SENATE BILL 6011

State of Washington 66th Legislature

2019 Regular Session

By Senators Mullet and Braun

AN ACT Relating to health care benefits for public school 1 2 employees; amending RCW 41.05.009, 41.05.011, 41.05.022, 41.05.023, 3 41.05.050, 41.05.055, 41.05.065, 41.05.066, 41.05.075, 41.05.120, 41.05.130, 41.05.140, 41.05.143, 41.05.300, 41.05.320, 41.05.670, 4 28A.400.280, 28A.400.350, 5 41.05.700, 41.05.820, 28A.400.275, 6 28A.710.350, 41.59.105, and 41.56.500; reenacting and amending RCW 7 41.05.021, 28A.400.270, and 43.79A.040; creating a new section; 8 repealing RCW 41.05.004 and 41.05.740; and repealing 2018 c 260 ss 33 and 34 (uncodified). 9

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

11 NEW SECTION. Sec. 1. The legislature finds that health care 12 provided by school districts has resulted in many part-time employees 13 opting out of or not being offered affordable family coverage. The legislature further finds that consolidating school employee health 14 care under the school employees' benefits board would result in 15 16 excessive costs to the state and local districts. As such, the 17 legislature intends to allow school districts to continue to provide 18 health care to their employees and to require that affordable options 19 are provided for part-time employees. The legislature further intends 20 that affordable coverage options include, at a minimum, a flexible 21 spending account and a high deductible consumer driven plan.

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Sec. 2. RCW 41.05.009 and 2018 c 260 s 3 are each amended to read as follows:

- (1) The authority, or an employing agency at the authority's direction, shall initially determine and periodically review whether an employee ((or a school employee)) is eligible for benefits pursuant to the criteria established under this chapter.
- (2) An employing agency shall inform an employee ((or a school employee)) in writing whether or not he or she is eligible for benefits when initially determined and upon any subsequent change, including notice of the employee's ((or school employee's)) right to an appeal.
- **Sec. 3.** RCW 41.05.011 and 2018 c 260 s 4 are each amended to 13 read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Authority" means the Washington state health care authority.
- (2) "Board" means the public employees' benefits board established under RCW 41.05.055 ((and the school employees' benefits board established under RCW 41.05.740)).
- (3) "Dependent care assistance program" means a benefit plan whereby employees ((and school employees)) may pay for certain employment related dependent care with pretax dollars as provided in the salary reduction plan under this chapter pursuant to 26 U.S.C. Sec. 129 or other sections of the internal revenue code.
 - (4) "Director" means the director of the authority.
- (5) "Emergency service personnel killed in the line of duty" means law enforcement officers and firefighters as defined in RCW 41.26.030, members of the Washington state patrol retirement fund as defined in RCW 43.43.120, and reserve officers and firefighters as defined in RCW 41.24.010 who die as a result of injuries sustained in the course of employment as determined consistent with Title 51 RCW by the department of labor and industries.
- (6)(((a))) "Employee" for the public employees' benefits board program includes all employees of the state, whether or not covered by civil service; effective January 1, 2020, all employees of school districts, educational service districts, and charter schools established under chapter 28A.710 RCW; elected and appointed officials of the executive branch of government, including full-time members of boards, commissions, or committees; justices of the

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supreme court and judges of the court of appeals and the superior courts; and members of the state legislature. Pursuant to contractual agreement with the authority, "employee" may also include: $((\frac{1}{2}))$ Employees of a county, municipality, or other political subdivision of the state and members of the legislative authority of any county, city, or town who are elected to office after February 20, 1970, if the legislative authority of the county, municipality, or other political subdivision of the state submits application materials to the authority to provide any of its insurance programs by contract with the authority, as provided in RCW 41.04.205 and 41.05.021(1)(g); $((\frac{ii}{i}))$ (b) employees of employee organizations representing state civil service employees, at the option of each such employee organization; $((\frac{(iii)}{(iii)}))$ (c) through December 31, 2019, employees of a school district if the authority agrees to provide any of the school districts' insurance programs by contract with the authority as provided in RCW 28A.400.350; (((iv))) (d) employees of a tribal government, if the governing body of the tribal government seeks and receives the approval of the authority to provide any of its insurance programs by contract with the authority, as provided in RCW 41.05.021(1) (f) and (g); $((\frac{v}{v}))$ (e) employees of the Washington health benefit exchange if the governing board of the exchange established in RCW 43.71.020 seeks and receives approval of the authority to provide any of its insurance programs by contract with the authority, as provided in RCW 41.05.021(1) (g) and (n); and (((vi))) (f) through December 31, 2019, employees of a charter school established under chapter 28A.710 RCW. "Employee" does not include: Adult family home providers; unpaid volunteers; patients of state hospitals; inmates; employees of the Washington state convention and trade center as provided in RCW 41.05.110; students of institutions of higher education as determined by their institution; students of school districts, educational service districts, and charter schools as determined by their school district, educational service district, or charter school; and any others not expressly defined as employees under this chapter or by the authority under this chapter.

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(((b) Effective January 1, 2020, "school employee" for the school employees' benefits board program includes all employees of school districts, educational service districts, and charter schools established under chapter 28A.710 RCW.

(7) "Employee group" means employees of a similar employment type, such as administrative, represented classified, nonrepresented

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classified, confidential, represented certificated, or nonrepresented certificated, within a school employees' benefits board organization.

(8) (a))) (7) "Employer" for the public employees' benefits board program means the state of Washington, school districts, educational service districts, and charter schools established under chapter 28A.710 RCW.

- (((b) "Employer" for the school employees' benefits board program means school districts and educational service districts and charter schools established under chapter 28A.710 RCW.
- (9))) (8) "Employer group" means those counties, municipalities, political subdivisions, the Washington health benefit exchange, tribal governments, and employee organizations representing state civil service employees, ((and through December 31, 2019, school districts, educational service districts, and charter schools)) obtaining employee benefits through a contractual agreement with the authority to participate in benefit plans developed by the public employees' benefits board. Through December 31, 2019, "employer group" also includes school districts, educational service districts, and charter schools, obtaining employee benefits through a contractual agreement with the authority to participate in benefit plans developed by the public employees' benefits board.
 - ((\(\frac{(10)(a)}{(a)}\))) (9) "Employing agency" for the public employees' benefits board program means a division, department, or separate agency of state government, including an institution of higher education; school districts, educational service districts, or charter schools; a county, municipality, or other political subdivision; and a tribal government covered by this chapter.
 - (((b) "Employing agency" for the school employees' benefits board program means school districts, educational service districts, and charter schools.
 - (11)) (10) "Faculty" means an academic employee of an institution of higher education whose workload is not defined by work hours but whose appointment, workload, and duties directly serve the institution's academic mission, as determined under the authority of its enabling statutes, its governing body, and any applicable collective bargaining agreement.
- 37 (((12))) <u>(11)</u> "Flexible benefit plan" means a benefit plan that 38 allows employees ((and school employees)) to choose the level of 39 health care coverage provided and the amount of employee ((or school

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employee)) contributions from among a range of choices offered by the
authority.

