
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1566

State of Washington 54th Legislature 1995 Regular Session

By House Committee on Appropriations (originally sponsored by Representative Dyer; by request of Health Care Authority)

Read first time 03/24/95.

- 1 AN ACT Relating to implementation of health care authority 2 responsibilities; amending RCW 41.05.011, 41.05.022, 41.05.055, 41.05.065, 47.64.270, 41.05.021, 41.04.205, and 28A.400.350; reenacting 3 4 and amending RCW 41.05.075; adding a new section to chapter 28A.400 RCW; adding a new section to Title 28C RCW; adding a new section to 5 chapter 74.09 RCW; adding new sections to chapter 41.05 RCW; adding a 6 7 new section to chapter 28B.50 RCW; adding a new section to Title 43 RCW; repealing RCW 41.05.200, 41.05.210, 41.05.240, and 43.72.230; 8 providing an effective date; and declaring an emergency.
- 10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- NEW SECTION. **Sec. 1.** A new section is added to chapter 28A.400 RCW to read as follows:
- 13 (1) In a manner prescribed by the state health care authority,
- 14 school districts and educational service districts shall remit to the
- 15 health care authority for deposit in the public employees' and
- 16 retirees' insurance account established in RCW 41.05.120 the amount
- 17 specified for remittance in the omnibus appropriations act.
- 18 (2) The remittance requirements specified in this section shall not
- 19 apply to employees of a school district or educational service district

p. 1 E2SHB 1566

- 1 who receive insurance benefits through contracts with the health care 2 authority.
- 3 **Sec. 2.** RCW 41.05.011 and 1994 c 153 s 2 are each amended to read 4 as follows:
- 5 Unless the context clearly requires otherwise, the definitions in 6 this section shall apply throughout this chapter.
 - (1) "Administrator" means the administrator of the authority.
- 8 (2) "State purchased health care" or "health care" means medical 9 and health care, pharmaceuticals, and medical equipment purchased with 10 state and federal funds by the department of social and health 11 services, the department of health, the basic health plan, the state 12 health care authority, the department of labor and industries, the 13 department of corrections, the department of veterans affairs, and 14 local school districts.
- 15 (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. On and after ((July 1, 1995)) January 1, 1996, "insuring entity" means a ((certified health plan)) health carrier, as defined in ((RCW 43.72.010)) chapter 48.43 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 26 27 of the state, whether or not covered by civil service; elected and appointed officials of the executive branch of government, including 28 29 full-time members of boards, commissions, or committees; and includes 30 any or all part-time and temporary employees under the terms and conditions established under this chapter by the authority; justices of 31 32 the supreme court and judges of the court of appeals and the superior 33 courts; and members of the state legislature or of the legislative 34 authority of any county, city, or town who are elected to office after February 20, 1970. "Employee" also includes((: (a) By October 1, 35 36 1995, all employees of school districts and educational service districts. Between October 1, 1994, and September 30, 1995, "employee" 37 includes employees of those school districts and educational service 38

districts for whom the authority has undertaken the purchase of 1 insurance benefits. The transition to insurance benefits purchasing by 2 the authority may not disrupt existing insurance contracts between 3 4 school district or educational service district employees and insurers. 5 However, except to the extent provided in RCW 28A.400.200, any such contract that provides for health insurance benefits coverage after 6 7 October 1, 1995, shall be void as of that date if the contract was 8 entered into, renewed, or extended after July 1, 1993. Prior to 9 October 1, 1994, "employee" includes employees of a school district if the board of directors of the school district seeks and receives the 10 approval of the authority to provide any of its insurance programs by 11 contract with the authority; (b))) employees of a county, municipality, 12 or other political subdivision of the state if the legislative 13 authority of the county, municipality, or other political subdivision 14 15 of the state seeks and receives the approval of the authority to 16 provide any of its insurance programs by contract with the authority, as provided in RCW 41.04.205((; (c) employees of employee organizations 17 representing state civil service employees, at the option of each such 18 19 employee organization, and, effective October 1, 1995, employees of employee organizations currently pooled with employees of school 20 districts for the purpose of purchasing insurance benefits, at the 21 option of each such employee organization)), and employees of a school 22 district if the board of directors of the school district seeks and 23 24 receives the approval of the authority to provide any of its insurance 25 programs by contract with the authority as provided in RCW 28A.400.350.

