITS PROGRAM (CCHBP).**

8 (a) **IN GENERAL.**—There is established under this  
9 title a program (to be known as the “Citizens Congres-  
10 sional Health Benefits Program”) to provide comprehen-  
11 sive health insurance coverage to Federal elected officials  
12 and to all other citizens who are not covered under the  
13 Federal Employees Health Benefits Program (FEHBP).  
14 The coverage shall be provided in a manner similar to the  
15 manner in which coverage has been provided to Members  
16 of Congress and Federal Government employees and retir-  
17 ees and their dependents under the Federal Employees  
18 Health Benefits Program (FEHBP).

19 (b) **EFFECTIVE DATE.**—Benefits shall first be made  
20 available under this title for items and services furnished  
21 on or after January 1, 2010.

1 (c) NON-PREEMPTION OF EXISTING COLLECTIVE  
2 BARGAINING AGREEMENTS.—Nothing in this Act shall be  
3 construed as preempting any collective bargaining agree-  
4 ment that is in effect as of the date of the enactment of  
5 this Act, during the period in which such agreement is  
6 in effect (without regard to any extension of such agree-  
7 ment effected as such date of enactment).

8 **SEC. 3. ELIGIBILITY; ENROLLMENT.**

9 (a) ELIGIBILITY.—

10 (1) IN GENERAL.—Each CCHBP-eligible indi-  
11 vidual (as defined in paragraph (2)) is eligible to en-  
12 roll in accordance with this title in a qualified health  
13 plan offered under this title.

14 (2) CCHBP-ELIGIBLE INDIVIDUAL DEFINED.—

15 For purposes of this title, the term “CCHBP-eligible  
16 individual” means elected Federal officials (including  
17 the President, Vice President, and Members of Con-  
18 gress) and any other individual residing in the  
19 United States who—

20 (A) is a citizen or national of the United  
21 States; and

22 (B) is not enrolled under the Federal em-  
23 ployees health benefits program under chapter  
24 89 of title 5, United States Code.

1           (3) CONFORMING ELIMINATION OF FEHBP ELI-  
2           GIBILITY FOR FEDERAL ELECTED OFFICIALS.—Ef-  
3           fective for benefits for items and services furnished  
4           on or after January 1, 2010, section 8901 of title  
5           5, United States Code, is amended—

6                   (A) by striking subparagraphs (B) and  
7                   (D); and

8                   (B) in the matter following subparagraph  
9                   (J)—

10                          (i) by striking “or” at the end of  
11                          clause (iii);

12                          (ii) by striking the period at the end  
13                          of clause (iv) and inserting “; or”; and

14                          (iii) by adding at the end the fol-  
15                          lowing new clause:

16                          “(v) the President, the Vice President, or  
17                          a Member of Congress as defined in section  
18                          2106 of this title.”.

19           (b) ENROLLMENT.—

20                   (1) IN GENERAL.—The Director shall establish  
21                   a process for CCHBP-eligible individuals to enroll in  
22                   qualified health plans. Such process shall be based  
23                   on the enrollment process used under FEHBP and  
24                   shall provide for the dissemination of information to

1 CCHBP-eligible individuals on qualified health plans  
2 being offered.

3 (2) CHANGES IN ENROLLMENT.—The Director  
4 shall establish enrollment procedures that include an  
5 annual open season and permit changes in enroll-  
6 ment with qualified health plans at other times  
7 (such as by reason of changes in marital or depend-  
8 ent status or eligibility). Such procedures shall be  
9 based on the enrollment procedures established  
10 under FEHBP.

11 (3) LIMITATIONS.—CCHBP-eligible individuals  
12 may be enrolled in a qualified health plan under this  
13 title only during enrollment periods specified by the  
14 Director.

15 (c) TREATMENT OF FAMILY MEMBERS.—Enrollment  
16 under this title includes both individual and family enroll-  
17 ment, in a manner similar to that provided under  
18 FEHBP. To the extent consistent with eligibility under  
19 subsection (a), the Director shall provide rules similar to  
20 the rules under FEHBP for the enrollment of family  
21 members who are CCHBP-eligible individuals in the same  
22 plan.