- $((\frac{(13)}{(13)}))$ <u>(12)</u> "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.
- (((14))) (13) "Medical flexible spending arrangement" means a benefit plan whereby state ((and school)) employees may reduce their salary before taxes to pay for medical expenses not reimbursed by insurance as provided in the salary reduction plan under this chapter pursuant to 26 U.S.C. Sec. 125 or other sections of the internal revenue code.
- $((\frac{(15)}{(15)}))$ <u>(14)</u> "Participant" means an individual who fulfills the eligibility and enrollment requirements under the salary reduction plan.
- $((\frac{(16)}{(15)}))$ "Plan year" means the time period established by 17 the authority.
- (((17))) <u>(16)</u> "Premium payment plan" means a benefit plan whereby public employees may pay their share of group health plan premiums with pretax dollars as provided in the salary reduction plan under this chapter pursuant to 26 U.S.C. Sec. 125 or other sections of the internal revenue code.
- (($\frac{(18)}{(17)}$)) $\frac{(17)}{(17)}$ "Public employee" has the same meaning as employee (($\frac{(and \ school \ employee}{(17)}$)).
 - (((19))) (18) "Retired or disabled school employee" means:
 - (a) Persons who separated from employment with a school district or educational service district and are receiving a retirement allowance under chapter 41.32 or 41.40 RCW as of September 30, 1993;
 - (b) Persons who separate from employment with a school district, educational service district, or charter school on or after October 1, 1993, and immediately upon separation receive a retirement allowance under chapter 41.32, 41.35, or 41.40 RCW;
 - (c) Persons who separate from employment with a school district, educational service district, or charter school due to a total and permanent disability, and are eligible to receive a deferred retirement allowance under chapter 41.32, 41.35, or 41.40 RCW.
- $((\frac{(20)}{(20)}))$ "Salary" means $((\frac{a + state + or school}))$ an employee's 38 monthly salary or wages.
- $((\frac{(21)}{(21)}))$ "Salary reduction plan" means a benefit plan 40 whereby $(\frac{(public}))$ employees may agree to a reduction of salary on a

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- pretax basis to participate in the dependent care assistance program, medical flexible spending arrangement, or premium payment plan offered pursuant to 26 U.S.C. Sec. 125 or other sections of the internal revenue code.
 - (((22) "School employees' benefits board organization" means a public school district or educational service district or charter school established under chapter 28A.710 RCW that is required to participate in benefit plans provided by the school employees' benefits board.
- 10 $\frac{(23)}{(23)}$)) $\underline{(21)}$ "School year" means school year as defined in RCW 11 28A.150.203(11).
- 12 (((24))) <u>(22)</u> "Seasonal employee" means ((a state)) <u>an</u> employee 13 hired to work during a recurring, annual season with a duration of 14 three months or more, and anticipated to return each season to 15 perform similar work.
- 16 $((\frac{(25)}{)})$ "Separated employees" means persons who separate 17 from employment with an employer as defined in:
 - (a) RCW 41.32.010(17) on or after July 1, 1996; or
 - (b) RCW 41.35.010 on or after September 1, 2000; or
- 20 (c) RCW 41.40.010 on or after March 1, 2002;

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- and who are at least age fifty-five and have at least ten years of service under the teachers' retirement system plan 3 as defined in RCW 41.32.010(33), the Washington school employees' retirement system plan 3 as defined in RCW 41.35.010, or the public employees' retirement system plan 3 as defined in RCW 41.40.010.
 - $((\frac{(26)}{(26)}))$ (24) "State purchased health care" or "health care" means medical and health care, pharmaceuticals, and medical equipment purchased with state and federal funds by the department of social and health services, the department of health, ((the basic health plan,)) the state health care authority, the department of labor and industries, the department of corrections, the department of veterans affairs, and local school districts.
- $((\frac{(27)}{(27)}))$ (25) "Tribal government" means an Indian tribal government as defined in section 3(32) of the employee retirement income security act of 1974, as amended, or an agency or instrumentality of the tribal government, that has government offices principally located in this state.
- 38 **Sec. 4.** RCW 41.05.021 and 2018 c 260 s 6 and 2018 c 201 s 7002 39 are each reenacted and amended to read as follows:

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- 1 (1) The Washington state health care authority is created within the executive branch. The authority shall have a director appointed 2 by the governor, with the consent of the senate. The director shall 3 serve at the pleasure of the governor. The director may employ a 4 deputy director, and such assistant directors and special assistants 5 6 as may be needed to administer the authority, who shall be exempt from chapter 41.06 RCW, and any additional staff members as are 7 necessary to administer this chapter. The director may delegate any 8 power or duty vested in him or her by law, including authority to 9 make final decisions and enter final orders in hearings conducted 10 11 under chapter 34.05 RCW. The primary duties of the authority shall be 12 to: Administer insurance benefits for employees $((\tau))$ and retired or disabled state and school employees((, and school employees; 13 administer the basic health plan pursuant to chapter 70.47 RCW)); 14 administer the children's health program pursuant to chapter 74.09 15 16 RCW; study state purchased health care programs in order to maximize cost containment in these programs while ensuring access to quality 17 18 health care; implement state initiatives, joint purchasing strategies, and techniques for efficient administration that have 19 potential application to all state-purchased health services; and 20 21 administer grants that further the mission and goals of the authority. The authority's duties include, but are not limited to, 22 23 the following:
 - (a) To administer health care benefit programs for employees((τ)) and retired or disabled state and school employees((τ and school employees)) as specifically authorized in RCW 41.05.065 ((and 41.05.740)) and in accordance with the methods described in RCW 41.05.075, 41.05.140, and other provisions of this chapter;

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- (b) To analyze state purchased health care programs and to explore options for cost containment and delivery alternatives for those programs that are consistent with the purposes of those programs, including, but not limited to:
- (i) Creation of economic incentives for the persons for whom the state purchases health care to appropriately utilize and purchase health care services, including the development of flexible benefit plans to offset increases in individual financial responsibility;
- (ii) Utilization of provider arrangements that encourage cost containment, including but not limited to prepaid delivery systems, utilization review, and prospective payment methods, and that ensure access to quality care, including assuring reasonable access to local

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- providers, especially for employees ((and school employees)) residing in rural areas;
 - (iii) Coordination of state agency efforts to purchase drugs effectively as provided in RCW 70.14.050;
 - (iv) Development of recommendations and methods for purchasing medical equipment and supporting services on a volume discount basis;
 - (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; and
 - (vi) In collaboration with other state agencies that administer state purchased health care programs, private health care purchasers, health care facilities, providers, and carriers:
 - (A) Use evidence-based medicine principles to develop common performance measures and implement financial incentives in contracts with insuring entities, health care facilities, and providers that:
 - (I) Reward improvements in health outcomes for individuals with chronic diseases, increased utilization of appropriate preventive health services, and reductions in medical errors; and
 - (II) Increase, through appropriate incentives to insuring entities, health care facilities, and providers, the adoption and use of information technology that contributes to improved health outcomes, better coordination of care, and decreased medical errors;
 - (B) Through state health purchasing, reimbursement, or pilot strategies, promote and increase the adoption of health information technology systems, including electronic medical records, by hospitals as defined in RCW 70.41.020, integrated delivery systems, and providers that:
 - (I) Facilitate diagnosis or treatment;
 - (II) Reduce unnecessary duplication of medical tests;
 - (III) Promote efficient electronic physician order entry;
 - (IV) Increase access to health information for consumers and their providers; and
 - (V) Improve health outcomes;

