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HOUSE BILL 2869

State of Washington 65th Legislature 2018 Regular Session

By Representatives Chandler, Taylor, and Haler

Read first time 01/18/18. Referred to Committee on Appropriations.

- AN ACT Relating to the maximum share of public employee health benefit premiums to be paid by employers participating in the public
- 3 employees' benefits board; and amending RCW 41.05.065 and 41.80.020.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 **Sec. 1.** RCW 41.05.065 and 2015 c 116 s 3 are each amended to 6 read as follows:
- 7 The board shall study all matters connected with the insurance, provision of health care coverage, life liability 8 9 insurance, accidental death and dismemberment insurance, and 10 disability income insurance or any of, or a combination of, the 11 enumerated types of insurance for employees and their dependents on the best basis possible with relation both to the welfare of the 12 13 employees and to the state. However, liability insurance shall not be 14 made available to dependents.
 - (2) The board shall develop employee benefit plans that include comprehensive health care benefits for employees. In developing these plans, the board shall consider the following elements:
- 18 (a) Methods of maximizing cost containment while ensuring access 19 to quality health care;

p. 1 HB 2869

- (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; and

- (f) Minimum standards for insuring entities.
- (3) To maintain the comprehensive nature of employee health care benefits, benefits provided to employees shall be substantially equivalent to the state employees' health ((benefits)) benefit plan in effect on January 1, 1993. Nothing in this subsection shall prohibit changes or increases in employee point-of-service payments or employee premium payments for benefits ((er)), provided that employee premium payments represent on average no less than twenty percent of the premiums paid by employers and employees, and the employer premium payments represent on average no more than eighty percent. In addition, this subsection does not prohibit the administration of a high deductible health plan in conjunction with a health savings account. The board may establish employee eligibility criteria which are not substantially equivalent to employee eligibility criteria in effect on January 1, 1993.
- (4) Except if bargained for under chapter 41.80 RCW, the board shall design benefits and determine the terms and conditions of employee and retired employee participation and coverage, including establishment of eligibility criteria subject to the requirements of this chapter. Employer groups obtaining benefits through contractual agreement with the authority for employees defined in RCW 41.05.011(6)(a) (i) through (((d))) (iv) may contractually agree with the authority to benefits eligibility criteria which differs from that determined by the board. The eligibility criteria established by the board shall be no more restrictive than the following:

p. 2 HB 2869

(a) Except as provided in (b) through (e) of this subsection, an employee is eligible for benefits from the date of employment if the employing agency anticipates he or she will work an average of at least eighty hours per month and for at least eight hours in each month for more than six consecutive months. An employee determined ineligible for benefits at the beginning of his or her employment shall become eligible in the following circumstances:

- (i) An employee who works an average of at least eighty hours per month and for at least eight hours in each month and whose anticipated duration of employment is revised from less than or equal to six consecutive months to more than six consecutive months becomes eligible when the revision is made.
- (ii) An employee who works an average of at least eighty hours per month over a period of six consecutive months and for at least eight hours in each of those six consecutive months becomes eligible at the first of the month following the six-month averaging period.
- (b) A seasonal employee is eligible for benefits from the date of employment if the employing agency anticipates that he or she will work an average of at least eighty hours per month and for at least eight hours in each month of the season. A seasonal employee determined ineligible at the beginning of his or her employment who works an average of at least eighty hours per month over a period of six consecutive months and at least eight hours in each of those six consecutive months becomes eligible at the first of the month following the six-month averaging period. A benefits-eligible seasonal employee who works a season of less than nine months shall not be eligible for the employer contribution during the off season, but may continue enrollment in benefits during the off season by self-paying for the benefits. A benefits-eligible seasonal employee who works a season of nine months or more is eligible for the employer contribution through the off season following each season worked.
 - (c) Faculty are eligible as follows:
- (i) Faculty who the employing agency anticipates will work half-time or more for the entire instructional year or equivalent nine-month period are eligible for benefits from the date of employment. Eligibility shall continue until the beginning of the first full month of the next instructional year, unless the employment relationship is terminated, in which case eligibility shall cease the

p. 3 HB 2869

first month following the notice of termination or the effective date of the termination, whichever is later.

