

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.

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## 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

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## 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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