- (C) Coordinate a strategy for the adoption of health information technology systems using the final health information technology report and recommendations developed under chapter 261, Laws of 2005;
- 39 (c) To analyze areas of public and private health care 40 interaction;

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(d) To provide information and technical and administrative 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 and (g) of this subsection, setting the premium contribution for approved groups as outlined in RCW 41.05.050;
- (f) To review and approve or deny the application when the governing body of a tribal government applies to transfer their employees to an insurance or self-insurance program administered by the public employees' benefits board. In the event of an employee transfer pursuant to this subsection (1)(f), members of the governing body are eligible to be included in such a transfer if the members are authorized by the tribal government to participate in the insurance program being transferred from and subject to payment by the members of all costs of insurance for the members. The authority shall: (i) Establish the conditions for participation; (ii) have the sole right to reject the application; and (iii) set the premium contribution for approved groups as outlined in RCW 41.05.050. Approval of the application by the authority transfers the employees and dependents involved to the insurance, self-insurance, or health care program administered by the public employees' benefits board;
- (g) To ensure the continued status of the employee insurance or self-insurance programs administered under this chapter as a governmental plan under section 3(32) of the employee retirement income security act of 1974, as amended, the authority shall limit the participation of employees of a county, municipal, school district, educational service district, or other political subdivision, the Washington health benefit exchange, or a tribal government, including providing for the participation of those employees whose services are substantially all in the performance of essential governmental functions, but not in the performance of commercial activities. Charter schools established under chapter 28A.710 RCW are employers ((and are school)) under the public employees' benefits board ((organizations)) program unless:
- (i) The authority receives guidance from the internal revenue service or the United States department of labor that participation jeopardizes the status of plans offered under this chapter as

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governmental plans under the federal employees' retirement income security act or the internal revenue code; or

- (ii) The charter schools are not in compliance with regulations issued by the internal revenue service and the United States treasury department pertaining to section 414(d) of the federal internal revenue code;
- (h) To establish billing procedures and collect funds ((from school)) in the public employees' benefits board ((organizations)) program in a way that minimizes ((the)) administrative burden ((on districts));
- (i) Through December 31, 2019, to publish and distribute to nonparticipating school districts and educational service districts by October 1st of each year a description of health care benefit plans available through the authority and the estimated cost if school districts and educational service district employees were enrolled;
- (j) To apply for, receive, and accept grants, gifts, and other payments, including property and service, from any governmental or other public or private entity or person, and make arrangements as to the use of these receipts to implement initiatives and strategies developed under this section;
- 22 (k) To issue, distribute, and administer grants that further the 23 mission and goals of the authority;
 - (1) To adopt rules consistent with this chapter as described in RCW 41.05.160 including, but not limited to:
 - (i) Setting forth the criteria established by the public employees' benefits board under RCW 41.05.065((, and by the school employees' benefits board under RCW 41.05.740,)) for determining whether an employee ((or school employee)) is eliqible for benefits;
- 30 (ii) Establishing an appeal process in accordance with chapter 31 34.05 RCW by which an employee ((or school employee)) may appeal an eligibility determination;
 - (iii) Establishing a process to assure that the eligibility determinations of an employing agency comply with the criteria under this chapter, including the imposition of penalties as may be authorized by the board;
- 37 (m)(i) To administer the medical services programs established 38 under chapter 74.09 RCW as the designated single state agency for 39 purposes of Title XIX of the federal social security act;

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(ii) To administer the state children's health insurance program under chapter 74.09 RCW for purposes of Title XXI of the federal social security act;

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- (iii) To enter into agreements with the department of social and health services for administration of medical care services programs under Titles XIX and XXI of the social security act and programs under chapters 71.05, 71.24, and 71.34 RCW. The agreements shall establish the division of responsibilities between the authority and the department with respect to mental health, chemical dependency, and long-term care services, including services for persons with developmental disabilities. The agreements shall be revised as necessary, to comply with the final implementation plan adopted under section 116, chapter 15, Laws of 2011 1st sp. sess.;
- 14 (iv) To adopt rules to carry out the purposes of chapter 74.09 15 RCW;
 - (v) To appoint such advisory committees or councils as may be required by any federal statute or regulation as a condition to the receipt of federal funds by the authority. The director may appoint statewide committees or councils in the following subject areas: (A) Health facilities; (B) children and youth services; (C) blind services; (D) medical and health care; (E) drug abuse and alcoholism; (F) rehabilitative services; and (G) such other subject matters as are or come within the authority's responsibilities. The statewide councils shall have representation from both major political parties and shall have substantial consumer representation. Such committees or councils shall be constituted as required by federal law or as the director in his or her discretion may determine. The members of the committees or councils shall hold office for three years except in the case of a vacancy, in which event appointment shall be only for the remainder of the unexpired term for which the vacancy occurs. No member shall serve more than two consecutive terms. Members of such state advisory committees or councils may be paid their travel expenses in accordance with RCW 43.03.050 and 43.03.060 as now existing or hereafter amended;
 - (n) To review and approve or deny the application from the governing board of the Washington health benefit exchange to provide public employees' benefits board state-sponsored insurance or self-insurance programs to employees of the exchange. The authority shall (i) establish the conditions for participation; (ii) have the sole

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- right to reject an application; and (iii) set the premium contribution for approved groups as outlined in RCW 41.05.050.
- (2) The public employees' benefits board ((and the school employees' benefits board)) may implement strategies to promote managed competition among employee ((and school employee)) health benefit plans. Strategies may include but are not limited to:
 - (a) Standardizing the benefit package;

- (b) Soliciting competitive bids for the benefit package;
- 9 (c) Limiting the state's contribution to a percent of the lowest 10 priced qualified plan within a geographical area;
 - (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 statewide, 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.
 - Sec. 5. RCW 41.05.022 and 2018 c 260 s 7 are each amended to read as follows:
 - (1) The health care authority is hereby designated as the single state agent for purchasing health services.
 - (2) On and after January 1, 1995, at least the following state-purchased health services programs shall be merged into a single, community-rated risk pool: Health benefits for groups of employees of school districts and educational service districts that voluntarily purchase health benefits as provided in RCW 41.05.011 through December 31, 2019; health benefits for employees; health benefits for eligible retired or disabled school employees not eligible for parts A and B of medicare; and health benefits for eligible state retirees not eligible for parts A and B of medicare.
 - (3) On and after January 1, 2020, health benefits for ((groups of school)) employees of school ((employees' benefits board organizations)) districts, educational service districts, and charter schools shall be merged into ((a)) the single, community-rated risk pool ((separate and distinct from the pool)) for employees as described (($\frac{1}{1}$)) by subsection (2) of this section.
 - (4) By December 15, 2018, the health care authority, in consultation with the board, shall submit to the appropriate committees of the legislature a complete analysis of the most appropriate risk pool for the retired and disabled school employees,

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to include at a minimum an analysis of the size of the nonmedicare and medicare retiree enrollment pools, the impacts on cost for state and school district retirees of moving retirees from one pool to another, the need for and the amount of an ongoing retiree subsidy allocation from the active school employees, and the timing and suggested approach for a transition from one risk pool to another.

