## CERTIFICATION OF ENROLLMENT

## HOUSE BILL 1042

Chapter 7, Laws of 2017

65th Legislature 2017 3rd Special Session

INSURANCE COMMISSIONER--SCHOOL DISTRICT AND EDUCATIONAL SERVICE DISTRICT ANNUAL REPORT--ELIMINATION

EFFECTIVE DATE: October 19, 2017

Passed by the House June 30, 2017 CERTIFICATE Yeas 94 Nays 0 I, Bernard Dean, Chief Clerk of the House of Representatives of the FRANK CHOPP State of Washington, do hereby certify that the attached is HOUSE Speaker of the House of Representatives BILL 1042 as passed by House of Representatives and the Senate on the dates hereon set forth. Passed by the Senate June 30, 2017 Yeas 49 Nays 0 BERNARD DEAN Chief Clerk CYRUS HABIB President of the Senate Approved July 6, 2017 1:50 PM FILED July 7, 2017

JAY INSLEE State of Washington

Governor of the State of Washington

## HOUSE BILL 1042

Passed Legislature - 2017 3rd Special Session

State of Washington 65th Legislature 2017 Regular Session

By Representatives Springer, Harris, Jinkins, Fitzgibbon, Tharinger, and Sawyer; by request of Insurance Commissioner

Prefiled 12/15/16. Read first time 01/09/17. Referred to Committee on Appropriations.

- AN ACT Relating to eliminating the office of the insurance 1 2 commissioner's school district or educational service district annual 3 report; amending RCW 28A.400.275; and repealing RCW 48.02.210 and
- 48.62.181. 4

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- BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: 5
- 6 Sec. 1. RCW 28A.400.275 and 2012 2nd sp.s. c 3 s 4 are each 7 amended to read as follows:
  - (1) Any contract or agreement for employee benefits executed after April 13, 1990, between a school district and a benefit employee bargaining unit is null and void unless it provider or contains an agreement to abide by state laws relating to school district employee benefits. The term of the contract or agreement may not exceed one year.
- 14 (2) ((School districts and their benefit providers shall annually submit, by a date determined by the office of the insurance 15 16 commissioner, the following information and data for the prior 17 calendar year to the office of the insurance commissioner:
- 18 (a) Progress by the district and its benefit providers toward 19 greater affordability for full family coverage, health care cost 20 savings, and significantly reduced administrative costs;

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- 1 (b) Compliance with the requirement to provide a high deductible 2 health plan option with a health savings account;
  - (c) An overall plan summary including the following:
- 4 (i) The financial plan structure and overall performance of each 5 health plan including:
  - (A) Total premium expenses;
- 7 (B) Total claims expenses;
- 8 (C) Claims reserves; and

- 9 (D) Plan administration expenses, including compensation paid to brokers;
  - (ii) A description of the plan's use of innovative health plan features designed to reduce health benefit premium growth and reduce utilization of unnecessary health services including but not limited to the use of enrollee health assessments or health coach services, care management for high cost or high-risk enrollees, medical or health home payment mechanisms, and plan features designed to create incentives for improved personal health behaviors;
  - (iii) Data to provide an understanding of employee health benefit plan coverage and costs, including: The total number of employees and, for each employee, the employee's full-time equivalent status, types of coverage or benefits received including numbers of covered dependents, the number of eligible dependents, the amount of the district's contribution to premium, additional premium costs paid by the employee through payroll deductions, and the age and sex of the employee and each dependent;
  - (iv) Data necessary for school districts to more effectively and competitively manage and procure health insurance plans for employees. The data must include, but not be limited to, the following:
  - (A) A summary of the benefit packages offered to each group of district employees, including covered benefits, employee deductibles, coinsurance, and copayments, and the number of employees and their dependents in each benefit package;
  - (B) Aggregated employee and dependent demographic information, including age band and gender, by insurance tier and by benefit package;
  - (C) Total claim payments by benefit package, including premiums paid, inpatient facility claims paid, outpatient facility claims paid, physician claims paid, pharmacy claims paid, capitation amounts paid, and other claims paid;

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- 1 (D) Total premiums paid by benefit package;
- 2 (E) A listing of large claims defined as annual amounts paid in 3 excess of one hundred thousand dollars including the amount paid, the 4 member enrollment status, and the primary diagnosis.
  - (3) Annually, school districts and their benefit providers shall jointly report to the office of the insurance commissioner on their health insurance-related efforts and achievements to:
- 8 (a) Significantly reduce administrative costs for school
  9 districts:
  - (b) Improve customer service;

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- 11 (c) Reduce differential plan premium rates between employee only 12 and family health benefit premiums;
- 13 (d) Protect access to coverage for part-time K-12 employees.
- (4) The information and data shall be submitted in a format and according to a schedule established by the office of the insurance commissioner under RCW 48.02.210 to enable the commissioner to meet the reporting obligations under that section.
  - (5)) Any benefit provider offering a benefit plan by contract or agreement with a school district under subsection (1) of this section shall make available to the school district the benefit plan descriptions and, where available, the demographic information on plan subscribers that the district and benefit provider are required to report to the office of the insurance commissioner under this section.
- 25 ((<del>(6) This section shall not apply to benefit plans offered in</del> 26 <del>the 1989-90 school year.</del>))
- NEW SECTION. Sec. 2. The following acts or parts of acts are each repealed:
- 29 (1) RCW 48.02.210 (School district health insurance benefits—30 Annual report) and 2012 2nd sp.s. c 3 s 5; and
- 31 (2) RCW 48.62.181 (School district or educational service 32 district self-insured health and welfare benefits programs— 33 Noncompliance—Notification—Termination) and 2012 2nd sp.s. c 3 s 9.

Passed by the House June 30, 2017. Passed by the Senate June 30, 2017. Approved by the Governor July 6, 2017. Filed in Office of Secretary of State July 7, 2017.