

110TH CONGRESS
1ST SESSION

S. 2186

To permit individuals who are employees of a grantee that is receiving funds under section 330 of the Public Health Service Act to enroll in health insurance coverage provided under the Federal Employees Health Benefits Program.

IN THE SENATE OF THE UNITED STATES

OCTOBER 17, 2007

Mr. SMITH (for himself, Mr. BINGAMAN, Mr. SALAZAR, and Mr. SANDERS) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

A BILL

To permit individuals who are employees of a grantee that is receiving funds under section 330 of the Public Health Service Act to enroll in health insurance coverage provided 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health
5 Center Employee Health Coverage Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Federally Qualified Health Centers (re-
2 ferred to in this section as “FQHCs”) are required
3 under section 330 of the Public Health Service Act
4 (42 U.S.C. 254b) to be located in, and serve, a com-
5 munity that is designated as “medically under-
6 served”.

7 (2) FQHCs are required under such section
8 330 to make its services available to all residents of
9 the community, without regard to ability to pay, and
10 to make those services affordable by discounting
11 charges for otherwise uncovered care to low-income
12 families in accordance with family income.

13 (3) FQHCs are required under such section
14 330 to provide comprehensive primary health care
15 services, including preventive care, care for illness or
16 injury, services which improve the accessibility of
17 care, and the effectiveness of care.

18 (4) FQHCs are required under such section
19 330 to be governed by a board of directors, a major-
20 ity of whose members are active, registered patients
21 of the health center, thus ensuring that the center
22 is responsive to the health care needs of the commu-
23 nity it serves.

24 (5) FQHCs delivered comprehensive primary
25 and preventive care to more than 16,000,000 people

1 in 2006, more than 6,000,000 of whom had no
2 health insurance coverage.

3 (6) FQHCs employ nearly 100,000 people
4 across the United States.

5 (7) FQHCs are being challenged by increasing
6 financial pressures that jeopardize their ability to
7 provide health services to medically underserved pop-
8 ulations, including the elderly, the uninsured, and
9 lower-income individuals.

10 (8) Health insurance costs in the small em-
11 ployer market have risen more than 30 percent in
12 the past 2 years, forcing many FQHCs to use addi-
13 tional Federal funding to continue to provide health
14 insurance coverage for their employees.

15 (9) The Federal Government negotiates pre-
16 miums with health insurance companies for millions
17 of Federal employees, thereby ensuring the best pos-
18 sible rates under the Federal Employee Health Ben-
19 efit Program (referred to in this section as
20 “FEHBP”).

21 (10) Last year FEHBP premiums increased
22 6.6 percent, far less than that of even large employ-
23 ers.

24 (11) FQHCs receive Federal grants from the
25 Health Resource and Services Administration that

1 help cover the cost of providing high quality, afford-
2 able health care for everyone in their communities,
3 including the uninsured.

4 (12) FQHCs use a portion of their Federal
5 grant to cover the cost of health insurance for their
6 employees.

7 (13) As health insurance premiums rise,
8 FQHCs may be forced to reduce health insurance
9 coverage for their own employees, or reduce the
10 availability of care in their communities.

11 (14) Last year, almost 1,400,000 Americans
12 joined the ranks of the uninsured—bringing our Na-
13 tion’s total to more than 47,000,000 people without
14 health insurance, while another 30,000,000 or more
15 are underinsured.

16 (15) The uninsured are in significantly worse
17 health than those with health insurance, receive
18 fewer preventive services, are less likely to receive
19 regular care for chronic diseases, and are more likely
20 to be hospitalized for a condition that could have
21 been treated more effectively with timely access to
22 ambulatory care.

23 (16) Adding FQHC employees to the list of
24 those covered under the FEHBP would help control
25 rising health insurance costs, reduce the cost of pro-

1 viding health insurance to their employees, and en-
2 able centers to use scarce funds to continue pro-
3 viding care in their communities.

4 **SEC. 3. ADDITION OF HEALTH CENTER EMPLOYEES TO**
5 **FEHBP.**

6 (a) **DEFINITIONS.**—Section 8901(l) of title 5, United
7 States Code, is amended—

8 (1) in subparagraph (H), by striking “and” at
9 the end;

10 (2) in subparagraph (I), by striking the period
11 and inserting “; and”; and

12 (3) by adding at the end the following:

13 “(J) an individual who is an employee of
14 a federally qualified health center (as defined in
15 section 1905(l)(2)(B) of the Social Security Act
16 (42 U.S.C. 1396d(l)(2)(B))) that has elected to
17 offer coverage under this chapter or who is an
18 employee of a grantee that is receiving funds
19 under section 330(l) of the Public Health Serv-
20 ice Act (42 U.S.C. 254b(l)) that has elected to
21 offer coverage under this chapter.”.

22 (b) **EMPLOYEES HEALTH BENEFITS FUND.**—Section
23 8909 of title 5, United States Code, is amended by adding
24 at the end the following:

1 “(h) An individual who is an employee of a federally
2 qualified health center (as defined in section 1905(l)(2)(B)
3 of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)))
4 who has elected coverage under this chapter or who is an
5 employee of a grantee that is receiving funds under section
6 330(l) of the Public Health Service Act (42 U.S.C.
7 254b(l)) who has elected coverage under this chapter shall
8 be required to pay currently into the Employees Health
9 Benefits Fund, under arrangements satisfactory to the Of-
10 fice, an amount equal to the sum of—

11 “(1) the employee and agency contributions
12 which would be required in the case of an employee
13 enrolled in the same health benefits plan and level
14 of benefits; and

15 “(2) an amount, determined under regulations
16 prescribed by the Office, necessary for administra-
17 tive expenses, but not to exceed 2 percent of the
18 total amount under clause (i).”.

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