- (5) At a minimum, and regardless of other legislative enactments, the ((state health services purchasing agent)) health care authority shall:
- (a) Require that a public agency that provides subsidies for a substantial portion of services now covered under the basic health plan use uniform eligibility processes, insofar as may be possible, and ensure that multiple eligibility 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, and that an insuring entity that receives funds from a public program accept enrollment from state residents receiving a state subsidy who may wish to enroll with them;
- (c) Strive to integrate purchasing for all publicly sponsored health services in order to maximize the cost control potential and promote the most efficient methods of financing and coordinating services;
- (d) Consult regularly with the governor, the legislature, and state agency directors whose operations are affected by the implementation of this section; and
- (e) Ensure the control of benefit costs under managed competition by adopting rules to prevent an employing agency from entering into an agreement with employees or employee organizations when the agreement would result in increased utilization in <u>public employees'</u> benefits board plans or reduce the expected savings of managed competition.
- Sec. 6. RCW 41.05.023 and 2018 c 260 s 8 are each amended to read as follows:
- (1) The health care authority, in collaboration with the department of health, shall design and implement a chronic care management program for employees ((and school employees)) enrolled in the state's self-insured uniform medical plan. Programs must be evidence based, facilitating the use of information technology to

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- improve quality of care and must improve coordination of primary, acute, and long-term care for those enrollees with multiple chronic conditions. The authority shall consider expansion of existing medical home and chronic care management programs. The authority shall use best practices in identifying those employees ((and school employees)) best served under a chronic care management model using predictive modeling through claims or other health risk information.
 - (2) For purposes of this section:

- (a) "Medical home" means a site of care that provides comprehensive preventive and coordinated care centered on the patient needs and assures high-quality, accessible, and efficient care.
- (b) "Chronic care management" means the authority's program that provides care management and coordination activities for health plan enrollees determined to be at risk for high medical costs. "Chronic care management" provides education and training and/or coordination that assist program participants in improving self-management skills to improve health outcomes and reduce medical costs by educating clients to better utilize services.
- **Sec. 7.** RCW 41.05.050 and 2018 c 260 s 10 are each amended to 20 read as follows:
 - (1) Every: (a) Department, division, ((ex)) separate agency of state government, school district, educational service district, or charter school; (b) county, municipal, ((school district, educational service district,)) or other political subdivisions; and (c) tribal governments as are covered by this chapter, shall provide contributions to insurance and health care plans for its employees and their dependents, the content of such plans to be determined by the authority. Contributions, paid by the county, the municipality, other political subdivision, or a tribal government for their employees, shall include an amount determined by the authority to pay such administrative expenses of the authority as are necessary to administer the plans for employees of those groups, except as provided in subsection (4) of this section.
 - (2) To account for increased cost of benefits for the state and for ((state)) employees, the authority may develop a rate surcharge applicable to participating counties, municipalities, other political subdivisions, and tribal governments.
 - (3) The contributions of any: (a) Department, division, $((\Theta r))$ separate agency of the state government, school district, educational

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service district, or charter school; (b) county, municipal, or other political subdivisions; and (c) any tribal government as are covered by this chapter ((; and (d) school districts, educational service districts, and charter schools)), shall be set by the authority, subject to the approval of the governor for availability of funds as specifically appropriated by the legislature for that purpose. Insurance and health care contributions for ferry employees shall be governed by RCW 47.64.270.

- (4) (a) Until January 1, 2020, the authority shall collect from each participating school district and educational service district an amount equal to the composite rate charged to state agencies, plus an amount equal to the employee premiums by plan and family size as would be charged to employees, for groups of school district and educational service district employees enrolled in authority plans. The authority may collect these amounts in accordance with the school district or educational service district fiscal year, as described in RCW 28A.505.030.
- (b) For all groups of school district or educational service district employees enrolling in authority plans for the first time after September 1, 2003, and until January 1, 2020, the authority shall collect from each participating school district or educational service district an amount equal to the composite rate charged to state agencies, plus an amount equal to the employee premiums by plan and by family size as would be charged to employees, only if the authority determines that this method of billing the school districts and educational service districts will not result in a material difference between revenues from school districts and educational service districts and expenditures made by the authority on behalf of school districts and educational service districts and their employees. The authority may collect these amounts in accordance with the school district or educational service district fiscal year, as described in RCW 28A.505.030.
- (c) Until January 1, 2020, if the authority determines at any time that the conditions in (b) of this subsection cannot be met, the authority shall offer enrollment to additional groups of school and educational service district employees on a tiered rate structure until such time as the authority determines there would be no material difference between revenues and expenditures under a composite rate structure for all school and educational service district employees enrolled in authority plans.

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- 1 (d) Beginning January 1, 2020, all school districts, educational service districts, and charter schools shall commence participation 2 3 the ((school)) public employees' benefits board ((program established under RCW 41.05.740. All school districts, educational 4 service districts, charter schools, and all school district employee 5 6 groups participating in the public employees' benefits board plans before January 1, 2020, shall thereafter participate in the school 7 employees' benefits board program administered by the authority)). 8 All school districts, educational service districts, and charter 9 schools shall provide contributions to the authority for insurance 10 11 and health care plans for school employees and their dependents. 12 These contributions must be provided to the authority for all eligible school employees eligible for 13 benefits under RCW ((41.05.740(6)(d), including school employees who have waived their 14 coverage; contributions to the authority are not required for 15 16 individuals eligible for benefits under RCW 41.05.740(6)(e) who waive 17 their coverage)) 41.05.065(4)(b).
- 18 (e) For the purposes of this subsection, "tiered rates" means the 19 amounts the authority must pay to insuring entities by plan and by 20 family size.

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- (f) Notwithstanding this subsection and RCW 41.05.065(4), the authority may allow school districts and educational service districts enrolled on a tiered rate structure prior to September 1, 2002, and until January 1, 2020, to continue participation based on the same rate structure and under the same conditions and eligibility criteria.
- 27 (5) The authority shall transmit a recommendation for the amount 28 of the employer contributions to the governor and the director of 29 financial management for inclusion in the proposed budgets submitted 30 to the legislature.
 - Sec. 8. RCW 41.05.055 and 2018 c 260 s 11 are each amended to read as follows:
 - (1) The public employees' benefits board is created within the authority. The function of the public employees' benefits board is to design and approve insurance benefit plans for employees and to establish eligibility criteria for participation in insurance benefit plans.

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(2) The public employees' benefits board shall be composed of nine <u>voting</u> members ((through December 31, 2019, and of eight members thereafter,)) appointed by the governor as follows:

- (a) Two representatives of state employees, one of whom shall represent an employee union certified as exclusive representative of at least one bargaining unit of classified employees, and one of whom is retired, is covered by a program under the jurisdiction of the public employees' benefits board, and represents an organized group of retired public employees;
- (b) ((Through December 31, 2019,)) <u>Two</u> representatives of school district employees, one of whom shall represent an association of school employees ((as a nonvoting member,)) and one of whom is retired, and represents an organized group of retired school employees((. Thereafter, and only while retired school employees are served by the public employees' benefits board, only the retired representative shall serve on the public employees' benefits board));
- (c) Four members with experience in health benefit management and cost containment((, one of whom shall be a nonvoting member)); and
 - (d) The director of the authority or his or her designee.
- (3) The governor shall appoint the initial members of the public employees' benefits board to staggered terms not to exceed four years. Members appointed thereafter shall serve two-year terms.
- (4)(a) Members of the public employees' benefits board shall be compensated in accordance with RCW 43.03.250 and shall be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060.
- (b) While public employees' benefits board members are carrying out their powers and duties under this chapter, if the service of any certificated or classified employee results in a need for an employer 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 public 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 an employer deduct from the salary of a certificated or classified employee serving on the public employees' benefits board more than the amount paid the substitute employed by the public employees' benefits board organization.