- 26 (7) "Board" means the public employees' benefits board established 27 under RCW 41.05.055.
 - (8) "Retired or disabled school employee" means:

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- 29 (a) Persons who separated from employment with a school district or 30 educational service district and are receiving a retirement allowance 31 under chapter 41.32 or 41.40 RCW as of September 30, 1993;
- 32 (b) Persons who separate from employment with a school district or 33 educational service district on or after October 1, 1993, and 34 immediately upon separation receive a retirement allowance under 35 chapter 41.32 or 41.40 RCW;
- 36 (c) Persons who separate from employment with a school district or 37 educational service district due to a total and permanent disability, 38 and are eligible to receive a deferred retirement allowance under 39 chapter 41.32 or 41.40 RCW.

p. 3 E2SHB 1566

- 1 (9) "Benefits contribution plan" means a plan whereby state and 2 public employees may agree to a contribution to benefit costs which 3 will allow the employee to participate in benefits offered pursuant to 4 26 U.S.C. Sec. 125 or other sections of the internal revenue code.
- 5 (10) "Salary" means a state employee's monthly salary or wages.
- 6 (11) "Participant" means an individual who fulfills the eligibility
 7 and enrollment requirements under the benefits contribution plan.
- 8 <u>(12) "Plan year" means the time period established by the</u> 9 authority.
- 10 **Sec. 3.** RCW 41.05.022 and 1994 c 153 s 3 are each amended to read 11 as follows:
- 12 (1) The health care authority is hereby designated as the single 13 state agent for purchasing health services.
- 14 (2)(a) On and after January 1, 1995, at least the following statepurchased health services programs shall be merged into a single, 15 community-rated risk pool: Health benefits for employees of school 16 17 districts and educational service districts that voluntarily purchase 18 health benefits as provided in RCW 41.05.011; health benefits for state employees; health benefits for eligible retired or disabled school 19 employees not eligible for parts A and B of medicare; and health 20 21 benefits for eligible state retirees not eligible for parts A and B of 22 medicare. ((Beginning July 1, 1995, the basic health plan shall be 23 included in the risk pool. The administrator may develop mechanisms to ensure that the cost of comparable benefits packages does not vary 24 25 widely across the risk pools before they are merged. At the earliest 26 opportunity the governor shall seek necessary federal waivers and state legislation to place the medical and acute care components of the 27 28 medical assistance program, the limited casualty program, and the 29 medical care services program of the department of social and health services in this single risk pool. Long-term care services that are 30 provided under the medical assistance program shall not be placed in 31 the single risk pool until such services have been added to the uniform 32 33 benefits package. On or before January 1, 1997, the governor shall submit necessary legislation to place the purchasing of health benefits 34 35 for persons incarcerated in institutions administered by the department of corrections into the single community-rated risk pool effective on 36 and after July 1, 1997.)) 37

- (b) The voluntary purchase of health benefits by contract with the 1 authority for classified employees of school districts and educational 2 3 service districts shall not reduce or restrict the benefits obtained or 4 to be obtained pursuant to collective bargaining between the exclusive bargaining representatives of the classified employees and the district employer.
- 7 (3) At a minimum, and regardless of other legislative enactments, 8 the state health services purchasing agent shall:

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- 9 (a) Require that a public agency that provides subsidies for a 10 substantial portion of services now covered under the basic health plan or a ((uniform)) standard benefits package ((as adopted by the 11 Washington health services commission)) as provided in ((RCW 12 43.72.130)) chapter 48.43 RCW, use uniform eligibility processes, 13 14 insofar as may be possible, and ensure that multiple eligibility 15 determinations are not required;
 - (b) Require that a health care provider or a health care facility that receives funds from a public program provide care to state residents receiving a state subsidy who may wish to receive care from them consistent with the provisions of chapter 492, Laws of 1993 as amended, and that a health maintenance organization, health care service contractor, insurer, or ((certified health plan)) health carrier that receives funds from a public program accept enrollment from state residents receiving a state subsidy who may wish to enroll with them under the provisions of chapter 492, Laws of 1993 as amended;
- 25 (c) Strive to integrate purchasing for all publicly sponsored 26 health services in order to maximize the cost control potential and promote the most efficient methods of financing and coordinating 27 services; 28
- 29 (d) Annually suggest changes in state and federal law and rules to 30 bring all publicly funded health programs in compliance with the goals and intent of chapter 492, Laws of 1993 as amended; 31
- (e) Consult regularly with the governor, the legislature, and state 32 33 agency directors whose operations are affected by the implementation of 34 this section; and
- (f) Ensure the control of benefit costs under managed competition 35 by adopting rules to prevent employers from entering into an agreement 36 37 with employees or employee organizations when the agreement would result in increased utilization in public employees' benefits board 38 39 plans or reduce the expected savings of managed competition.