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- (ii) Faculty who the employing agency anticipates will not work 3 for the entire instructional year or equivalent nine-month period are 4 eligible for benefits at the beginning of the second consecutive 5 б quarter or semester of employment in which he or she is anticipated 7 to work, or has actually worked, half-time or more. Such an employee shall continue to receive uninterrupted employer contributions for 8 benefits if the employee works at least half-time in a quarter or semester. Faculty who the employing agency anticipates will not work 11 for the entire instructional year or equivalent nine-month period, but who actually work half-time or more throughout the entire 12 instructional year, are eligible for summer or off-quarter or off-13 semester coverage. Faculty who have met the criteria of this 14 subsection (4)(c)(ii), who work at least two quarters or two 15 16 semesters of the academic year with an average academic year workload 17 of half-time or more for three quarters or two semesters of the academic year, and who have worked an average of half-time or more in 18 each of the two preceding academic years shall continue to receive 19 uninterrupted employer contributions for benefits if he or she works 20 21 at least half-time in a quarter or semester or works two quarters or two semesters of the academic year with an average academic workload 22 each academic year of half-time or more for three quarters or two 23 semesters. Eligibility under this section ceases immediately if this 24 25 criteria is not met.
 - (iii) Faculty may establish or maintain eligibility for benefits by working for more than one institution of higher education. When faculty work for more than one institution of higher education, those institutions shall prorate the employer contribution costs, or if eligibility is reached through one institution, that institution will pay the full employer contribution. Faculty working for more than one institution must alert his or her employers to his or her potential eligibility in order to establish eligibility.
 - (iv) The employing agency must provide written notice to faculty who are potentially eligible for benefits under this subsection (4)(c) of their potential eligibility.
 - (v) To be eligible for maintenance of benefits through averaging under (c)(ii) of this subsection, faculty must provide written notification to his or her employing agency or agencies of his or her potential eligibility.

p. 4 HB 2869 (vi) For the purposes of this subsection (4)(c):

- 2 (A) "Academic year" means summer, fall, winter, and spring quarters or summer, fall, and spring semesters;
 - (B) "Half-time" means one-half of the full-time academic workload as determined by each institution; except that for community and technical college faculty, half-time academic workload is calculated according to RCW 28B.50.489.
 - (d) A legislator is eligible for benefits on the date his or her term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible for benefits on the date his or her term begins or they take the oath of office, whichever occurs first.
- 13 (e) A justice of the supreme court and judges of the court of 14 appeals and the superior courts become eligible for benefits on the 15 date he or she takes the oath of office.
 - (f) Except as provided in (c)(i) and (ii) of this subsection, eligibility ceases for any employee the first of the month following termination of the employment relationship.
 - (g) In determining eligibility under this section, the employing agency may disregard training hours, standby hours, or temporary changes in work hours as determined by the authority under this section.
 - (h) Insurance coverage for all eligible employees begins on the first day of the month following the date when eligibility for benefits is established. If the date eligibility is established is the first working day of a month, insurance coverage begins on that date.
 - (i) Eligibility for an employee whose work circumstances are described by more than one of the eligibility categories in (a) through (e) of this subsection shall be determined solely by the criteria of the category that most closely describes the employee's work circumstances.
 - (j) Except for an employee eligible for benefits under (b) or (c)(ii) of this subsection, an employee who has established eligibility for benefits under this section shall remain eligible for benefits each month in which he or she is in pay status for eight or more hours, if (i) he or she remains in a benefits-eligible position and (ii) leave from the benefits-eligible position is approved by the employing agency. A benefits-eligible seasonal employee is eligible for the employer contribution in any month of his or her season in

p. 5 HB 2869

which he or she is in pay status eight or more hours during that month. Eligibility ends if these conditions are not met, the employment relationship is terminated, or the employee voluntarily transfers to a noneligible position.