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- 1 (5) The public employees' benefits board shall prescribe rules 2 for the conduct of its business. The director shall serve as chair of 3 the public employees' benefits board. Meetings of the public 4 employees' benefits board shall be at the call of the chair.
- 5 **Sec. 9.** RCW 41.05.065 and 2018 c 260 s 12 are each amended to 6 read as follows:

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- (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:
- (a) Methods of maximizing cost containment while ensuring access to quality health care;
- (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.
- 37 (3) To maintain the comprehensive nature of employee health care 38 benefits, benefits provided to employees shall be substantially 39 equivalent to the state employees' health benefit plan in effect on

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January 1, 1993. Nothing in this subsection shall prohibit changes or increases in employee point-of-service payments or employee premium payments for benefits or 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+1))) through (((i+1))) 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 the public employees' benefits board shall be no more restrictive than the following:
- (a) Except for employees of school districts, educational service districts, or charter schools and also 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

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eight hours in each month of the season. A seasonal employee 1 determined ineligible at the beginning of his or her employment who 2 works an average of at least eighty hours per month over a period of 3 six consecutive months and at least eight hours in each of those six 4 consecutive months becomes eligible at the first of the month 5 6 following the six-month averaging period. A benefits-eligible seasonal employee who works a season of less than nine months shall 7 not be eligible for the employer contribution during the off season, 8 but may continue enrollment in benefits during the off season by 9 self-paying for the benefits. A benefits-eligible seasonal employee 10 11 who works a season of nine months or more is eligible for the 12 employer contribution through the off season following each season worked. 13

(c) Faculty are eligible as follows:

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- (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 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.
- (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

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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.

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- (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 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.
- 36 (f) For employees who are employed by school districts,
 37 educational service districts, or charter schools:
- 38 <u>(i) An employee who is anticipated to have compensated work for</u> 39 at least one thousand forty hours per school year is benefits

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eligible and will receive the entire full-time employer contribution
for benefits;

- (ii) (A) An employee who is anticipated to have compensated work between six hundred thirty hours and one thousand forty hours is benefits eligible and will receive a prorated portion of the full-time employer contribution that is equal to the proportion between the anticipated hours of work and two thousand eighty hours.
- (B) The authority must provide affordable low-cost plan options for employees providing benefits under (f) (ii) of this subsection. At a minimum, the low-cost options must include a high deductible plan and a flexible spending account plan with an annual employer contribution of no less than two thousand six hundred dollars; and
- (iii) (A) Except as provided for in (f) (iii) (B) of this subsection and unless and until affirmatively changed by the public employees' benefits board, the eligibility and enrollment policies enacted by the school employees' benefits board between October 1, 2017, and the effective date of this section are adopted and shall be implemented and administered by the authority. In addition, rules intended for the school employees' benefits board program that were filed or adopted by the authority before September 1, 2019, are adopted and shall be implemented and administered by the authority for the 2020 plan year.
- 23 (B) Substitute teachers are not benefits eligible. However,
 24 districts may opt to provide benefits to substitute teachers in a
 25 manner consistent with eligibility requirements under (f) (i) of this
 26 subsection.
 - (g) 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.
 - $((\frac{g}{g}))$ (h) 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.
 - $((\frac{h}{h}))$ (i) 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))) <u>(j) Except for employees of school districts, educational service districts, or charter schools, e</u>ligibility for an employee

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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. For employees of school districts, educational service districts, or charter schools, eligibility shall be determined solely under (f) of this subsection.

 $((\frac{(j)}{(j)}))$ (k) Except for an employee ((eligible for benefits under (b) or (c)(ii))) who establishes eligibility for benefits under (c)(ii) or (f) of this subsection, an employee who has established eligibility for benefits ((under)) will remain eligible for benefits as follows:

- (i) An employee who established eligibility for benefits under (a), (c)(i), (d), and (e) of this ((section)) subsection shall remain eligible for benefits each month in which he or she is in pay status for eight or more hours, if $((\frac{1}{2}))$ he or she remains in a benefitseligible position $(\frac{1}{2})$ or leave from the benefitseligible position is approved by the employing agency.
- (ii) A benefits-eligible seasonal employee who established eligibility for benefits under (b) of this subsection 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, if he or she remains in a benefits-eligible position or leave from the benefits-eligible position is approved by the employing agency. A benefits-eligible seasonal employee who works a season of nine months or more is eligible for the employer contributions through the off season following each season worked. A seasonal employee who is eligible for the employer contribution during the off season following a season that he or she worked does not have to have eight hours of pay status during the months of the off season.
- (1) Eligibility ends ((if these conditions)) under (k) of this subsection if the conditions in (k)(i) or (ii) of this subsection are not met, the employment relationship is terminated, or the employee voluntarily transfers to a noneligible position.
- $((\frac{k}{k}))$ m For the purposes of this subsection, the public employees' benefits board shall define "benefits-eligible position."
- (n) An employee, or an employee's dependent, who has more than one source of eligibility for enrollment in health plan coverage under the public employees' benefits board program is limited to one enrollment in public employees' benefits board health plan coverage.

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Dual enrollment in the public employees' benefits board program is prohibited.

- (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 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

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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.
- (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

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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.
- Sec. 10. RCW 41.05.066 and 2018 c 260 s 13 are each amended to read as follows:

A certificate of domestic partnership qualified under the provisions of RCW 26.60.030 shall be recognized as evidence of a qualified domestic partnership fulfilling all necessary eligibility criteria for the partner of the employee ((or school employee)) to receive benefits. Nothing in this section affects the requirements of

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- 1 domestic partners to complete documentation related to federal tax
- 2 status that may currently be required by the board for employees ((or
- 3 school employees)) choosing to make premium payments on a pretax
- 4 basis.

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- 5 **Sec. 11.** RCW 41.05.075 and 2018 c 260 s 14 are each amended to 6 read as follows:
 - (1) The director shall provide benefit plans designed by the board through a contract or contracts with insuring entities, through self-funding, self-insurance, or other methods of providing insurance coverage authorized by RCW 41.05.140. ((The process of contracting for plans offered by the school employees' benefits board is subject to insight and direction by the school employees' benefits board.))
 - (2) The director shall establish a contract bidding process 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
- 22 (d) Sets conditions for awarding contracts to any insuring 23 entity.
 - (3) The entities described in RCW 28A.400.275(2) shall provide the school employees' benefits board and authority specified data by April 1, 2018, in a format to be determined by the authority, to support an initial benefits plans procurement. At a minimum, the data must cover the period January 1, 2014, through December 31, 2017, and include:
- 30 (a) A summary of the benefit packages offered to each group of 31 school employees, including covered benefits, point-of-service cost-32 sharing, member count, and the group policy number;
 - (b) Aggregated subscriber and member demographic information, including age band and gender, by insurance tier by month and by benefit packages;
- 36 (c) Monthly total by benefit package, including premiums paid, 37 inpatient facility claims paid, outpatient facility claims paid, 38 physician claims paid, pharmacy claims paid, capitation amounts paid, 39 and other claims paid;

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(d) A listing for calendar years 2014 through 2017 of large claims defined as annual amounts paid in excess of one hundred thousand dollars including the amount paid, the member enrollment status, and the primary diagnosis;

- (e) A listing of calendar year 2017 allowed claims by provider entity; and
- (f) All data needed for design, procurement, rate setting, and administration of all school employees' benefits board benefits.