p. 5 E2SHB 1566

- 1 **Sec. 4.** RCW 41.05.055 and 1994 c 36 s 1 are each amended to read 2 as follows:
- 3 (1) The public employees' benefits board is created within the 4 authority. The function of the board is to design and approve 5 insurance benefit plans for state employees ((and school district 6 employees)).
- 7 (2) The board shall be composed of ((nine)) seven members appointed 8 by the governor as follows:
- 9 (a) Two representatives of state employees, one of whom shall 10 represent an employee union certified as exclusive representative of at 11 least one bargaining unit of classified employees, and one of whom is 12 retired, is covered by a program under the jurisdiction of the board, 13 and represents an organized group of retired public employees;
- (b) ((Two)) One representative((s)) of ((school district employees, one of whom shall represent an association of school employees and one of whom is retired, and represents)) an organized group of retired school employees;
- 18 (c) ((Four)) <u>Three</u> members with experience in health benefit 19 management and cost containment; and
- 20 (d) The administrator.
- (3) The governor shall appoint the initial members of the board to 21 staggered terms not to exceed four years. Members appointed thereafter 22 shall serve two-year terms. Members of the board shall be compensated 23 24 in accordance with RCW 43.03.250 and shall be reimbursed for their 25 travel expenses while on official business in accordance with RCW 26 43.03.050 and 43.03.060. The board shall prescribe rules for the conduct of its business. The administrator shall serve as chair of the 27 board. Meetings of the board shall be at the call of the chair. 28
- 29 **Sec. 5.** RCW 41.05.065 and 1994 c 153 s 5 are each amended to read 30 as follows:
- (1) The board shall study all matters connected with the provision 31 32 health care coverage, life insurance, liability insurance, 33 accidental death and dismemberment insurance, and disability income 34 insurance or any of, or a combination of, the enumerated types of insurance for employees and their dependents on the best basis possible 35 36 with relation both to the welfare of the employees and to the $state((\tau))$. However, liability insurance shall not be made available 37 38 to dependents.

- 1 (2) The ((public employees' benefits)) board shall develop employee 2 benefit plans that include comprehensive health care benefits for all 3 employees. In developing these plans, the board shall consider the 4 following elements:
- 5 (a) Methods of maximizing cost containment while ensuring access to 6 quality health care;
- 7 (b) Development of provider arrangements that encourage cost 8 containment and ensure access to quality care, including but not 9 limited to prepaid delivery systems and prospective payment methods;
- 10 (c) Wellness incentives that focus on proven strategies, such as
 11 smoking cessation, <u>injury and accident prevention</u>, <u>reduction of alcohol</u>
 12 <u>misuse</u>, <u>appropriate weight reduction</u>, exercise, automobile and
 13 motorcycle safety, blood cholesterol reduction, and nutrition
 14 education;
- (d) Utilization review procedures including, but not limited to <u>a</u> 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;

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- (f) Minimum standards for insuring entities; and
- (g) Minimum scope and content of ((standard)) public employee 23 24 benefit plans to be offered to enrollees participating in the employee 25 health benefit plans. On and after ((July 1, 1995)) January 1, 1996, 26 the ((uniform)) standard benefits package shall constitute the minimum level of health benefits offered to employees. To maintain the 27 28 comprehensive nature of employee health care benefits, employee 29 eligibility criteria related to the number of hours worked and the 30 benefits provided to employees shall <u>not</u> be ((substantially 31 equivalent)) decreased in comparison to the state employees' health benefits plan and eligibility criteria in effect on January 1, 1993. 32 Nothing in this subsection (2)(q) shall prohibit employee point-of-33
- 35 (3) The board shall design benefits and determine the terms and 36 conditions of employee participation and coverage, including 37 establishment of eligibility criteria.

service payments or employee premium payments for benefits.

38 (4) ((The board shall attempt to achieve enrollment of all 39 employees and retirees in managed health care systems by July 1994.))

p. 7 E2SHB 1566

- The board may authorize premium contributions for an employee and the employee's dependents in a manner that encourages the use of costefficient managed health care systems.
 - (5) Employees shall choose participation in one of the health care benefit plans developed by the board <u>and may be permitted to waive coverage under terms and conditions established by the board</u>.
- 7 (6) The board shall review plans proposed by insurance carriers 8 that desire to offer property insurance and/or accident and casualty 9 insurance to state employees through payroll deduction. The board may approve any such plan for payroll deduction by carriers holding a valid 10 certificate of authority in the state of Washington and which the board 11 12 determines to be in the best interests of employees and the state. The 13 board shall promulgate rules setting forth criteria by which it shall evaluate the plans. 14
- 15 **Sec. 6.** RCW 41.05.075 and 1994 sp.s. c 9 s 724, 1994 c 309 s 3, 16 and 1994 c 153 s 6 are each reenacted and amended to read as follows:
- 17 (1) The administrator shall provide benefit plans designed by the 18 board through a contract or contracts with insuring entities, through 19 self-funding, self-insurance, or other methods of providing insurance 20 coverage authorized by RCW 41.05.140.
- 21 (2) The administrator shall establish a contract bidding process 22 that:
 - (a) Encourages competition among insuring entities;
- (b) Maintains an equitable relationship between premiums charged for similar benefits and between risk pools including premiums charged for retired state and school district employees under the separate risk pools established by RCW 41.05.022 and 41.05.080 such that insuring entities may not avoid risk when establishing the premium rates for retirees eligible for medicare;
 - (c) Is timely to the state budgetary process; and
- 31 (d) Sets conditions for awarding contracts to any insuring entity.
- 32 (3) The administrator shall establish a requirement for review of 33 utilization and financial data from participating insuring entities on 34 a quarterly basis.
- 35 (4) The administrator shall centralize the enrollment files for all 36 employee and retired or disabled school employee health plans offered 37 under chapter 41.05 RCW and develop enrollment demographics on a plan-38 specific basis.

