HOUSE BILL 1758

State of Washington 60th Legislature 2007 Regular Session

By Representatives Ormsby, Hunt, Dunn, Appleton, Moeller, Kenney, Conway, Simpson and Wood; by request of Health Care Authority

Read first time 01/26/2007. Referred to Committee on State Government & Tribal Affairs.

- 1 AN ACT Relating to authorizing tribal governments to participate in
- 2 public employees' benefits board programs; amending RCW 41.05.011,
- 3 41.05.021, 41.05.050, 41.05.065, 41.05.080, and 41.05.195; creating a
- 4 new section; and providing an effective date.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 <u>NEW SECTION.</u> **Sec. 1.** Consistent with the centennial accord, the
- 7 new millennium agreement, related treaties, and federal and state law,
- 8 it is the intent of the legislature to authorize tribal governments to
- 9 participate in public employees' benefits board programs to the same
- 10 extent that counties, municipalities, and other political subdivisions
- 11 of the state are authorized to do so.
- 12 Sec. 2. RCW 41.05.011 and 2005 c 143 s 1 are each amended to read
- 13 as follows:
- 14 ((Unless the context clearly requires otherwise,)) The definitions
- in this section ((shall)) apply throughout this chapter unless the
- 16 context clearly requires otherwise.
- 17 (1) "Administrator" means the administrator of the authority.

p. 1 HB 1758

(2) "State purchased health care" or "health care" means medical and health care, pharmaceuticals, and medical equipment purchased with state and federal funds by the department of social and health services, the department of health, the basic health plan, the state health care authority, the department of labor and industries, the department of corrections, the department of veterans affairs, and local school districts.

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- (3) "Authority" means the Washington state health care authority.
- (4) "Insuring entity" means an insurer as defined in chapter 48.01 RCW, a health care service contractor as defined in chapter 48.44 RCW, or a health maintenance organization as defined in chapter 48.46 RCW.
- (5) "Flexible benefit plan" means a benefit plan that allows employees to choose the level of health care coverage provided and the amount of employee contributions from among a range of choices offered by the authority.
- (6) "Employee" includes all full-time and career seasonal employees of the state, whether or not covered by civil service; elected and appointed officials of the executive branch of government, including full-time members of boards, commissions, or committees; and includes any or all part-time and temporary employees under the terms and conditions established under this chapter by the authority; justices of the supreme court and judges of the court of appeals and the superior courts; and members of the state legislature or of the legislative authority of any county, city, or town who are elected to office after February 20, 1970. "Employee" also includes: (a) Employees of a county, municipality, or other political subdivision of the state if the legislative authority of the county, municipality, or other political subdivision of the state seeks and receives the approval of the authority to provide any of its insurance programs by contract with the authority, as provided in RCW 41.04.205 and 41.05.021(1)(g); (b) employees of employee organizations representing state civil service employees, at the option of each such employee organization, and, effective October 1, 1995, employees of employee organizations currently pooled with employees of school districts for the purpose of purchasing insurance benefits, at the option of each such employee organization; ((and)) (c) employees of a school district if the authority agrees to provide any of the school districts' insurance programs by contract with the authority as provided in RCW 28A.400.350:

- and (d) employees of a tribal government, if the governing body of the tribal government seeks and receives the approval of the authority to provide any of its insurance programs by contract with the authority, as provided in RCW 41.05.021(1) (f) and (q).
 - (7) "Board" means the public employees' benefits board established under RCW 41.05.055.
 - (8) "Retired or disabled school employee" means:

