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HOUSE BILL 1955

State of Washington

66th Legislature

2019 Regular Session

By Representative Stokesbary

Read first time 02/07/19. Referred to Committee on Appropriations.

- AN ACT Relating to the maximum share of state and school employee health benefit premiums to be paid by employers participating in the public employees' and school employees' benefits boards; and amending
- 4 RCW 41.05.065, 41.05.740, 41.56.500, 41.59.105, and 41.80.020.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 41.05.065 and 2018 c 260 s 12 are each amended to read as follows:
 - (1) The public employees' benefits board shall study all matters connected with the provision of health care coverage, life insurance, liability insurance, accidental death and dismemberment insurance, and disability income insurance or any of, or a combination of, the enumerated types of insurance for employees and their dependents on the best basis possible with relation both to the welfare of the employees and to the state. However, liability insurance shall not be made available to dependents.
 - (2) The public employees' benefits board shall develop employee benefit plans that include comprehensive health care benefits for employees. In developing these plans, the public employees' benefits board shall consider the following elements:
- 20 (a) Methods of maximizing cost containment while ensuring access 21 to quality health care;

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- (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.
- benefits, benefits provided to employees shall be substantially equivalent to the state employees' health 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 ((0+)), provided that the 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 not 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 public employees' benefits 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 public employees' benefits board shall design benefits and determine the terms and conditions of employee and retired or disabled school 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 (vi) may contractually agree with the authority to benefits eligibility criteria which differs from that determined by the public employees' benefits board. The eligibility criteria established by

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the public employees' benefits board shall be no more restrictive than the following:

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- (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 ninemonth 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

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relationship is terminated, in which case eligibility shall cease the 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 for the entire instructional year or equivalent nine-month period are eligible for benefits at the beginning of the second consecutive quarter or semester of employment in which he or she is anticipated to work, or has actually worked, half-time or more. Such an employee shall continue to receive uninterrupted employer contributions for benefits if the employee works at least half-time in a quarter or semester. Faculty who the employing agency anticipates will not work for the entire instructional year or equivalent nine-month period, but who actually work half-time or more throughout the entire instructional year, are eligible for summer or off-quarter or offsemester coverage. Faculty who have met the criteria of this subsection (4)(c)(ii), who work at least two quarters or two semesters of the academic year with an average academic year workload 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 each of the two preceding academic years shall continue to receive uninterrupted employer contributions for benefits if he or she works 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 each academic year of half-time or more for three quarters or two semesters. Eligibility under this section ceases immediately if this 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

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notification to his or her employing agency or agencies of his or her potential eligibility.

(vi) For the purposes of this subsection (4)(c):

- (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.
- (e) A justice of the supreme court and judges of the court of appeals and the superior courts become eligible for benefits on the 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

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- employing agency. A benefits-eligible seasonal employee is eligible for the employer contribution in any month of his or her season in 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 public employees' benefits board shall define "benefits-eligible position."

- (5) The public employees' benefits 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 public employees' benefits 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 public employees' benefits 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 public employees' benefits 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 public employees' benefits board

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and may be permitted to waive coverage under terms and conditions established by the public employees' benefits board.

- (9) The public employees' benefits 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 public employees' benefits board may approve any such plan for payroll deduction by insuring entities holding a valid certificate of authority in the state of Washington and which the public employees' benefits board determines to be in the best interests of employees and the state. The public employees' benefits 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 director, 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.

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(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 public employees' benefits board and authority on effective and cost-effective 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 public employees' benefits board.
- (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.
- (f) In developing the long-term care insurance benefit designs, the public employees' benefits board shall include an alternative plan of care benefit, including adult day services, as approved by 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 public employees' benefits board.
- (11) The public employees' benefits 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.

