FIRST ENGROSSMENT

Sixty-fifth Legislative Assembly of North Dakota

ENGROSSED HOUSE BILL NO. 1436

Introduced by

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Representatives Carlson, Bellew, Kasper, Keiser, Streyle, Vigesaa Senators Bekkedahl, Casper, Laffen, Schaible (Approved by the Delayed Bills Committee)

- 1 A BILL for an Act to amend and reenact sections 54-35-02.4, 54-52.1-04, 54-52.1-04.2, and
- 2 54-52.1-04.3 of the North Dakota Century Code, relating to the employee benefits program
- 3 committee, public employee uniform group insurance health benefits coverage, and to provide
- 4 for a retirement board line of credit; to provide a continuing appropriation; to provide for
- 5 application; and to provide statements of legislative intent.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- SECTION 1. AMENDMENT. Section 54-35-02.4 of the North Dakota Century Code is
 amended and reenacted as follows:
- 9 **54-35-02.4.** Employee benefits programs committee <u>Standing committees -</u> Powers and duties.
 - 1. The During the interim between regular legislative sessions, the employee benefits programs committee shall consider:
 - <u>a.</u> Meet at least quarterly at the discretion of the chairman.
 - b. Receive quarterly reports from the public employees retirement system on the activities of the public employees retirement system, including the status of and any proposed changes to its retirement system plans and uniform group insurance plans. Before each regular legislative session, the public employees retirement system shall present to the committee the executive budget proposals, including any anticipated changes, relating to retirement plans and uniform group insurance plans administered by the public employees retirement system. The committee shall consider and report on these activities and executive budget proposals.
 - c. Investigate the feasibility and desirability of making changes to the retirement plans and uniform group insurance plans administered by the public employees

1 retirement system. The committee may request actuarial reports on the actuarial 2 impact of possible changes and of plan design options. 3 <u>d.</u> Consider and report on those legislative measures and proposals sponsored by 4 the executive branch, judicial branch, and legislative management over which 5 itthe committee takes jurisdiction and which affect, actuarially or otherwise, the 6 retirement programs of state employees or employees of any political 7 subdivision, and health and retiree health plans of state employees or employees 8 of any political subdivision. The committee shall make a thorough review of 9 anymeasure or legislative proposal over which itthe committee takes under its-10 jurisdiction, including an actuarial review. The committee shall take 11 <u>e.</u> <u>Take</u> jurisdiction over any measure or such legislative proposal that authorizes an 12 automatic increase or other change in benefits beyond the ensuing biennium 13 which would not require legislative approval. The committee must shall include in 14 the report of the committee a statement that the proposal would allow future 15 changes without legislative involvement. The committee shall report its 16 Report the committee's findings and recommendations, along with any necessary <u>f.</u> 17 legislation, to the legislative management and to the legislative assembly. 18 2. To carry out its responsibilities, the committee, or its designee, may: 19 Enter contracts, including retainer agreements, with an actuary or actuarial firm a. 20 for expert assistance and consultation. Each retirement, insurance, or retiree 21 insurance program shall pay, from its retirement, insurance, or retiree health 22 benefits fund, as appropriate, and without the need for a prior appropriation, the 23 cost of any actuarial report required by the committee or a standing committee as 24 provided under subsection 6 which relates to that program. 25 b. Call on personnel from state agencies or political subdivisions to furnish such 26 information and render such assistance as the committee may from time to time 27 request. 28 Establish rules for its operation of the committee, including the submission and C. 29 review of proposals and the establishing of standards for actuarial review. 30 3. The During the interim between regular legislative sessions, the committee may solicit 31 draft measures and legislative proposals from interested persons during the interim-