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(5) All claims data shall be the property of the state. The administrator may require of any insuring entity that submits a bid to contract for coverage all information deemed necessary including subscriber or member demographic and claims data necessary for risk assessment and adjustment calculations in order to fulfill the administrator's duties as set forth in this chapter.

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- 7 (6) ((All contracts with insuring entities for the provision of 8 health care benefits shall provide that the beneficiaries of such 9 benefit plans may use on an equal participation basis the services of 10 practitioners licensed pursuant to chapters 18.22, 18.25, 18.32, 18.53, 18.57, 18.71, 18.74, 18.83, and 18.79 RCW, as it applies to registered 11 nurses and advanced registered nurse practitioners. However, nothing 12 13 in this subsection may preclude the administrator from establishing 14 appropriate utilization controls approved pursuant to RCW 41.05.065(2) 15 (a), (b), and (d).
- (7)) Beginning in January 1990, and each January thereafter until January 1996, the administrator shall publish and distribute to each school district a description of health care benefit plans available through the authority and the estimated cost if school district employees were enrolled.
- 21 **Sec. 7.** RCW 47.64.270 and 1993 c 492 s 224 are each amended to 22 read as follows:
- 23 Until December 31, 1996, absent a collective bargaining agreement 24 the contrary, the department of transportation shall provide 25 contributions to insurance and health care plans for ferry system employees and dependents, as determined by the state health care 26 authority, under chapter 41.05 RCW; and the ferry system management and 27 employee organizations may collectively bargain for other insurance and 28 29 health care plans, and employer contributions may exceed that of other 30 state agencies as provided in RCW 41.05.050, subject to RCW 47.64.180. On January 1, 1997, ferry employees shall enroll ((in certified health 31 plans)) with health carriers under the provisions of chapter 492, Laws 32 33 of 1993 as amended. To the extent that ferry employees by bargaining unit have absorbed the required offset of wage increases by the amount 34 that the employer's contribution for employees' and dependents' 35 36 insurance and health care plans exceeds that of other state general 37 government employees in the 1985-87 fiscal biennium, employees shall 38 not be required to absorb a further offset except to the extent the

p. 9 E2SHB 1566

- 1 differential between employer contributions for those employees and all
- 2 other state general government employees increases during any
- 3 subsequent fiscal biennium. If such differential increases in the
- 4 1987-89 fiscal biennium or the 1985-87 offset by bargaining unit is
- 5 insufficient to meet the required deduction, the amount available for
- 6 compensation shall be reduced by bargaining unit by the amount of such
- 7 increase or the 1985-87 shortage in the required offset. Compensation
- 8 shall include all wages and employee benefits.
- 9 **Sec. 8.** RCW 41.05.021 and 1994 c 309 s 1 are each amended to read 10 as follows:
- 11 (1) The Washington state health care authority is created within
- 12 the executive branch. The authority shall have an administrator
- 13 appointed by the governor, with the consent of the senate. The
- 14 administrator shall serve at the pleasure of the governor. The
- 15 administrator may employ up to seven staff members, who shall be exempt
- 16 from chapter 41.06 RCW, and any additional staff members as are
- 17 necessary to administer this chapter. The administrator may delegate
- 18 any power or duty vested in him or her by this chapter, including
- 19 authority to make final decisions and enter final orders in hearings
- 20 conducted under chapter 34.05 RCW. The primary duties of the authority
- 21 shall be to administer state employees' insurance benefits and retired
- 22 or disabled school employees' insurance benefits, study state-purchased
- 23 health care programs in order to maximize cost containment in these
- 24 programs while ensuring access to quality health care, and implement
- 25 state initiatives, joint purchasing strategies, and techniques for
- 26 efficient administration that have potential application to all state-
- 27 purchased health services. The authority's duties include, but are not
- 28 limited to, the following:
- 29 (a) To administer health care benefit programs for employees and
- 30 retired or disabled school employees as specifically authorized in RCW
- 31 41.05.065 and in accordance with the methods described in RCW
- 32 41.05.075, 41.05.140, and other provisions of this chapter;
- 33 (b) To analyze state-purchased health care programs and to explore
- 34 options for cost containment and delivery alternatives for those
- 35 programs that are consistent with the purposes of those programs,
- 36 including, but not limited to:
- 37 (i) Creation of economic incentives for the persons for whom the
- 38 state purchases health care to appropriately utilize and purchase

