

118TH CONGRESS
2D SESSION

S. 4035

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

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “FEHB Protection
5 Act”.

6 **SEC. 2. FEHB IMPROVEMENTS.**

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

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

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

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

11 (4) OPEN SEASON.—The term “open season”
12 means an open season described in section
13 890.301(f) of title 5, Code of Federal Regulations,
14 or any successor regulation.

15 (5) PROGRAM.—The term “Program” means
16 the health insurance program carried out under
17 chapter 89 of title 5, United States Code, including
18 the program carried out under section 8903c of that
19 title.

20 (6) QUALIFYING LIFE EVENT.—The term
21 “qualifying life event” has the meaning given the
22 term in section 892.101 of title 5, Code of Federal
23 Regulations, or any successor regulation.

24 (b) VERIFICATION REQUIREMENTS.—Beginning on
25 the date that is 180 days after the date of enactment of

1 this Act, the Director shall require each employing office
2 to verify—

3 (1) the veracity of any qualifying life event
4 through which an enrollee in the Program seeks to
5 add a member of family with respect to the enrollee
6 to a health benefits plan under the Program; and

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

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

20 (d) FAMILY MEMBER ELIGIBILITY VERIFICATION
21 AUDIT.—

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

1 (A) who are covered under an enrollment
2 in a health benefits plan under the Program;
3 and

4 (B) with respect to whom the basis for the
5 eligibility for the coverage described in subpara-
6 graph (A) has not been verified.

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

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

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