- (k) For the purposes of this subsection, the board shall define "benefits-eligible position."
- (5) 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.
- (6)(a) For any open enrollment period following August 24, 2011, the board shall offer a health savings account option for employees that conforms 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.
- (b) By November 30, 2015, and each year thereafter, the authority shall submit a report to the relevant legislative policy and fiscal committees that includes the following:
- (i) Public employees' benefits board health plan cost and service utilization trends for the previous three years, in total and for each health plan offered to employees;
- (ii) For each health plan offered to employees, the number and percentage of employees and dependents enrolled in the plan, and the age and gender demographics of enrollees in each plan;
- (iii) Any impact of enrollment in alternatives to the most comprehensive plan, including the high deductible health plan with a health savings account, upon the cost of health benefits for those employees who have chosen to remain enrolled in the most comprehensive plan.
- (7) Notwithstanding any other provision of this chapter, for any open enrollment period following August 24, 2011, the board shall offer a high deductible health plan in conjunction with a health savings account developed under subsection (6) of this section.
- (8) 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.
- (9) 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. 6 HB 2869

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 adopt rules setting forth criteria by which it shall evaluate the plans.

- (10) 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, 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

p. 7 HB 2869

ways to market and distribute the long-term care product. The 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.

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- (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.
- 15 (f) In developing the long-term care insurance benefit designs, 16 the public employees' benefits board shall include an alternative 17 plan of care benefit, including adult day services, as approved by 18 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.
 - (11) The board may establish penalties to be imposed by the authority when the eligibility determinations of an employing agency fail to comply with the criteria under this chapter.
- 29 **Sec. 2.** RCW 41.80.020 and 2015 3rd sp.s. c 1 s 318 are each 30 amended to read as follows:
- 31 (1) Except as otherwise provided in this chapter, the matters 32 subject to bargaining include wages, hours, and other terms and 33 conditions of employment, and the negotiation of any question arising 34 under a collective bargaining agreement.
- 35 (2) The employer is not required to bargain over matters 36 pertaining to:
- 37 (a) Health care benefits or other employee insurance benefits, 38 except as required in subsection (3) of this section;
 - (b) Any retirement system or retirement benefit; or

p. 8 HB 2869

(c) Rules of the director of financial management, the director of enterprise services, or the Washington personnel resources board adopted under RCW 41.06.157.

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- (3) Matters subject to bargaining include the number of names to 4 be certified for vacancies, promotional preferences, and the dollar 5 6 amount expended on behalf of each employee for health care benefits. However, except as provided otherwise in this 7 subsection for institutions of higher education, negotiations regarding the number 8 of names to be certified for vacancies, promotional preferences, and 9 the dollar amount expended on behalf of each employee for health care 10 11 benefits shall be conducted between the employer and one coalition of 12 all the exclusive bargaining representatives subject to this chapter. The exclusive bargaining representatives for employees that are 13 subject to chapter 47.64 RCW shall bargain the dollar amount expended 14 on behalf of each employee for health care benefits with the employer 15 16 as part of the coalition under this subsection. Any such provision 17 agreed to by the employer and the coalition shall be included in all 18 master collective bargaining agreements negotiated by the parties. 19 For institutions of higher education, promotional preferences and the number of names to be certified for vacancies shall be bargained 20 21 under the provisions of RCW 41.80.010(4). For agreements covering the 22 ((2013-2015 fiscal biennium, any agreement between the employer and the coalition regarding the dollar amount expended on behalf of each 23 employee for health care benefits is a separate agreement and shall 24 25 not be included in the master collective bargaining agreements negotiated by the parties)) 2019-2021 fiscal biennium, and each 26 biennium thereafter, any agreement between the employer and the 27 28 coalition regarding health benefits regarding the amount expended on behalf of each employee for health benefits must ensure that the 29 30 share of premiums paid by the employer does not exceed eighty percent 31 of the total premiums paid by the employer and employee. 32
 - (4) The employer and the exclusive bargaining representative shall not agree to any proposal that would prevent the implementation of approved affirmative action plans or that would be inconsistent with the comparable worth agreement that provided the basis for the salary changes implemented beginning with the 1983-1985 biennium to achieve comparable worth.
 - (5) The employer and the exclusive bargaining representative shall not bargain over matters pertaining to management rights established in RCW 41.80.040.

p. 9 HB 2869

(6) Except as otherwise provided in this chapter, if a conflict exists between an executive order, administrative rule, or agency policy relating to wages, hours, and terms and conditions of employment and a collective bargaining agreement negotiated under this chapter, the collective bargaining agreement shall prevail. A provision of a collective bargaining agreement that conflicts with the terms of a statute is invalid and unenforceable.

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8 (7) This section does not prohibit bargaining that affects 9 contracts authorized by RCW 41.06.142.

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p. 10 HB 2869