- 1 health care services, including the development of flexible benefit 2 plans to offset increases in individual financial responsibility;
- 3 (ii) Utilization of provider arrangements that encourage cost 4 containment, including but not limited to prepaid delivery systems, 5 utilization review, and prospective payment methods, and that ensure 6 access to quality care, including assuring reasonable access to local 7 providers, especially for employees residing in rural areas;
- 8 (iii) Coordination of state agency efforts to purchase drugs 9 effectively as provided in RCW 70.14.050;
- 10 (iv) Development of recommendations and methods for purchasing 11 medical equipment and supporting services on a volume discount basis; 12 and
- (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;
- 18 (c) To analyze areas of public and private health care interaction;
- 19 (d) To provide information and technical and administrative 20 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, setting the premium contribution for approved groups as outlined in RCW 41.05.050;
- 27 (f) To appoint a health care policy technical advisory committee as 28 required by RCW 41.05.150;
- (g) To establish billing procedures and collect funds from school districts and educational service districts under RCW 28A.400.400 in a way that minimizes the administrative burden on districts; and
- 32 (h) To promulgate and adopt rules consistent with this chapter as 33 described in RCW 41.05.160.
- (2) On and after ((July)) January 1, ((1995)) 1996, the public employees' benefits board ((shall)) may implement strategies to promote managed competition among employee health benefit plans ((in accordance with the Washington health services commission schedule of employer requirements)). Strategies may include but are not limited to:
 - (a) Standardizing the benefit package;

p. 11 E2SHB 1566

- (b) Soliciting competitive bids for the benefit package;
- 2 (c) Limiting the state's contribution to a percent of the lowest priced qualified plan within a geographical area((. If the state's contribution is less than one hundred percent of the lowest priced qualified bid, employee financial contributions shall be structured on a sliding scale basis related to household income));
 - (d) Monitoring the impact of the approach under this subsection with regards to: Efficiencies in health service delivery, cost shifts to subscribers, access to and choice of managed care plans state-wide, and quality of health services. The health care authority shall also advise on the value of administering a benchmark employer-managed plan to promote competition among managed care plans. The health care authority shall report its findings and recommendations to the legislature by January 1, 1997.
 - (3) The health care authority shall, no later than July 1, 1996, submit to the appropriate committees of the legislature, proposed methods whereby, through the use of a voucher-type process, state employees may enroll with any health carrier to receive employee benefits. Such methods shall include the employee option of participating in a health care savings account, as set forth in Title 48 RCW.
- 22 (4) The joint committee on health systems oversight, if created by 23 law, shall study the necessity and desirability of the health care 24 authority continuing as a self-insuring entity and make recommendations 25 to the appropriate committees of the legislature by December 1, 1996.
 - Sec. 9. RCW 41.04.205 and 1993 c 386 s 3 are each amended to read as follows:
- (1) Notwithstanding the provisions of RCW 41.04.180, the employees, 28 29 with their dependents, of any county, municipality, or other political 30 subdivision of this state shall be eligible to participate in any insurance or self-insurance program for employees administered under 31 chapter 41.05 RCW if the legislative authority of any such county, 32 municipality, or other political subdivisions of this state determines, 33 34 subject to collective bargaining under applicable statutes, a transfer to an insurance or self-insurance program administered under chapter 35 36 41.05 RCW should be made. In the event of a special district employee 37 transfer pursuant to this section, members of the governing authority shall be eligible to be included in such transfer if such members are 38