23 (d) CHANGES IN PLAN ENROLLMENT.—The Director  
24 shall provide for and permit changes in the qualified  
25 health plan in which an individual or family is enrolled

1 under this section in a manner similar to the manner in  
2 which such changes are provided or permitted under  
3 FEHBP. The Director shall provide for termination of  
4 such enrollment for an individual at the time the indi-  
5 vidual is no longer an CCHBP-eligible individual.

6 (e) ENROLLMENT GUIDES.—The Director shall pro-  
7 vide for the broad dissemination of information on quali-  
8 fied health plans offered under this title. Such information  
9 shall be provided in a comparative manner, similar to that  
10 used under FEHBP, and shall include information, col-  
11 lected through surveys of enrollees, on measures of en-  
12 rollee satisfaction with the different plans.

13 **SEC. 4. QUALIFIED HEALTH PLANS; BENEFITS; PREMIUMS.**

14 (a) OFFERING OF PLANS.—

15 (1) CONTRACTS.—The Director shall enter into  
16 contracts with entities for the offering of qualified  
17 health plans in accordance with this title. Such con-  
18 tracts shall be entered into in a manner similar to  
19 the process by which the Director is authorized to  
20 enter into contracts with health benefits plans under  
21 FEHBP.

22 (2) REQUIREMENTS FOR ENTITIES OFFERING  
23 PLANS.—No such contract shall be entered into with  
24 an entity for the offering of a qualified health plan  
25 in a region unless the entity—

1 (A) is licensed as a health maintenance or-  
2 ganization in that State or is licensed to sell  
3 group health insurance coverage in that State;  
4 and

5 (B) meets such requirements, similar to re-  
6 quirements under FEHBP, as the Director may  
7 establish relating to solvency, organization,  
8 structure, governance, access, quality, and min-  
9 imum loss-ratios.

10 (b) FEHBP SCOPE OF BENEFITS.—

11 (1) COMPREHENSIVE BENEFITS.—Qualified  
12 health plans shall provide for the same scope and  
13 type of comprehensive benefits that have been pro-  
14 vided under FEHBP, including the types of benefits  
15 described in section 8904 of title 5, United States  
16 Code and including benefits previously required by  
17 regulation or direction (such as preventive benefits,  
18 including childhood immunization and cancer screen-  
19 ing, and mental health parity) under FEHBP.

20 (2) NO EXCLUSION FOR PRE-EXISTING CONDI-  
21 TIONS.—Qualified health plans shall not impose pre-  
22 existing condition exclusions or otherwise discrimi-  
23 nate against any enrollee based on the health status  
24 of such enrollee (including genetic information relat-  
25 ing to such enrollee).

1           (3) OTHER CONSUMER PROTECTIONS.—Quali-  
2           fied health plans also shall meet consumer and pa-  
3           tient protection requirements that the Director es-  
4           tablishes, based on similar requirements previously  
5           imposed under FEHBP, including protections of pa-  
6           tients' rights previously effected pursuant to Execu-  
7           tive Memorandum.

8           (4) COLLECTIVE BARGAINING AGREEMENTS.—  
9           Nothing in this Act shall be construed as preventing  
10          a collectively bargained agreement from providing  
11          coverage that is additional to, or supplementary of,  
12          benefits provided under this Act.

13          (c) COMMUNITY-RATED PREMIUMS.—

14               (1) APPLICATION.—The premiums established  
15               for a qualified health plan under this title for indi-  
16               vidual or family coverage shall be community-rated  
17               and shall not vary based on gender, health status  
18               (including genetic information), or other factors.

19               (2) COLLECTION PROCESS.—The Director shall  
20               establish a process for the timely and accurate col-  
21               lection of premiums owed by enrollees, taking into  
22               account any Government contribution under section  
23               5(a). Such process shall include methods for pay-  
24               ment through payroll withholding, as well as pay-  
25               ment through automatic debiting of accounts with fi-

1 nancial institutions, and shall be coordinated with  
2 the application of section 59B of the Internal Rev-  
3 enue Code of 1986.