- between legislative sessions the executive branch, judicial branch, and legislative
 management, and may also study measures and proposals referred to it the committee
 by the legislative assembly or the legislative management.
 - 4. A copy of the committee's report concerning any legislative measure shall, if thatmeasure If a legislative proposal over which the committee took jurisdiction under subsection 1 is introduced for consideration by a legislative assembly, a copy of the related committee report must be appended to the copy of that measure which is referred to a standing committee.
 - 5. A legislative measure affecting a public employees retirement program, public employees health insurance program, or public employee retiree health insurance program may not be introducedsubmitted by the executive branch, judicial branch, or legislative management for introduction in either house unless it measure is accompanied by a report from the committee. A majority of the members of the committee, acting through the chairman, has sole authority to determine whether anya legislative measure affects a program.
 - 6. AnyDuring a legislative session, if a standing committee takes action on a legislative measure sponsored by a legislator or recommends an amendment made during a legislative session to a legislative measure affectingwhich would affect a public employees retirement program, public employees health insurance program, or public employee retiree health insurance program may not be considered by a standing committee unless it is accompanied by a report from the employee benefits programs committee, the standing committee shall consider the impact, actuarily or otherwise, of the amendment or measure and may request the affected program provide an analysis of the impact of the amendments. If an affected program provides an analysis under this subsection, the program may pay for the analysis in the same manner as provided under subdivision a of subsection 2.
 - 7. Any legislation enacted in contravention of this section is invalid and of no force and effect, and any benefits provided under such legislation must be reduced to the level current prior to enactment.
 - **SECTION 2. AMENDMENT.** Section 54-52.1-04 of the North Dakota Century Code is amended and reenacted as follows:

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1 54-52.1-04. Board to contract for insurance.

- 1. The board shall receive bids for the providing of hospital benefits coverage, medical benefits coverage, life insurance benefits coverage for a specified term, and employee assistance program services; may receive bids separately for prescription drug coverage; and shall accept one or more bids of and contract with the carriers that in the judgment of the board determines best servesserve the interests of the state and itsthe state's eligible employees. Solicitations must be made not later than ninety days before the expiration of an existing uniform group insurance contract. Bids must be solicited by advertisement in a manner selected by the board thatwhich will provide reasonable notice to prospective bidders. In preparing bid proposals and evaluating bids, the board may utilize the services of consultants on a contract basis in order-thatto provide the bids received may be uniformly compared and properly evaluated. In determining which bid, if any, will best serve the interests of eligible employees and the state, the board shall give adequate consideration to the following factors:
- 15 <u>1. a.</u> The economy to be effected.
- 16 <u>2. b.</u> The ease of administration.
- 17 <u>3. c.</u> The adequacy of the coverages.
- 18 4. <u>d.</u> The financial position of the carrier, with special emphasis as to itson the 19 solvency of the carrier.
- 5. <u>e.</u> The reputation of the carrier and any other information that is available tending to show past experience with the carrier in matters of claim settlement, underwriting, and services.
 - 2. The board may reject any or all bids and, in the event it does so, received under this section. If the board rejects all bids received, the board shall again solicit bids as provided in this section. The
 - 3. Under section 54-52.1-04.1 or 54-52.1-04.2, the board may contract with a health maintenance organization or establish a plan of self-insurance for providing health insurance to provide hospital, medical, or prescription drug benefits coverage only under an administrative services only (ASO) contract or a third-party administrator (TPA) contract.

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1 A contract and the terms of a contract entered by the board under this chapter are 2 subject to legislative appropriation and legislative changes. 3 SECTION 3. AMENDMENT. Section 54-52.1-04.2 of the North Dakota Century Code is 4 amended and reenacted as follows: 5 54-52.1-04.2. Self-insurance plan for hospital and, medical, and prescription drug 6 benefits coverage. 7 1. The board may establish This section applies to a self-insurance plan for providing: 8 Health insurance hospital, medical, and prescription drug benefits coverage; 9 Health insurancehospital and medical benefits coverage, excluding all or part b. 10 of prescription drug benefits coverage; or 11 Allall or part of prescription drug benefits coverage. The board shall establish a 12 self-insurance plan under this section if so directed by the legislative assembly. The 13 board may establish a self-insurance plan under this section if the board determines a 14 self-insurance plan is less costly than the lowest bid submitted by a carrier for 15 underwriting the plan with equivalent contract benefits. 16 AnyA self-insurance plan established by the board under this section must be provided 17 under an administrative services only (ASO) contract or a third-party administrator 18 (TPA) contract under the uniform group insurance program, and may be established 19 only if it is determined by the board that an administrative services only or third-party 20 administrator plan is less costly than the lowest bid submitted by a carrier for 21 underwriting the plan with equivalent contract benefits. Upon establishing. 22 If the board establishes a self-insurance plan, the board shall solicit bids for anterm of 3. 23 the contract for administrative services only or a third-party administrator contract only-24 every other biennium, and the board is authorized tomust be for two years and the 25 board may renegotiate an existing administrative services only or third-party-26 administrator contract during the interim. In addition, the contract for one additional 27 two-year term. The board shall solicit bids for the contract for administrative services 28 only or a third-party administrator at least once every four years. If the board 29 establishes a self-insurance plan, the board shall make individual stop-loss coverage

insured by a carrier authorized to do business in this state must be made part of any-

self-insured the plan. All bids under this section are due no later than January first, and