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- authorized by law as of June 25, 1976 to participate in the insurance program being transferred from and subject to payment by such members of all costs of insurance for members.
- 4 (2) When the legislative authority of a county, municipality, or 5 other political subdivision determines to so transfer, the state health 6 care authority shall:
- 7 (a) Establish the conditions ((under which the transfer may be 8 made, which shall include the requirements that:
- 9 (i) All the eligible employees of the political subdivision 10 transfer as a unit, and
- (ii) The political subdivision involved obligate itself to make employer contributions in an amount at least equal to those provided by the state as employer)) for participation; and
- (b) ((Hold public hearings on the application for transfer; and (c))) Have the sole right to reject the application.
- Approval of the application by the state health care authority shall effect a transfer of the employees involved to the insurance, self-insurance, or health care program applied for.
- 19 (3) Any application of this section to members of the law 20 enforcement officers' and fire fighters' retirement system under 21 chapter 41.26 RCW is subject to chapter 41.56 RCW.
- (4) ((The requirements in subsection (2)(a) (i) and (ii) of this section need not be applied to)) School districts may voluntarily transfer, except that all eligible employees in a bargaining unit of a school district may transfer only as a unit and all nonrepresented employees in a district may transfer only as a unit.
- NEW SECTION. Sec. 10. The following acts or parts of acts are 28 each repealed:
- 29 (1) RCW 41.05.200 and 1993 c 492 s 228;
- 30 (2) RCW 41.05.210 and 1993 c 492 s 229;
- 31 (3) RCW 41.05.240 and 1993 c 492 s 468; and
- 32 (4) RCW 43.72.230 and 1993 c 492 s 465.
- NEW SECTION. Sec. 11. A new section is added to Title 28C RCW to read as follows:
- Employees of vocational technical institutes who were members of the public employees' benefits trust and as a result of chapter 238,
- 37 Laws of 1991, were required to enroll in public employees' benefits

p. 13 E2SHB 1566

- $1 \,\,$ board-sponsored plans, may elect to reenroll in the trust by January 1,
- 2 1996, or the expiration of the current collective bargaining
- 3 agreements, whichever is later. Employees of a bargaining unit or
- 4 administrative or managerial employees otherwise not included in a
- 5 bargaining unit shall be required to transfer by group. Administrative
- 6 or managerial employees shall transfer in accordance with rules
- 7 established by the health care authority. If employee groups elect to
- 8 transfer, they are eligible to reenroll in the public employees'
- 9 benefits board-sponsored plans in January 2001, and every five years
- 10 thereafter.
- 11 <u>NEW SECTION.</u> **Sec. 12.** A new section is added to chapter 74.09 RCW
- 12 to read as follows:
- 13 The department of social and health services, in consultation with
- 14 the state health care authority and appropriate state agencies, shall
- 15 seek necessary federal waivers and state law changes to the medical
- 16 assistance program of the department to achieve greater coordination in
- 17 financing, purchasing, and delivering services to low-income residents
- 18 of Washington state, and to expand access to care for these low-income
- 19 residents.
- NEW SECTION. Sec. 13. A new section is added to chapter 41.05 RCW
- 21 to read as follows:
- 22 (1) The state of Washington may enter into benefits contribution
- 23 plans with employees of the state pursuant to the internal revenue
- 24 code, 26 U.S.C. Sec. 125 for the purpose of making it possible for
- 25 employees of the state to select on a "before-tax basis" certain
- 26 taxable and nontaxable benefits pursuant to 26 U.S.C. Sec. 125. The
- 27 purpose of the benefits contribution plan established in this chapter
- 28 is to attract and retain individuals in governmental service by
- 29 permitting them to enter into agreements with the state to provide for
- 30 benefits pursuant to 26 U.S.C. Sec. 125 and other applicable sections
- 31 of the internal revenue code.
- 32 (2) Nothing in the benefits contribution plan constitutes an
- 33 employment agreement between the participant and the state, and nothing
- 34 contained in the participant's benefits contribution agreement, the
- 35 plan, or sections 14 through 20 of this act gives a participant any
- 36 right to be retained in state employment.

NEW SECTION. Sec. 14. A new section is added to chapter 41.05 RCW to read as follows:

The authority shall have responsibility for the formulation and adoption of a plan, policies, and procedures designed to guide, direct, and administer the benefits contribution plan.

- (1) A plan document describing the benefits contribution plan shall be adopted and administered by the authority. The authority shall represent the state in all matters concerning the administration of the plan. The state, through the authority, may engage the services of a professional consultant or administrator on a contractual basis to serve as an agent to assist the authority or perform the administrative functions necessary in carrying out the purposes of this act.
- (2) The authority shall formulate and establish policies and procedures for the administration of the benefits contribution plan that are consistent with existing state law, the internal revenue code, and the regulations adopted by the internal revenue service as they may apply to the benefits offered to participants under the plan.
- (3) The funds held by the state for the benefits contribution program shall be deposited in the benefits contribution account in the state treasury. Any interest in excess of the amount used to defray the cost of administering the benefits contribution plan shall become a part of the general fund. Unclaimed moneys remaining in the benefits contribution account at the end of a plan year after all timely submitted claims for that plan year have been processed shall become a part of the benefits contribution administrative account. The authority may assess each participant a fee for administering the salary reduction plan. In addition to moneys for initial costs, moneys may be appropriated from the general fund or benefits contribution administrative account for any expense relating to the administration of the benefits contribution plan.
- (4) The benefits contribution administrative account is created in the state treasury. The authority may periodically bill agencies for employer savings experienced as the result of benefits contribution program participation by employees. All receipts from the following shall be deposited in the account: (a) Charges to agencies for all or a portion of the estimated savings due to reductions in employer contributions under the social security act; (b) charges for other similar savings; (c) unclaimed moneys in the benefits contribution account at the end of the plan year after all timely submitted claims