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- (a) Persons who separated from employment with a school district or educational service district and are receiving a retirement allowance under chapter 41.32 or 41.40 RCW as of September 30, 1993;
- (b) Persons who separate from employment with a school district or educational service district on or after October 1, 1993, and immediately upon separation receive a retirement allowance under chapter 41.32, 41.35, or 41.40 RCW;
- (c) Persons who separate from employment with a school district or educational service district due to a total and permanent disability, and are eligible to receive a deferred retirement allowance under chapter 41.32, 41.35, or 41.40 RCW.
- (9) "Benefits contribution plan" means a premium only contribution plan, a medical flexible spending arrangement, or a cafeteria plan whereby state and public employees may agree to a contribution to benefit costs which will allow the employee to participate in benefits offered pursuant to 26 U.S.C. Sec. 125 or other sections of the internal revenue code.
 - (10) "Salary" means a state employee's monthly salary or wages.
- 26 (11) "Participant" means an individual who fulfills the eligibility 27 and enrollment requirements under the benefits contribution plan.
- 28 (12) "Plan year" means the time period established by the 29 authority.
- 30 (13) "Separated employees" means persons who separate from 31 employment with an employer as defined in:
 - (a) RCW 41.32.010(11) on or after July 1, 1996; or
 - (b) RCW 41.35.010 on or after September 1, 2000; or
- 34 (c) RCW 41.40.010 on or after March 1, 2002;
- and who are at least age fifty-five and have at least ten years of service under the teachers' retirement system plan 3 as defined in RCW 41.32.010(40), the Washington school employees' retirement system plan

p. 3 HB 1758

- 3 as defined in RCW 41.35.010, or the public employees' retirement 2 system plan 3 as defined in RCW 41.40.010.
 - (14) "Emergency service personnel killed in the line of duty" means law enforcement officers and fire fighters as defined in RCW 41.26.030, and reserve officers and fire fighters as defined in RCW 41.24.010 who die as a result of injuries sustained in the course of employment as determined consistent with Title 51 RCW by the department of labor and industries.
 - (15) "Employer" means the state of Washington.

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- 10 (16) "Employing agency" means a division, department, or separate 11 agency of state government ((and)); a county, municipality, school 12 district, educational service district, or other political 13 subdivision((-)); and a tribal government covered by this chapter.
- 14 (17) "Tribal government" means an Indian tribal government as
 15 defined in section 3(32) of the employee retirement income security act
 16 of 1974, as amended, or an agency or instrumentality of the tribal
 17 government, that has government offices principally located in this
 18 state.
- 19 **Sec. 3.** RCW 41.05.021 and 2006 c 103 s 2 are each amended to read 20 as follows:
 - (1) The Washington state health care authority is created within the executive branch. The authority shall have an administrator appointed by the governor, with the consent of the senate. administrator shall serve at the pleasure of the governor. The administrator may employ up to seven staff members, who shall be exempt from chapter 41.06 RCW, and any additional staff members as are necessary to administer this chapter. The administrator may delegate any power or duty vested in him or her by this chapter, including authority to make final decisions and enter final orders in hearings conducted under chapter 34.05 RCW. The primary duties of the authority shall be to: Administer state employees' insurance benefits and retired or disabled school employees' insurance benefits; administer the basic health plan pursuant to chapter 70.47 RCW; study statepurchased health care programs in order to maximize cost containment in these programs while ensuring access to quality health care; and implement state initiatives, joint purchasing strategies, and

techniques for efficient administration that have potential application to all state-purchased health services. The authority's duties include, but are not limited to, the following:

- (a) To administer health care benefit programs for employees and retired or disabled school employees as specifically authorized in RCW 41.05.065 and in accordance with the methods described in RCW 41.05.075, 41.05.140, and other provisions of this chapter;
- (b) To analyze state-purchased health care programs and to explore options for cost containment and delivery alternatives for those programs that are consistent with the purposes of those programs, including, but not limited to:
- (i) Creation of economic incentives for the persons for whom the state purchases health care to appropriately utilize and purchase health care services, including the development of flexible benefit plans to offset increases in individual financial responsibility;
- (ii) Utilization of provider arrangements that encourage cost containment, including but not limited to prepaid delivery systems, utilization review, and prospective payment methods, and that ensure access to quality care, including assuring reasonable access to local providers, especially for employees residing in rural areas;
- (iii) Coordination of state agency efforts to purchase drugs effectively as provided in RCW 70.14.050;
- (iv) Development of recommendations and methods for purchasing medical equipment and supporting services on a volume discount basis;
- (v) Development of data systems to obtain utilization data from state-purchased health care programs in order to identify cost centers, utilization patterns, provider and hospital practice patterns, and procedure costs, utilizing the information obtained pursuant to RCW 41.05.031; and
- (vi) In collaboration with other state agencies that administer state purchased health care programs, private health care purchasers, health care facilities, providers, and carriers:
- (A) Use evidence-based medicine principles to develop common performance measures and implement financial incentives in contracts with insuring entities, health care facilities, and providers that:
- (I) Reward improvements in health outcomes for individuals with chronic diseases, increased utilization of appropriate preventive health services, and reductions in medical errors; and