- must be awarded no later than March first, preceding the end of each biennium. If the board solicits bids under this section, the board shall solicit bids for a contract for insurance or a health maintenance organization, or both. The board may transition from a self-insurance plan to a contract for insurance or a health maintenance organization if the board determines the self-insurance plan costs more than the lowest bid submitted for a contract or health maintenance organization plan with comparable benefits. All bids received by the board under this section must be opened at a public meeting of the board.
 - **SECTION 4. AMENDMENT.** Section 54-52.1-04.3 of the North Dakota Century Code is amended and reenacted as follows:
 - 54-52.1-04.3. <u>Self-insurance -</u> Contingency reserve fund Continuing appropriation <u>-</u> Bank of North Dakota line of credit.

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- 1. If the board establishes a self-insurance plan under section 54-52.1-04.2, the board shall establish under a self-insurance plan a contingency reserve fund to provide for adverse fluctuations in future charges, claims, costs, or expenses of the uniform group insurance program. The Annually, the board shall determine the amount necessary to provide a balance in the contingency reserve fund between one and one-half months and three months of claims paid based on the average monthly claims paid during the preceding twelve-month period immediately preceding March first of each year. The Annually, the board also shall determine the amount necessary to provide an additional balance in the contingency reserve fund between one month and one and one-half months for claims incurred but not yet reported. The board may arrange for the services of an actuarial consultant to assist the board in making these determinations.
- 2. Upon the initial changeover from a contract for insurance pursuant tounder section 54-52.1-04 or a health maintenance organization under section 54-52.1-04.1, to a self-insurance plan pursuant tounder section 54-52.1-04.2, the board must have shall adopt a plan in place which is reasonably calculated to meet the funding requirements of this chapter within sixty months. Such plan may include consideration of funds extended to the board from the Bank of North Dakota. All moneys in the contingency

- reserve fund, not otherwise appropriated, are appropriated for the payment of claims and other costs of the uniform group insurance program during periods of adverse claims or cost fluctuations. If the board transitions from a self-insurance plan to a contract for insurance or a health maintenance organization, the board shall adopt a plan reasonably calculated to meet the remaining liabilities of the self-insurance plan.
 - 3. The Bank of North Dakota shall extend to the board a line of credit not to exceed fifty million dollars at an annual rate not to exceed three percent for a two-year term or four percent for a five -year term. The board shall repay the line of credit from health insurance premium revenue or from other funds, as appropriated by the legislative assembly. The board may access the line of credit, as necessary, to provide adequate reserve funds, to purchase stop-loss coverage, and to defray other expenditures of administration of the self-insurance plan.

SECTION 5. SELF-INSURANCE HEALTH PLANS - APPLICATION - STATEMENT OF LEGISLATIVE INTENT.

- 1. The retirement board shall establish a self-insurance plan for hospital, medical, and prescription drug benefits coverage under section 54-52.1-04.2, except for benefits for retirees and for Medicare part D. The self-insurance plan becomes effective January 1, 2018, is effective for a term of eighteen months, is subject to renewal and rebidding as provided under section 54-52.1-04.2, and must be based on the same plan design and benefits as the coverage in effect on July 1, 2017.
- A uniform group insurance program contract for hospital, medical, and prescription
 drug benefits coverage in effect on the effective date of this Act terminates on
 December 31, 2017, after which the self-insurance plan under subsection 1 becomes
 effective.
- 3. Notwithstanding any law to the contrary, it is the intent of the sixty-fifth legislative assembly that the uniform group insurance program contract for hospital, medical, and prescription drug benefits coverage signed by the retirement board which becomes effective July 1, 2017, be limited in duration to a six-month term.
- **SECTION 6. HEALTH INSURANCE RESERVE FUND.** The retirement board shall use available moneys in the fund created under section 54-52.1-06 for the purpose of financing the self-insurance plan established under section 5 of this Act.

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- 1 **SECTION 7. EXEMPTION.** This Act is not subject to review by the employee benefits
- 2 programs committee under section 54-35-02.4.