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Sec. 2. RCW 41.05.740 and 2018 c 260 s 1 are each amended to 2 read as follows:

- (1) The school employees' benefits board is created within the authority. The function of the school employees' benefits board is to design and approve insurance benefit plans for school employees and to establish eligibility criteria for participation in insurance benefit plans.
- 8 (2) By September 30, 2017, the governor shall appoint the 9 following voting members to the school employees' benefits board as 10 follows:
- 11 (a) Two members from associations representing certificated 12 employees;
- 13 (b) Two members from associations representing classified 14 employees;
 - (c) Four members with expertise in employee health benefits policy and administration, one of which is nominated by an association representing school business officials; and
 - (d) The director of the authority or his or her designee.
 - (3) Initial members of the school employees' benefits board shall serve staggered terms not to exceed four years. Members appointed thereafter shall serve two-year terms.
 - (4) Compensation and reimbursement related to school employees' benefits board member service are as follows:
 - (a) Members of the school employees' benefits board must be compensated in accordance with RCW 43.03.250 and must be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.
 - (b) While school employees' benefits board members are carrying out their powers and duties under this chapter ((41.05 RCW)), if the service of any certificated or classified employee results in a need for a school employees' benefits board organization to employ a substitute for such certificated or classified employee during such service, payment for such a substitute may be made by the authority from funds appropriated by the legislature for the school employees' benefits board program. If such substitute is paid by the authority, no deduction shall be made from the salary of the certificated or classified employee. In no event shall a school employees' benefits board organization deduct from the salary of a certificated or classified employee serving on the school employees' benefits board

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- more than the amount paid the substitute employed by the school employees' benefits board organization.
- (5) The director of the authority or his or her designee shall be the chair and another member shall be selected by the school employees' benefits board as vice chair. The chair shall conduct meetings of the school employees' benefits board. The vice chair shall preside over meetings in the absence of the chair. The school employees' benefits board shall develop bylaws for the conduct of its business.
- 10 (6) The school employees' benefits board shall:

- (a) Study all matters connected with the provision of health care coverage, life insurance, liability insurance, accidental death and dismemberment, and disability insurance, or any of, or combination of, the enumerated types of insurance for eligible school employees and their dependents on the best basis possible with relation both to the welfare of the school employees and the state. However, liability insurance should not be made available to dependents;
- (b) Develop school employee benefit plans that include comprehensive, evidence-based health care benefits for school employees. In developing these plans, the school employees' benefits board shall consider the following elements:
- (i) Methods of maximizing cost containment while ensuring access to quality health care;
 - (ii) 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;
- (iii) Wellness, preventive care, chronic disease management, and other incentives that focus on proven strategies;
- 29 (iv) Utilization review procedures to support cost-effective 30 benefits delivery;
- 31 (v) Ways to leverage efficient purchasing by coordinating with 32 the public employees' benefits board;
 - (vi) Effective coordination of benefits; and
- 34 (vii) Minimum standards for insuring entities;
 - (c) Authorize premium contributions for a school employee and the employee's dependents in a manner that encourages the use of costefficient health care systems. ((For)) Premium contributions authorized by the school employees' benefits board must:
- 39 <u>(i) Require that for</u> participating school employees, the 40 ((required)) school employee share of the cost for family coverage

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premiums may not exceed three times the premiums for a school employee purchasing single coverage for the same coverage plan; and

- (ii) Require that school employee premium payments represent on average no less than twenty percent of the premiums paid by employers and employees, and that employer premium payments represent on average not more than eighty percent;
- (d) Determine the terms and conditions of school employee and dependent eligibility criteria, enrollment policies, and scope of coverage. At a minimum, the eligibility criteria established by the school employees' benefits board shall address the following:
 - (i) The effective date of coverage following hire;

- (ii) The benefits eligibility criteria, but the school employees' benefits board's criteria shall be no more restrictive than requiring that a school employee be anticipated to work at least six hundred thirty hours per school year to be benefits eligible; and
- (iii) Coverage for dependents, including criteria for legal spouses; children up to age twenty-six; children of any age with disabilities, mental illness, or intellectual or other developmental disabilities; and state registered domestic partners, as defined in RCW 26.60.020, and others authorized by the legislature;
- (e) Establish terms and conditions for a school employees' benefits board organization to have the ability to locally negotiate eligibility criteria for a school employee who is anticipated to work less than six hundred thirty hours in a school year. A school employees' benefits board organization that elects to use a lower threshold of hours for benefits eligibility must use benefits authorized by the school employees' benefits board and shall do so as an enrichment to the state's definition of basic education;
- (f) Establish penalties to be imposed when a school employees' benefits board organization fails to comply with established participation criteria; and
- (g) Participate with the authority in the preparation of specifications and selection of carriers contracted for school employee benefit plan coverage of eligible school employees in accordance with the criteria set forth in rules. To the extent possible, the school employees' benefits board shall leverage efficient purchasing by coordinating with the public employees' benefits board.
- 39 (7) School employees shall choose participation in one of the 40 health care benefit plans developed by the school employees' benefits