p. 5 HB 1758

- (II) Increase, through appropriate incentives to insuring entities, health care facilities, and providers, the adoption and use of information technology that contributes to improved health outcomes, better coordination of care, and decreased medical errors;
 - (B) Through state health purchasing, reimbursement, or pilot strategies, promote and increase the adoption of health information technology systems, including electronic medical records, by hospitals as defined in RCW 70.41.020(4), integrated delivery systems, and providers that:
 - (I) Facilitate diagnosis or treatment;
 - (II) Reduce unnecessary duplication of medical tests;
- 12 (III) Promote efficient electronic physician order entry;
- 13 (IV) Increase access to health information for consumers and their 14 providers; and
 - (V) Improve health outcomes;

- (C) Coordinate a strategy for the adoption of health information technology systems using the final health information technology report and recommendations developed under chapter 261, Laws of $2005((\cdot))$:
 - (c) To analyze areas of public and private health care interaction;
- (d) To provide information and technical and administrative assistance to the board;
- (e) To review and approve or deny applications from counties, municipalities, and other political subdivisions of the state to provide state-sponsored insurance or self-insurance programs to their employees in accordance with the provisions of RCW 41.04.205 and (g) of this subsection, setting the premium contribution for approved groups as outlined in RCW 41.05.050;
- (f) To review and approve or deny the application when the governing body of a tribal government applies to transfer their employees to an insurance or self-insurance program administered under this chapter. In the event of an employee transfer pursuant to this subsection (1)(f), members of the governing body are eligible to be included in such a transfer if the members are authorized by the tribal government to participate in the insurance program being transferred from and subject to payment by the members of all costs of insurance for the members. The authority shall: (i) Establish the conditions for participation; (ii) have the sole right to reject the application; and (iii) set the premium contribution for approved groups as outlined

in RCW 41.05.050. Approval of the application by the authority transfers the employees and dependents involved to the insurance, self-insurance, or health care program approved by the authority;

- (g) To ensure the continued status of the employee insurance or self-insurance programs administered under this chapter as a governmental plan under section 3(32) of the employee retirement income security act of 1974, as amended, the authority shall limit the participation of employees of a county, municipal, school district, educational service district, or other political subdivision, or a tribal government, including providing for the participation of those employees whose services are substantially all in the performance of essential governmental functions, but not in the performance of commercial activities;
- (h) To establish billing procedures and collect funds from school districts in a way that minimizes the administrative burden on districts;
 - (((g))) <u>(i)</u> To publish and distribute to nonparticipating school districts and educational service districts by October 1st of each year a description of health care benefit plans available through the authority and the estimated cost if school districts and educational service district employees were enrolled;
 - $((\frac{h}{h}))$ (j) To apply for, receive, and accept grants, gifts, and other payments, including property and service, from any governmental or other public or private entity or person, and make arrangements as to the use of these receipts to implement initiatives and strategies developed under this section; and
 - $((\frac{1}{2}))$ (k) To $(\frac{promulgate\ and}{promulgate\ and})$ adopt rules consistent with this chapter as described in RCW 41.05.160.
 - (2) On and after January 1, 1996, the public employees' benefits board may implement strategies to promote managed competition among employee health benefit plans. Strategies may include but are not limited to:
 - (a) Standardizing the benefit package;
 - (b) Soliciting competitive bids for the benefit package;
- 35 (c) Limiting the state's contribution to a percent of the lowest 36 priced qualified plan within a geographical area;
- 37 (d) Monitoring the impact of the approach under this subsection 38 with regards to: Efficiencies in health service delivery, cost shifts

p. 7 HB 1758

- 1 to subscribers, access to and choice of managed care plans statewide,
- 2 and quality of health services. The health care authority shall also
- 3 advise on the value of administering a benchmark employer-managed plan
- 4 to promote competition among managed care plans.