Any data that may be confidential and contain personal health information may be protected in accordance with a data-sharing agreement.

- (4) The director shall establish a requirement for review of utilization and financial data from participating insuring entities on a quarterly basis.
- (5) The director shall centralize the enrollment files for all employee(($\frac{1}{r}$ school employee $\frac{1}{r}$)) and retired or disabled school employee health plans offered under this chapter (($\frac{41.05 \text{ RCW}}{1.05 \text{ RCW}}$)) and develop enrollment demographics on a plan-specific basis.
- (6) All claims data shall be the property of the state. The director may require of any insuring entity that submits a bid to contract for coverage all information deemed necessary including:
- (a) Subscriber or member demographic and claims data necessary for risk assessment and adjustment calculations in order to fulfill the director's duties as set forth in this chapter; and
- (b) Subscriber or member demographic and claims data necessary to implement performance measures or financial incentives related to performance under subsection (8) of this section.
- (7) All contracts with insuring entities for the provision of health care benefits shall provide that the beneficiaries of such benefit plans may use on an equal participation basis the services of 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 nurses and advanced registered nurse practitioners. However, nothing in this subsection may preclude the director from establishing appropriate utilization controls approved pursuant to RCW 41.05.065(2) (a), (b), and (d).
- (8) The director shall, in collaboration with other state agencies that administer state purchased health care programs, private health care purchasers, health care facilities, providers, and carriers:

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- (a) Use evidence-based medicine principles to develop common performance measures and implement financial incentives in contracts with insuring entities, health care facilities, and providers that:
- (i) Reward improvements in health outcomes for individuals with chronic diseases, increased utilization of appropriate preventive health services, and reductions in medical errors; and
- (ii) Increase, through appropriate incentives to insuring entities, health care facilities, and providers, the adoption and use of information technology that contributes to improved health outcomes, better coordination of care, and decreased medical errors;
- (b) Through state health purchasing, reimbursement, or pilot strategies, promote and increase the adoption of health information technology systems, including electronic medical records, by hospitals as defined in RCW 70.41.020, integrated delivery systems, and providers that:
 - (i) Facilitate diagnosis or treatment;
 - (ii) Reduce unnecessary duplication of medical tests;
 - (iii) Promote efficient electronic physician order entry;
- 19 (iv) Increase access to health information for consumers and 20 their providers; and
 - (v) Improve health outcomes;

- (c) Coordinate a strategy for the adoption of health information technology systems using the final health information technology report and recommendations developed under chapter 261, Laws of 2005.
- (9) The director may permit the Washington state health insurance pool to contract to utilize any network maintained by the authority or any network under contract with the authority.
- **Sec. 12.** RCW 41.05.120 and 2018 c 260 s 25 are each amended to 29 read as follows:
 - (1) The public employees' and retirees' insurance account is hereby established in the custody of the state treasurer, to be used by the director for the deposit of contributions, the remittance paid by school districts and educational service districts under RCW 28A.400.410, reserves, dividends, and refunds, for payment of premiums and claims for employee and retiree insurance benefit contracts and subsidy amounts provided under RCW 41.05.085, and transfers from the flexible spending administrative account as authorized in RCW 41.05.123. Moneys from the account shall be disbursed by the state treasurer by warrants on vouchers duly

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authorized by the director. Moneys from the account may be transferred to the flexible spending administrative account to provide reserves and start-up costs for the operation of the flexible spending administrative account program.

- (2) The state treasurer and the state investment board may invest moneys in the public employees' and retirees' insurance account. All such investments shall be in accordance with RCW 43.84.080 or 43.84.150, whichever is applicable. The director shall determine whether the state treasurer or the state investment board or both shall invest moneys in the public employees' and retirees' insurance account.
- (((3) The school employees' insurance account is hereby established in the custody of the state treasurer, to be used by the director for the deposit of contributions, reserves, dividends, and refunds, for payment of premiums and claims for school employee insurance benefit contracts, and for transfers from the school employees' benefits board flexible spending and dependent care administrative account as authorized in this subsection. Moneys from the account shall be disbursed by the state treasurer by warrants on vouchers duly authorized by the director. Moneys from the account may be transferred to the school employees' benefits board flexible spending and dependent care administrative account to provide reserves and start-up costs for the operation of the school employees' benefits board flexible spending arrangement and dependent care assistance program.
- (4) The state treasurer and the state investment board may invest moneys in the school employees' insurance account. These investments must be in accordance with RCW 43.84.080 or 43.84.150, whichever is applicable. The director shall determine whether the state treasurer or the state investment board or both shall invest moneys in the school employees' insurance account.))
- Sec. 13. RCW 41.05.130 and 2017 3rd sp.s. c 13 s 810 are each amended to read as follows:
- $((\frac{1}{1}))$ The state health care authority administrative account is hereby created in the state treasury. Moneys in the account, including unanticipated revenues under RCW 43.79.270, may be spent only after appropriation by statute, and may be used only for operating expenses of the authority, and during the 2013-2015 fiscal biennium, for health care related analysis provided to the

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legislature by the office of the state actuary. ((During the 2017-2019 and 2019-2021 fiscal biennia, moneys in the account may be used for the initial operating expenses of the authority associated with chapter 13, Laws of 2017 3rd sp. sess. All funds so used shall be reimbursed from the school employees' insurance administrative account following the start of benefit provision by the school employees' benefits board on January 1, 2020.

- (2) The school employees' insurance administrative account is hereby created in the state treasury. Moneys in the account may be used for operating, contracting, and other administrative expenses of the authority in administration of the school employees insurance program, including reimbursement of the state health care authority administrative account for initial operating expenses of the authority associated with chapter 13, Laws of 2017 3rd sp. sess.))
- **Sec. 14.** RCW 41.05.140 and 2018 c 260 s 17 are each amended to 16 read as follows:
 - (1) Except for property and casualty insurance, the authority may self-fund, self-insure, or enter into other methods of providing insurance coverage for insurance programs under its jurisdiction((rincluding the basic health plan as provided in chapter 70.47 RCW)). The authority shall contract for payment of claims or other administrative services for programs under its jurisdiction. If a program does not require the prepayment of reserves, the authority shall establish such reserves within a reasonable period of time for the payment of claims as are normally required for that type of insurance under an insured program. ((The authority shall endeavor to reimburse basic health plan health care providers under this section at rates similar to the average reimbursement rates offered by the statewide benchmark plan determined through the request for proposal process.))
 - (2) Reserves established by the authority for employee and retiree benefit programs shall be held in a separate account in the custody of the state treasurer and shall be known as the public employees' and retirees' insurance reserve fund. The state treasurer may invest the moneys in the reserve fund pursuant to RCW 43.79A.040.
 - (3) ((Reserves established by the authority for school employee benefit programs shall be held in a separate account in the custody of the state treasurer and shall be known as the school employees!