p. 15 E2SHB 1566

- 1 for that plan year have been processed; and (d) fees charged to
- 2 participants. Moneys in the account may be spent only after
- 3 appropriation. Expenditures from the account may be used only for any
- 4 expense related to the administration of the benefits contribution
- 5 plan.
- 6 (5) Every action taken by the authority in administering sections
- 7 13 through 19 of this act shall be presumed to be a fair and reasonable
- 8 exercise of the authority vested in or the duties imposed upon it. The
- 9 authority shall be presumed to have exercised reasonable care,
- 10 diligence, and prudence and to have acted impartially as to all persons
- 11 interested unless the contrary be proved by clear and convincing
- 12 affirmative evidence.
- NEW SECTION. Sec. 15. A new section is added to chapter 41.05 RCW
- 14 to read as follows:
- 15 (1) Elected officials and all permanent employees of the state are
- 16 eligible to participate in the benefits contribution plan and
- 17 contribute amount(s) by agreement with the authority. The authority
- 18 may adopt rules to permit participation in the plan by temporary
- 19 employees of the state.
- 20 (2) Persons eligible under subsection (1) of this section may enter
- 21 into benefits contribution agreements with the state.
- 22 (3)(a) In the initial year of the benefits contribution plan, an
- 23 eligible person may become a participant after the adoption of the plan
- 24 and before its effective date by agreeing to have a portion of his or
- 25 her gross salary contributed and deposited into a health care and other
- 26 benefits account to be used for reimbursement of expenses covered by
- 27 the plan.
- 28 (b) After the initial year of the benefits contribution plan, an
- 29 eligible person may become a participant for a full plan year, with
- 30 annual benefit selection for each new plan year made before the
- 31 beginning of the plan year, as determined by the authority, or upon
- 32 becoming eligible.
- 33 (c) Once an eligible person elects to participate and the amount of
- 34 gross salary that he or she shall contribute and the benefit for which
- 35 the funds are to be used during the plan year is determined, the
- 36 agreement shall be irrevocable and may not be amended during the plan
- 37 year except as provided in (d) of this subsection. Prior to making an
- 38 election to participate in the benefit contribution plan, the eligible

- 1 person shall be informed in writing of all the benefits and 2 contributions that will occur as a result of such election.
- 3 (d) The authority shall provide in the benefits contribution plan 4 that a participant may enroll, terminate, or change his or her election 5 after the plan year has begun if there is a significant change in a 6 participant's status, as provided by 26 U.S.C. Sec. 125 and the 7 regulations adopted under that section and defined by the authority.
- 8 (4) The authority shall establish as part of the benefits 9 contribution plan the procedures for and effect of withdrawal from the 10 plan by reason of retirement, death, leave of absence, or termination 11 of employment. To the extent possible under federal law, the authority 12 shall protect participants from forfeiture of rights under the plan.
- (5) Any contribution under the benefits contribution plan shall continue to be included as regular compensation for the purpose of computing the state retirement and pension benefits earned by the employee.
- NEW SECTION. **Sec. 16.** A new section is added to chapter 41.05 RCW to read as follows:
- The benefits contribution account is established in the state treasury. All fees paid to reimburse participants or service providers pursuant to the provisions of sections 13 through 19 of this act shall be paid from the benefit contribution account.
- NEW SECTION. Sec. 17. A new section is added to chapter 41.05 RCW to read as follows:
- (1) The authority shall keep or cause to be kept full and adequate accounts and records of the assets, obligations, transactions, and affairs of a salary reduction plan created under section 14 of this act.
- 29 (2) The authority shall file an annual report of the financial 30 condition, transactions, and affairs of the salary reduction plan under 31 the authority's jurisdiction. A copy of the annual report shall be 32 filed with the speaker of the house of representatives, the president 33 of the senate, the governor, and the state auditor.
- NEW SECTION. **Sec. 18.** A new section is added to chapter 41.05 RCW to read as follows:

p. 17 E2SHB 1566

- 1 (1) The state may terminate the benefits contribution plan at the 2 end of the plan year or upon notification of federal action affecting 3 the status of the plan.
- 4 (2) The authority may amend the benefits contribution plan at any 5 time if the amendment does not affect the rights of the participants to 6 receive eligible reimbursement from the participants' benefits 7 contribution accounts.
- 8 <u>NEW SECTION.</u> **Sec. 19.** A new section is added to chapter 41.05 RCW 9 to read as follows:
- The authority shall adopt rules necessary to implement sections 13 through 18 of this act.
- NEW SECTION. Sec. 20. A new section is added to chapter 41.05 RCW to read as follows:
- Sections 13 through 19 of this act shall be construed to effectuate the purposes of 26 U.S.C. Sec. 125 and other applicable sections of the internal revenue code as required.
- 17 **Sec. 21.** RCW 28A.400.350 and 1993 c 492 s 226 are each amended to 18 read as follows:
- 19 (1) The board of directors of any of the state's school districts may make available liability, life, health, health care, accident, 20 21 disability and salary protection or insurance or any one of, or a 22 combination of the enumerated types of insurance, or any other type of 23 insurance or protection, for the members of the boards of directors, the students, and employees of the school district, and their 24 25 dependents. Such coverage may be provided by contracts with private carriers, with the state health care authority after July 1, 1990, 26 27 pursuant to the approval of the authority administrator, or through self-insurance or self-funding pursuant to chapter 48.62 RCW, or in any 28 other manner authorized by law. ((Except for health benefits purchased 29 with nonstate funds as provided in RCW 28A.400.200, effective on and 30 after October 1, 1995, health care coverage, life insurance, liability 31 32 insurance, accidental death and dismemberment insurance, and disability income insurance shall be provided only by contracts with the state 33
- 35 (2) Whenever funds are available for these purposes the board of directors of the school district may contribute all or a part of the

health care authority.))

1 cost of such protection or insurance for the employees of their 2 respective school districts and their dependents. The premiums on such 3 liability insurance shall be borne by the school district.

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6 7 After October 1, 1990, school districts may not contribute to any employee protection or insurance other than liability insurance unless the district's employee benefit plan conforms to RCW 28A.400.275 and 28A.400.280.

- 8 (3) For school board members and students, the premiums due on such 9 protection or insurance shall be borne by the assenting school board member or student. The school district may contribute all or part of 10 the costs, including the premiums, of life, health, health care, 11 accident or disability insurance which shall be offered to all students 12 participating in interschool activities on the behalf of or as 13 representative of their school or school district. The school district 14 15 of directors may require any student participating in 16 extracurricular interschool activities to, as a condition participation, document evidence of insurance or purchase insurance 17 that will provide adequate coverage, as determined by the school 18 19 district board of directors, for medical expenses incurred as a result 20 of injury sustained while participating in the extracurricular activity. In establishing such a requirement, the district shall adopt 21 22 regulations for waiving or reducing the premiums of such coverage as may be offered through the school district to students participating in 23 24 extracurricular activities, for those students whose families, by 25 reason of their low income, would have difficulty paying the entire amount of such insurance premiums. The district board shall adopt 26 27 regulations for waiving or reducing the insurance coverage requirements 28 for low-income students in order to assure such students are not 29 prohibited from participating in extracurricular interschool 30 activities.
- 31 (4) All contracts for insurance or protection written to take 32 advantage of the provisions of this section shall provide that the 33 beneficiaries of such contracts may utilize on an equal participation 34 basis the services of those practitioners licensed pursuant to chapters 35 18.22, 18.25, 18.53, 18.57, and 18.71 RCW.
- NEW SECTION. **Sec. 22.** A new section is added to chapter 28B.50 RCW to read as follows:

p. 19 E2SHB 1566

- 1 (1) In a manner prescribed by the state health care authority, 2 technical colleges who have employees enrolled in a benefits trust 3 shall remit to the health care authority for deposit in the public 4 employees' and retirees' insurance account established in RCW 5 41.05.120:
- 6 (a) For each full-time employee of the district, an amount equal to
 7 four and seven-tenths percent multiplied by the insurance benefit
 8 allocation rate in the appropriations act for each employee, for each
 9 month of the school year;
- 10 (b) For each part-time employee of the college who, at the time of 11 the remittance, is employed in an eligible position as defined in RCW 41.32.010 or 41.40.010 and is eligible for employer fringe benefit 12 13 contributions for benefits prescribed by the public employees' benefits board, an amount equal to four and seven-tenths percent multiplied by 14 15 the insurance benefit allocation rate in the appropriations act, for 16 each month of the year, prorated by the proportion of employer fringe 17 benefit contributions for a full-time employee that the part-time employee receives. 18
- 19 (2) The remittance requirements of this section do not apply to 20 employees of a technical college who receive insurance benefits through 21 contracts with the health care authority.
- 22 (3) The legislature reserves the right to increase or decrease the 23 percent or amount required to be remitted in this section.
- NEW SECTION. Sec. 23. A new section is added to Title 43 RCW to read as follows:
- For the purpose of accurately describing professional health services purchased by the state, health-related state agencies may develop fee schedules based on billing codes and service descriptions published by the American medical association or the United States federal health care financing administration, or develop agency unique codes and service descriptions.
- NEW SECTION. Sec. 24. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect July 1, 1995.