- **Sec. 4.** RCW 41.05.050 and 2005 c 518 s 919 are each amended to 6 read as follows:
 - (1) Every: (a) Department, division, or separate agency of state government((, and such)); (b) county, municipal, school district, educational service district, or other political subdivisions; and (c) tribal governments as are covered by this chapter, shall provide contributions to insurance and health care plans for its employees and their dependents, the content of such plans to be determined by the authority. Contributions, paid by the county, the municipality, ((er)) other political subdivision, or a tribal government for their employees, shall include an amount determined by the authority to pay such administrative expenses of the authority as are necessary to administer the plans for employees of those groups, except as provided in subsection (4) of this section.
 - (2) If the authority at any time determines that the participation of a county, municipal, $((\Theta r))$ other political subdivision, or a tribal government covered under this chapter adversely impacts insurance rates for state employees, the authority shall implement limitations on the participation of additional county, municipal, $((\Theta r))$ other political subdivisions, or a tribal government.
 - (3) The contributions of any: (a) Department, division, or separate agency of the state government((, and such)); (b) county, municipal, or other political subdivisions; and (c) any tribal government as are covered by this chapter, shall be set by the authority, subject to the approval of the governor for availability of funds as specifically appropriated by the legislature for that purpose. Insurance and health care contributions for ferry employees shall be governed by RCW 47.64.270.
 - (4)(a) Beginning September 1, 2003, the authority shall collect from each participating school district and educational service district an amount equal to the composite rate charged to state agencies, plus an amount equal to the employee premiums by plan and family size as would be charged to state employees, for groups of

- district employees enrolled in authority plans as of January 1, 2003. However, during the 2005-07 fiscal biennium, the authority shall collect from each participating school district and educational service district an amount equal to the insurance benefit allocations provided in section 504, chapter 518, Laws of 2005, plus any additional funding provided by the legislature for school employee health benefits, plus an amount equal to the employee premiums by plan and family size as would be charged to state employees, for groups of district employees enrolled in authority plans as of July 1, 2005.
 - (b) For all groups of district employees enrolling in authority plans for the first time after September 1, 2003, the authority shall collect from each participating school district an amount equal to the composite rate charged to state agencies, plus an amount equal to the employee premiums by plan and by family size as would be charged to state employees, only if the authority determines that this method of billing the districts will not result in a material difference between revenues from districts and expenditures made by the authority on behalf of districts and their employees.
 - (c) If the authority determines at any time that the conditions in (b) of this subsection cannot be met, the authority shall offer enrollment to additional groups of district employees on a tiered rate structure until such time as the authority determines there would be no material difference between revenues and expenditures under a composite rate structure for all district employees enrolled in authority plans.
 - (d) The authority may charge districts a one-time set-up fee for employee groups enrolling in authority plans for the first time.
 - (e) For the purposes of this subsection:

- (i) "District" means school district and educational service district; and
- (ii) "Tiered rates" means the amounts the authority must pay to insuring entities by plan and by family size.
- (f) Notwithstanding this subsection and RCW 41.05.065(3), the authority may allow districts enrolled on a tiered rate structure prior to September 1, 2002, to continue participation based on the same rate structure and under the same conditions and eligibility criteria.
- (5) The authority shall transmit a recommendation for the amount of the employer contribution to the governor and the director of financial

p. 9 HB 1758

- 1 management for inclusion in the proposed budgets submitted to the 2 legislature.
 - Sec. 5. RCW 41.05.065 and 2006 c 299 s 2 are each amended to read as follows:

- (1) The board shall study all matters connected with the provision of health care coverage, life insurance, liability insurance, accidental death and dismemberment insurance, and disability income insurance or any of, or a combination of, the enumerated types of insurance for employees and their dependents on the best basis possible with relation both to the welfare of the employees and to the state. However, liability insurance shall not be made available to dependents.
- (2) The board shall develop employee benefit plans that include comprehensive health care benefits for all employees. In developing these plans, the board shall consider the following elements:
- (a) Methods of maximizing cost containment while ensuring access to quality health care;
- (b) Development of provider arrangements that encourage cost containment and ensure access to quality care, including but not limited to prepaid delivery systems and prospective payment methods;
- (c) Wellness incentives that focus on proven strategies, such as smoking cessation, injury and accident prevention, reduction of alcohol misuse, appropriate weight reduction, exercise, automobile and motorcycle safety, blood cholesterol reduction, and nutrition education;
- (d) Utilization review procedures including, but not limited to a cost-efficient method for prior authorization of services, hospital inpatient length of stay review, requirements for use of outpatient surgeries and second opinions for surgeries, review of invoices or claims submitted by service providers, and performance audit of providers;
 - (e) Effective coordination of benefits;
 - (f) Minimum standards for insuring entities; and
- 33 (g) Minimum scope and content of public employee benefit plans to 34 be offered to enrollees participating in the employee health benefit 35 plans. To maintain the comprehensive nature of employee health care 36 benefits, employee eligibility criteria related to the number of hours 37 worked and the benefits provided to employees shall be substantially

equivalent to the state employees' health benefits plan and eligibility criteria in effect on January 1, 1993. Nothing in this subsection (2)(g) shall prohibit changes or increases in employee point-of-service payments or employee premium payments for benefits or the administration of a high deductible health plan in conjunction with a health savings account.

- (3) The board shall design benefits and determine the terms and conditions of employee and retired employee participation and coverage, including establishment of eligibility criteria. The same terms and conditions of participation and coverage, including eligibility criteria, shall apply to state employees and to school district employees and educational service district employees.
- (4) The board may authorize premium contributions for an employee and the employee's dependents in a manner that encourages the use of cost-efficient managed health care systems. During the 2005-2007 fiscal biennium, the board may only authorize premium contributions for an employee and the employee's dependents that are the same, regardless of an employee's status as represented or nonrepresented by a collective bargaining unit under the personnel system reform act of 2002. The board shall require participating school district and educational service district employees to pay at least the same employee premiums by plan and family size as state employees pay.
- (5) The board shall develop a health savings account option for employees that conform to section 223, Part VII of subchapter B of chapter 1 of the internal revenue code of 1986. The board shall comply with all applicable federal standards related to the establishment of health savings accounts.
- (6) Notwithstanding any other provision of this chapter, the board shall develop a high deductible health plan to be offered in conjunction with a health savings account developed under subsection (5) of this section.
- (7) Employees shall choose participation in one of the health care benefit plans developed by the board and may be permitted to waive coverage under terms and conditions established by the board.
- (8) The board shall review plans proposed by insuring entities that desire to offer property insurance and/or accident and casualty insurance to state employees through payroll deduction. The board may approve any such plan for payroll deduction by insuring entities

p. 11 HB 1758

holding a valid certificate of authority in the state of Washington and which the board determines to be in the best interests of employees and the state. The board shall ((promulgate)) adopt rules setting forth criteria by which it shall evaluate the plans.

- (9) Before January 1, 1998, the public employees' benefits board shall make available one or more fully insured long-term care insurance plans that comply with the requirements of chapter 48.84 RCW. Such programs shall be made available to eligible employees, retired employees, and retired school employees as well as eligible dependents which, for the purpose of this section, includes the parents of the employee or retiree and the parents of the spouse of the employee or retiree. Employees of local governments ((and employees of)), political subdivisions, and tribal governments not otherwise enrolled in the public employees' benefits board sponsored medical programs may enroll under terms and conditions established by the administrator, if it does not jeopardize the financial viability of the public employees' benefits board's long-term care offering.
- (a) Participation of eligible employees or retired employees and retired school employees in any long-term care insurance plan made available by the public employees' benefits board is voluntary and shall not be subject to binding arbitration under chapter 41.56 RCW. Participation is subject to reasonable underwriting guidelines and eligibility rules established by the public employees' benefits board and the health care authority.
- (b) The employee, retired employee, and retired school employee are solely responsible for the payment of the premium rates developed by the health care authority. The health care authority is authorized to charge a reasonable administrative fee in addition to the premium charged by the long-term care insurer, which shall include the health care authority's cost of administration, marketing, and consumer education materials prepared by the health care authority and the office of the insurance commissioner.
- (c) To the extent administratively possible, the state shall establish an automatic payroll or pension deduction system for the payment of the long-term care insurance premiums.
- (d) The public employees' benefits board and the health care authority shall establish a technical advisory committee to provide advice in the development of the benefit design and establishment of

underwriting guidelines and eligibility rules. The committee shall also advise the board and authority on effective and cost-effective ways to market and distribute the long-term care product. technical advisory committee shall be comprised, at a minimum, of representatives of the office of the insurance commissioner, providers of long-term care services, licensed insurance agents with expertise in long-term care insurance, employees, retired employees, retired school employees, and other interested parties determined to be appropriate by the board.

