FINAL BILL REPORT SB 5466

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Synopsis as Enacted

Brief Description: Clarifying employee eligibility for benefits from the public employees' benefits board and conforming the eligibility provisions with federal law.

Sponsors: Senators Becker, Keiser and Conway; by request of Health Care Authority and LEOFF Plan 2 Retirement Board.

Senate Committee on Ways & Means House Committee on Appropriations

Background: The Health Care Authority (HCA) administers health and other insurance benefits plans for active state employees, retired state and K–12 employees, and some active local government and K–12 employees. The Public Employees' Benefit Board (PEBB) approves benefit plans and premiums for active employees and retired participants.

In general, state employees are eligible for benefits if it is anticipated that they will work an average of 80 hours or more for more than six consecutive months, though the eligibility standards differ for some types of employees. Faculty members at institutions of higher education who are expected to work half-time over a period of at least nine months are eligible for benefits for the entire instructional year. Seasonal employees who are expected to work an average of half-time or more, as defined by PEBB, over six months of the applicable work season are eligible for the benefits for the season of employment.

In 2009 the Legislature enacted a number of changes to PEBB eligibility rules, including clarifying HCA's authority to determine eligibility, as opposed to the employing agency, and moving eligibility criteria from rule to statute. HCA has the authority to determine eligibility, but may delegate to an employing agency the task of determining individual employees' eligibility for benefits. Any determination as to whether or not an employee is eligible for benefits is subject to periodic review, and appeals of agency eligibility determinations are reviewed by HCA.

The PEBB statutes provide that members may cover their unmarried dependents under the age of 25. An employee that chooses to cover a dependent with developmental or mental disabilities who is incapable of self-support may continue coverage at the same premium as for dependents age 20 or under regardless of the age of the dependent with disabilities. The federal Patient Protection and Affordable Care Act of 2010 provides that for any plan year

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beginning after September 23, 2010, any health plan that provides coverage for dependent children must make such coverage available until attainment of age 26.

Summary: An agency participating in HCA-administered benefit programs is authorized to make initial determinations of benefits eligibility if directed to do so by HCA. The term employer group is defined to mean those local governments and other entities that obtain employee benefits through a contractual agreement with HCA. A reference to adult family home providers is corrected.

Eligibility standards for seasonal employees are changed from half-time as defined by PEBB, to 80 hours per month, consistent with the standard used for other part-time eligibility provisions. The definition of academic year is clarified to apply to either quarter or semester-based academic calendars.

The recognition of domestic partnerships through presentation of a certificate of domestic partnership issued by the Secretary of State is applied to both same-sex and opposite-sex domestic partnerships. State-registered domestic partners of emergency service personnel killed in the line of duty are all made eligible for PEBB participation, and several provisions referencing state-registered domestic partners are clarified.

State-registered domestic partners of emergency service personnel killed in the line of duty are eligible to participate in HCA-administered Medicare supplemental insurance policies.

Dependent coverage provisions in PEBB programs are extended to dependent children up to age 26 in compliance with the federal Patient Protection and Affordable Care Act of 2010.

Votes on Final Passage:

Senate 44 5 House 92 5

Effective: July 24, 2015