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- board. Individual school employees eligible for benefits under subsection (6)(d) of this section may be permitted to waive coverage under terms and conditions established by the school employees' benefits board.
- (8) By November 30, 2021, the authority shall review the benefit 5 6 plans provided through the school employees' benefits board, complete an analysis of the benefits provided and the administration of the 7 benefits plans, and determine whether provisions in chapter 13, Laws 8 of 2017 3rd sp. sess. have resulted in cost savings to the state. The 9 authority shall submit a report to the relevant legislative policy 10 and fiscal committees summarizing the results of the review and 11 12 analysis.
- 13 **Sec. 3.** RCW 41.56.500 and 2017 3rd sp.s. c 13 s 817 are each 14 amended to read as follows:

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- (1) All collective bargaining agreements entered into between a school district employer and school district employees under this chapter after June 10, 2010, as well as bargaining agreements existing on June 10, 2010, but renewed or extended after June 10, 2010, shall be consistent with RCW 28A.657.050.
- (2) All collective bargaining agreements entered into between a school district employer and school district employees under this chapter shall be consistent with RCW 28A.400.280 and 28A.400.350.
- (3) Employee bargaining shall be initiated after July 1, 2018, 23 24 over the dollar amount to be contributed for school employee health benefits beginning January 1, 2020, on behalf of each employee for 25 health care benefits. Bargaining must subsequently be conducted in 26 27 even-numbered years between the governor or governor's designee and one coalition of all the exclusive bargaining representatives 28 29 impacted by benefit purchasing with the school employees' benefits 30 board established in RCW 41.05.740, consistent with RCW 28A.400.280 31 28A.400.350. For agreements covering the 2021-2023 fiscal biennium, and each biennium thereafter, any agreement between the 32 33 governor or governor's designee and the school employee health benefits coalition regarding the amount expended on behalf of each 34 employee for health benefits must ensure that the share of premiums 35 paid by the employer does not exceed eighty percent of the total 36 premiums paid by the employer and the employee. The coalition 37 38 bargaining must follow the model initially established for state employees in RCW 41.80.020. 39

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(4) The governor shall submit a request for funds necessary to implement the collective bargaining agreement for the dollar amount to be expended for school employee health benefits, or for legislation necessary to implement the agreement. A request for funds shall not be submitted to the legislature by the governor unless such request:

- (a) Has been submitted to the director of the office of financial management by October 1st prior to the legislative session at which the request is to be considered; and
- 10 (b) Has been certified by the director of the office of financial 11 management as being feasible financially for the state.

The legislature shall approve or reject the submission of the request for funds. The legislature shall not consider a request for funds unless the request is transmitted to the legislature as part of the governor's budget document submitted under RCW 43.88.030 and 43.88.060.

either party may reopen all or part of the agreement. However, if the director of the office of financial management does not certify a request under this section as being feasible financially for the state, the parties shall enter into collective bargaining solely for the purpose of reaching a mutually agreed upon modification of the agreement necessary to address the absence of those requested funds. The legislature may act upon the health care benefit provisions of the modified collective bargaining agreement if those provisions are agreed upon and submitted to the office of financial management and legislative budget committees before final legislative action on the biennial or supplemental operating budget. If the legislature rejects or fails to act on the submission, either party may reopen all or part of the agreement.

- Sec. 4. RCW 41.59.105 and 2017 3rd sp.s. c 13 s 818 are each amended to read as follows:
- 33 (1) All collective bargaining agreements entered into between a 34 school district employer and school district employees under this 35 chapter after June 10, 2010, as well as bargaining agreements 36 existing on June 10, 2010, but renewed or extended after June 10, 37 2010, shall be consistent with RCW 28A.657.050.

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(2) All collective bargaining agreements entered into between a school district employer and school district employees under this chapter shall be consistent with RCW 28A.400.280 and 28A.400.350.