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benefits board insurance reserve fund. The state treasurer may invest the moneys in the reserve fund pursuant to RCW 43.79A.040.

- (4))) Any savings realized as a result of a program created for employees ((or school employees)) and retirees under this section shall not be used to increase benefits unless such use is authorized by statute.
- $((\frac{(5)}{(5)}))$ (4) Any program created under this section shall be subject to the examination requirements of chapter 48.03 RCW as if the program were a domestic insurer. In conducting an examination, the commissioner shall determine the adequacy of the reserves established for the program.
- ((+6+)) (5) The authority shall keep full and adequate accounts and records of the assets, obligations, transactions, and affairs of any program created under this section.
- (((7))) (6) The authority shall file a quarterly statement of the financial condition, transactions, and affairs of any program created under this section in a form and manner prescribed by the insurance commissioner. The statement shall contain information as required by the commissioner for the type of insurance being offered under the program. A copy of the annual statement shall be filed with the speaker of the house of representatives and the president of the senate.
- $((\frac{(8)}{)})$ The provisions of this section do not apply to the 24 administration of chapter 74.09 RCW.
 - Sec. 15. RCW 41.05.143 and 2018 c 260 s 27 are each amended to read as follows:
 - (1) The uniform medical plan benefits administration account is created in the custody of the state treasurer. Only the director or the director's designee may authorize expenditures from the account. Moneys in the account shall be used exclusively for contracted expenditures for uniform medical plan claims administration, data analysis, utilization management, preferred provider administration, and activities related to benefits administration where the level of services provided pursuant to a contract fluctuate as a direct result of changes in uniform medical plan enrollment. Moneys in the account may also be used for administrative activities required to respond to new and unforeseen conditions that impact the uniform medical plan, but only when the authority and the office of financial management

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jointly agree that such activities must be initiated prior to the next legislative session.

- (2) Receipts from amounts due from or on behalf of uniform medical plan enrollees for expenditures related to benefits administration, including moneys disbursed from the public employees' and retirees' insurance account, shall be deposited into the account. The account is subject to allotment procedures under chapter 43.88 RCW, but no appropriation is required for expenditures. All proposals for allotment increases shall be provided to the house of representatives appropriations committee and to the senate ways and means committee at the same time as they are provided to the office of financial management.
- (3) The uniform dental plan benefits administration account is created in the custody of the state treasurer. Only the director or the director's designee may authorize expenditures from the account. Moneys in the account shall be used exclusively for contracted expenditures related to benefits administration for the uniform dental plan as established under RCW 41.05.140. Receipts from amounts due from or on behalf of uniform dental plan enrollees for expenditures related to benefits administration, including moneys disbursed from the public employees' and retirees' insurance account, shall be deposited into the account. The account is subject to allotment procedures under chapter 43.88 RCW, but no appropriation is required for expenditures.
- (4) The public employees' benefits board medical benefits administration account is created in the custody of the state treasurer. Only the director or the director's designee may authorize expenditures from the account. Moneys in the account shall be used exclusively for contracted expenditures related to claims administration, data analysis, utilization management, preferred provider administration, and other activities related to benefits administration for self-insured medical plans. Receipts from amounts due from or on behalf of enrollees for expenditures related to benefits administration, including moneys disbursed from the public employees' and retirees' insurance account, shall be deposited into the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.
- (((5) The school employees' benefits board medical benefits administrative account is created in the custody of the state

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treasurer. Only the director or the director's designee may authorize expenditures from the account. Moneys in the account shall be used exclusively for school employees' benefits board contracted expenditures related to claims administration, data analysis, utilization management, preferred provider administration, and other activities related to benefits administration for self-insured medical plans. Receipts from amounts due from or on behalf of enrollees for expenditures related to benefits administration, including moneys disbursed from the school employees' insurance account, shall be deposited into the account. The account is subject to allotment procedures under chapter 43.88 RCW, but no appropriation is required for expenditures.

- (6) The school employees' benefits board dental benefits administration account is created in the custody of the state treasurer. Only the director or the director's designee may authorize expenditures from the account. Moneys in the account shall be used exclusively for school employees' benefits board contracted expenditures related to benefits administration for the self-insured dental plan as established under RCW 41.05.140. Receipts from amounts due from or on behalf of the self-insured dental plan enrollees for expenditures related to benefits administration, including moneys disbursed from the school employees' insurance account, shall be deposited into the account. The account is subject to allotment procedures under chapter 43.88 RCW, but no appropriation is required for expenditures.)
- Sec. 16. RCW 41.05.300 and 2018 c 260 s 19 are each amended to read as follows:
- (1) The state of Washington may enter into salary reduction agreements with employees ((and school employees)) pursuant to the internal revenue code, for the purpose of making it possible for employees ((and school employees)) to select on a "before-tax basis" certain taxable and nontaxable benefits. The purpose of the salary reduction plan established in this chapter is to attract and retain individuals in governmental service by permitting them to enter into agreements with the state to provide for benefits pursuant to 26 U.S.C. Sec. 125, 26 U.S.C. Sec. 129, and other applicable sections of the internal revenue code.
- (2) Nothing in the salary reduction plan constitutes an employment agreement between the participant and the state, and

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- 1 nothing contained in the participant's salary reduction agreement,
- 2 the plan, this section, or RCW 41.05.123, 41.05.310 through
- 3 41.05.360, and 41.05.295 gives a participant any right to be retained
- 4 in state employment.

- **Sec. 17.** RCW 41.05.320 and 2018 c 260 s 20 are each amended to 6 read as follows:
 - (1) Elected officials and permanent employees ((and school employees)) are eligible to participate in the salary reduction plan and reduce their salary by agreement with the authority. The authority may adopt rules to: (a) Limit the participation of employing agencies and their employees in the plan; and (b) permit participation in the plan by temporary employees ((and school employees)).
- 14 (2) Persons eligible under subsection (1) of this section may 15 enter into salary reduction agreements with the state.
 - (3) (a) An eligible person may become a participant of the salary reduction plan for a full plan year with annual benefit plan selection for each new plan year made before the beginning of the plan year, as determined by the authority, or upon becoming eligible.
 - (b) Once an eligible person elects to participate in the salary reduction plan and determines the amount his or her gross salary shall be reduced and the benefit plan for which the funds are to be used during the plan year, the agreement shall be irrevocable and may not be amended during the plan year except as provided in (c) of this subsection. Prior to making an election to participate in the salary reduction plan, the eligible person shall be informed in writing of all the benefits and reductions that will occur as a result of such election.
 - (c) The authority shall provide in the salary reduction plan that a participant may enroll, terminate, or change his or her election after the plan year has begun if there is a significant change in a participant's status, as provided by 26 U.S.C. Sec. 125 and the regulations adopted under that section and defined by the authority.
 - (4) The authority shall establish as part of the salary reduction plan the procedures for and effect of withdrawal from the plan by reason of retirement, death, leave of absence, or termination of employment. To the extent possible under federal law, the authority shall protect participants from forfeiture of rights under the plan.