4 (d) **MARKETING PRACTICES AND COSTS.**—The Di-  
5 rector shall monitor marketing practices with respect to  
6 qualified health plans in order to assure—

7 (1) the accuracy of the information dissemi-  
8 nated regarding such plans; and

9 (2) that costs of marketing are reasonable and  
10 do not exceed a percentage of total costs that is  
11 specified by the Director and that takes into account  
12 costs of market entry for new qualified health plans.

13 **SEC. 5. GOVERNMENT CONTRIBUTION.**

14 (a) **AMOUNT ESTABLISHED BIANNUALLY BY CON-**  
15 **GRESS.**—The Director shall provide each year (beginning  
16 with 2010) for a contribution under this subsection to-  
17 wards the coverage provided under this title for CCHBP-  
18 eligible individuals. The amount of such contribution shall  
19 be determined biannually by Congress

20 (b) **PLAN PAYMENT.**—

21 (1) **IN GENERAL.**—The Director shall provide  
22 for payment of qualified health plans of the pre-  
23 miums for such plans, as adjusted under this sub-  
24 section.

1           (2) RISK ADJUSTED PAYMENT.—The payment  
2           to a qualified health plan under this subsection shall  
3           be adjusted in a budget-neutral manner specified by  
4           the Director to reflect the actuarial risk of the en-  
5           rollees in the plan compared to an average actuarial  
6           risk.

7           (3) REDUCTION FOR ADMINISTRATIVE EX-  
8           PENSES AND CONTINGENCY RESERVE.—The Direc-  
9           tor may provide for a uniform percentage reduction  
10          in payment otherwise made to a qualified health  
11          plan under this subsection in order to provide for a  
12          contingency reserve and for Federal administrative  
13          costs in carrying out this title.

14 **SEC. 6. ADMINISTRATION.**

15          (a) APPLICATION OF FEHBP RULES.—

16               (1) IN GENERAL.—Except as otherwise pro-  
17               vided in this title, the program under this title shall  
18               be administered in the same manner as FEHBP.

19               (2) SPECIFIC PROVISIONS.—In carrying out this  
20               title, the Director pursuant to paragraph (1) shall  
21               provide for the following:

22                       (A) Approval and disapproval of plans as  
23                       qualified health plans.

24                       (B) Negotiation of plan benefits (including  
25                       cost-sharing) and plan premiums.

1 (b) DUTIES.—

2 (1) IN GENERAL.—The Director shall admin-  
3 ister the program under this title.

4 (2) ESTABLISHMENT OF CCHBP REGIONS.—For  
5 purposes of carrying out this title, the Director shall  
6 divide the United States into, and establish, CCHBP  
7 regions.

8 (c) RULEMAKING.—The Director is authorized to  
9 issue such regulations as may be required to carry out this  
10 title.

11 (d) USE OF REGIONAL AND FIELD OFFICES.—The  
12 Director shall establish such regional and field offices as  
13 may be appropriate for the convenient and efficient admin-  
14 istration of this title.

15 (e) COVERAGE OF ADMINISTRATION COSTS.—The  
16 Director shall provide for the collection of administrative  
17 costs of offering coverage under this title from entities of-  
18 fering qualified health plans in the same manner as  
19 FEHBP provides for coverage of its administrative costs.

20 (f) CONTINGENCY RESERVES.—

21 (1) CCHBP CONTINGENCY RESERVE.—The Di-  
22 rector is authorized to establish and maintain a con-  
23 tingency reserve for purposes of carrying out this  
24 title and is authorized to impose under section

1 5(b)(3)(A) a premium surcharge of up to three per-  
2 cent in order to provide financing for such reserve.

3 (2) PLAN RESERVES.—A qualified health plan  
4 may establish contingency reserves, that are in addi-  
5 tion to the reserve described in paragraph (1), in a  
6 manner similar to that permitted under FEHBP.

7 **SEC. 7. DEFINITIONS.**

8 For purposes of this Act:

9 (1) The term “CCHBP-eligible individual”  
10 means an individual described in section 3(a)(2).

11 (2) The term “CCHBP region” means a region  
12 as specified by the Director under section 6(c)(2).

13 (3) The term “Director” means the Director of  
14 the Office of Personnel Management.

15 (4) The term “FEHBP” means the program  
16 under chapter 89 of title 5, United States Code.

17 (5) The term “qualified health plan” means  
18 such a plan offered under this title.

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