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- (3) Employee bargaining shall be initiated after July 1, 2018, 4 over the dollar amount to be contributed beginning January 1, 2020, 5 6 on behalf of each employee for health care benefits. Bargaining must subsequently be conducted in even-numbered years between the governor 7 or governor's designee and one coalition of all the exclusive 8 bargaining representatives impacted by benefit purchasing with the 9 school employees' benefits board established in RCW 10 consistent with RCW 28A.400.280 and 28A.400.350. For agreements 11 12 covering the 2021-2023 fiscal biennium, and each biennium thereafter, any agreement between the governor or governor's designee and the 13 school employee health benefits coalition regarding the amount 14 expended on behalf of each employee for health benefits must ensure 15 that the share of premiums paid by the employer does not exceed 16 17 eighty percent of the total premiums paid by the employer and the employee. The coalition bargaining must follow the model initially 18 19 established for state employees in RCW 41.80.020.
 - (4) The governor shall submit a request for funds necessary to implement the collective bargaining agreement for the dollar amount to be expended for school employee health benefits, or for legislation necessary to implement the agreement. A request for funds shall not be submitted to the legislature by the governor unless such request:
 - (a) Has been submitted to the director of the office of financial management by October 1st prior to the legislative session at which the request is to be considered; and
 - (b) Has been certified by the director of the office of financial management as being feasible financially for the state.

The legislature shall approve or reject the submission of the request for funds. The legislature shall not consider a request for funds unless the request is transmitted to the legislature as part of the governor's budget document submitted under RCW 43.88.030 and 43.88.060.

If the legislature rejects or fails to act on the submission, either party may reopen all or part of the agreement. However, if the director of the office of financial management does not certify a request under this section as being feasible financially for the state, the parties shall enter into collective bargaining solely for

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- the purpose of reaching a mutually agreed upon modification of the agreement necessary to address the absence of those requested funds.
- 3 The legislature may act upon the health care benefit provisions of
- 4 the modified collective bargaining agreement if those provisions are
- 5 agreed upon and submitted to the office of financial management and
- 6 legislative budget committees before final legislative action on the
- 7 biennial or supplemental operating budget. If the legislature rejects
- 8 or fails to act on the submission, either party may reopen all or
- 9 part of the agreement.

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- 10 **Sec. 5.** RCW 41.80.020 and 2015 3rd sp.s. c 1 s 318 are each 11 amended to read as follows:
 - (1) Except as otherwise provided in this chapter, the matters subject to bargaining include wages, hours, and other terms and conditions of employment, and the negotiation of any question arising under a collective bargaining agreement.
 - (2) The employer is not required to bargain over matters pertaining to:
 - (a) Health care benefits or other employee insurance benefits, except as required in subsection (3) of this section;
 - (b) Any retirement system or retirement benefit; or
 - (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.
- 24 (3) Matters subject to bargaining include the number of names to 25 be certified for vacancies, promotional preferences, and the dollar amount expended on behalf of each employee for health care benefits. 26 27 However, except as provided otherwise in this subsection for 28 institutions of higher education, negotiations regarding the number of names to be certified for vacancies, promotional preferences, and 29 30 the dollar amount expended on behalf of each employee for health care 31 benefits shall be conducted between the employer and one coalition of all the exclusive bargaining representatives subject to this chapter. 32 The exclusive bargaining representatives for employees that are 33 subject to chapter 47.64 RCW shall bargain the dollar amount expended 34 35 on behalf of each employee for health care benefits with the employer as part of the coalition under this subsection. Any such provision 36 agreed to by the employer and the coalition shall be included in all 37 38 master collective bargaining agreements negotiated by the parties. For institutions of higher education, promotional preferences and the 39

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1 number of names to be certified for vacancies shall be bargained under the provisions of RCW 41.80.010(4). For agreements covering the 2 ((2013-2015 fiscal biennium, any agreement between the employer and 3 the coalition regarding the dollar amount expended on behalf of each 4 employee for health care benefits is a separate agreement and shall 5 6 not be included in the master collective bargaining agreements negotiated by the parties)) 2021-2023 fiscal biennium, and each 7 biennium thereafter, any agreement between the employer and the 8 health benefits coalition regarding the amount expended on behalf of 9 10 each employee for health benefits must ensure that the share of premiums paid by the employer does not exceed eighty percent of the 11 12 total premiums paid by the employer and the employee.

(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.

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- (5) The employer and the exclusive bargaining representative shall not bargain over matters pertaining to management rights established in RCW 41.80.040.
- (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.
- 29 (7) This section does not prohibit bargaining that affects 30 contracts authorized by RCW 41.06.142.

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