- (e) The health care authority shall offer employees, retired employees, and retired school employees the option of purchasing long-term care insurance through licensed agents or brokers appointed by the long-term care insurer. The authority, in consultation with the public employees' benefits board, shall establish marketing procedures and may consider all premium components as a part of the contract negotiations with the long-term care insurer.
- (f) In developing the long-term care insurance benefit designs, the public employees' benefits board shall include an alternative plan of care benefit, including adult day services, as approved by the office of the insurance commissioner.
- (g) The health care authority, with the cooperation of the office of the insurance commissioner, shall develop a consumer education program for the eligible employees, retired employees, and retired school employees designed to provide education on the potential need for long-term care, methods of financing long-term care, and the availability of long-term care insurance products including the products offered by the board.
- (((h) By December 1998, the health care authority, in consultation with the public employees' benefits board, shall submit a report to the appropriate committees of the legislature, including an analysis of the marketing and distribution of the long-term care insurance provided under this section.))
- **Sec. 6.** RCW 41.05.080 and 2001 c 165 s 3 are each amended to read as follows:
- 35 (1) Under the qualifications, terms, conditions, and benefits set 36 by the board:

p. 13 HB 1758

(a) Retired or disabled state employees, retired or disabled school employees, ((or)) retired or disabled employees of county, municipal, or other political subdivisions, or retired or disabled employees of tribal governments covered by this chapter ((who are retired)) may continue their participation in insurance plans and contracts after retirement or disablement;

- (b) Separated employees may continue their participation in insurance plans and contracts if participation is selected immediately upon separation from employment;
- (c) Surviving spouses and dependent children of emergency service personnel killed in the line of duty may participate in insurance plans and contracts.
- (2) Rates charged surviving spouses of emergency service personnel killed in the line of duty, retired or disabled employees, separated employees, spouses, or dependent children who are not eligible for parts A and B of medicare shall be based on the experience of the community rated risk pool established under RCW 41.05.022.
- (3) Rates charged to surviving spouses of emergency service personnel killed in the line of duty, retired or disabled employees, separated employees, spouses, or children who are eligible for parts A and B of medicare shall be calculated from a separate experience risk pool comprised only of individuals eligible for parts A and B of medicare; however, the premiums charged to medicare-eligible retirees and disabled employees shall be reduced by the amount of the subsidy provided under RCW 41.05.085.
- (4) Surviving spouses and dependent children of emergency service personnel killed in the line of duty and retired or disabled and separated employees shall be responsible for payment of premium rates developed by the authority which shall include the cost to the authority of providing insurance coverage including any amounts necessary for reserves and administration in accordance with this chapter. These self pay rates will be established based on a separate rate for the employee, the spouse, and the children.
- 34 (5) The term "retired state employees" for the purpose of this 35 section shall include but not be limited to members of the legislature 36 whether voluntarily or involuntarily leaving state office.

1 **Sec. 7.** RCW 41.05.195 and 2005 c 47 s 1 are each amended to read 2 as follows:

Notwithstanding any other provisions of this chapter or rules or 3 procedures adopted by the authority, the authority shall make available 4 to retired or disabled employees who are enrolled in parts A and B of 5 medicare one or more medicare supplemental insurance policies that 6 7 conform to the requirements of chapter 48.66 RCW. The policies shall be chosen in consultation with the public employees' benefits board. 8 These policies shall be made available to retired or disabled state 9 employees; retired or disabled school district employees; retired 10 employees of county, municipal, or other political subdivisions or 11 12 retired employees of tribal governments eligible for coverage available 13 under the authority; or surviving spouses of emergency service 14 personnel killed in the line of duty.

15 <u>NEW SECTION.</u> **Sec. 8.** This act takes effect January 1, 2009.

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p. 15 HB 1758