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- 1 (5) Any reduction of salary under the salary reduction plan shall not reduce the reportable compensation for the purpose of computing the state retirement and pension benefits earned by the employee ((exchool employee)) pursuant to chapters 41.26, 41.32, 41.35, 41.37, 41.40, and 43.43 RCW.
- 6 **Sec. 18.** RCW 41.05.670 and 2017 3rd sp.s. c 13 s 812 are each 7 amended to read as follows:

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- (1) Effective January 1, 2013, the authority must contract with all of the public employees' benefits board managed care plans and the self-insured plan or plans to include provider reimbursement methods that incentivize chronic care management within health homes resulting in reduced emergency department and inpatient use.
- 13 (2) Health home services contracted for under this section may be 14 prioritized to enrollees with complex, high cost, or multiple chronic 15 conditions.
- 16 (3) For the purposes of this section, "chronic care management" 17 and "health home" have the same meaning as in RCW 74.09.010.
 - (4) Contracts with fully insured plans and with any third-party administrator for the self-funded plan that include the items in subsection (1) of this section must be funded within the resources provided by employer funding rates provided for employee health benefits in the omnibus appropriations act.
 - (5) Nothing in this section shall require contracted third-party health plans administering the self-insured contract to expend resources to implement items in subsection (1) of this section beyond the resources provided by employer funding rates provided for employee health benefits in the omnibus appropriations act or from other sources in the absence of these provisions.
- (((6) The school employees' benefits board, under RCW 41.05.740, shall implement the provisions of this section, effective January 1, 2020.))
- 32 **Sec. 19.** RCW 41.05.700 and 2018 c 260 s 30 are each amended to 33 read as follows:
- (1) A health plan offered to employees((, school employees,)) and their covered dependents under this chapter issued or renewed on or after January 1, 2017, shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if:

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- 1 (a) The plan provides coverage of the health care service when 2 provided in person by the provider;
 - (b) The health care service is medically necessary;
 - (c) The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act in effect on January 1, 2015; and
 - (d) The health care service is determined to be safely and effectively provided through telemedicine or store and forward technology according to generally accepted health care practices and standards, and the technology used to provide the health care service meets the standards required by state and federal laws governing the privacy and security of protected health information.
 - (2) (a) If the service is provided through store and forward technology there must be an associated office visit between the covered person and the referring health care provider. Nothing in this section prohibits the use of telemedicine for the associated office visit.
 - (b) For purposes of this section, reimbursement of store and forward technology is available only for those covered services specified in the negotiated agreement between the health plan and health care provider.
- 22 (3) An originating site for a telemedicine health care service 23 subject to subsection (1) of this section includes a:
 - (a) Hospital;

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- (b) Rural health clinic;
- (c) Federally qualified health center;
- 27 (d) Physician's or other health care provider's office;
 - (e) Community mental health center;
- 29 (f) Skilled nursing facility;
- 30 (g) Home or any location determined by the individual receiving 31 the service; or
- 32 (h) Renal dialysis center, except an independent renal dialysis 33 center.
 - (4) Except for subsection (3)(g) of this section, any originating site under subsection (3) of this section may charge a facility fee for infrastructure and preparation of the patient. Reimbursement must be subject to a negotiated agreement between the originating site and the health plan. A distant site or any other site not identified in subsection (3) of this section may not charge a facility fee.

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- 1 (5) The plan may not distinguish between originating sites that 2 are rural and urban in providing the coverage required in subsection 3 (1) of this section.
 - (6) The plan may subject coverage of a telemedicine or store and forward technology health service under subsection (1) of this section to all terms and conditions of the plan including, but not limited to, utilization review, prior authorization, deductible, copayment, or coinsurance requirements that are applicable to coverage of a comparable health care service provided in person.
 - (7) This section does not require the plan to reimburse:
 - (a) An originating site for professional fees;
- 12 (b) A provider for a health care service that is not a covered 13 benefit under the plan; or
- 14 (c) An originating site or health care provider when the site or 15 provider is not a contracted provider under the plan.
 - (8) For purposes of this section:

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- (a) "Distant site" means the site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine;
- 20 (b) "Health care service" has the same meaning as in RCW 21 48.43.005;
- 22 (c) "Hospital" means a facility licensed under chapter 70.41, 23 71.12, or 72.23 RCW;
 - (d) "Originating site" means the physical location of a patient receiving health care services through telemedicine;
 - (e) "Provider" has the same meaning as in RCW 48.43.005;
 - (f) "Store and forward technology" means use of an asynchronous transmission of a covered person's medical information from an originating site to the health care provider at a distant site which results in medical diagnosis and management of the covered person, and does not include the use of audio-only telephone, facsimile, or email; and
 - (g) "Telemedicine" means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, "telemedicine" does not include the use of audio-only telephone, facsimile, or email.

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Sec. 20. RCW 41.05.820 and 2018 c 219 s 2 are each amended to 2 read as follows:

- (1) For plan years beginning January 1, 2020, at least one health carrier in an insurance holding company system must offer in the exchange at least one silver and one gold qualified health plan in any county in which any health carrier in that insurance holding company system offers a fully insured health plan that was approved, on or after June 7, 2018, by ((the school employees' benefits board employees' benefits board to be offered to employees and their covered dependents under this chapter.
- (2) The rates for a health plan approved by ((the school employees' benefits board or)) the public employees' benefits board may not include the administrative costs or actuarial risks associated with a qualified health plan offered under subsection (1) of this section.
- (3) The authority shall perform an actuarial review during the annual rate setting process for plans approved by ((the school employees' benefits board or)) the public employees' benefits board to ensure compliance with subsection (2) of this section.
- 20 (4) For purposes of this section, "exchange" and "health carrier" 21 have the same meaning as in RCW 48.43.005.
- 22 (5) For purposes of this section, "insurance holding company system" has the same meaning as in RCW 48.31B.005.
- Sec. 21. RCW 28A.400.270 and 2017 3rd sp.s. c 13 s 813 are each reenacted and amended to read as follows:
 - Unless the context clearly requires otherwise, the definitions in this section apply throughout RCW 28A.400.275 and 28A.400.280.
- 28 (1) "Basic benefits" are limited to medical, dental, ((vision,))
 29 group term life, and group long-term disability insurance coverage.
 - (2) "Benefit providers" include insurers, third party claims administrators, direct providers of employee fringe benefits, health maintenance organizations, health care service contractors, and the Washington state health care authority or any plan offered by the authority.
 - (3) "Fringe benefit" does not include liability coverage, old-age survivors' insurance, workers' compensation, unemployment compensation, retirement benefits under the Washington state retirement system, or payment for unused leave for illness or injury under RCW 28A.400.210.

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- 1 (4) "Group long-term disability insurance coverage" means long-2 term disability insurance coverage provided for, at a minimum, all 3 full-time employees in a bargaining unit or all full-time 4 nonbargaining group employees.
- 5 (5) "Group term life insurance coverage" means term life 6 insurance coverage provided for, at a minimum, all full-time 7 employees in a bargaining unit or all full-time nonbargaining group 8 employees.
- 9 (6) "School district employee benefit plan" means the overall 10 plan used by the district for distributing fringe benefit subsidies 11 to employees, including the method of determining employee coverage. 12 It shall not include coverage offered to district employees for which 13 there is no contribution from public funds.
- 14 **Sec. 22.** RCW 28A.400.275 and 2018 c 260 s 22 are each amended to 15 read as follows:

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- (1) Any contract or agreement for employee benefits executed after April 13, 1990, between a school district or educational service district and a benefit provider or employee bargaining unit is null and void unless it contains an agreement to abide by state laws relating to school district and educational service district employee benefits. The term of the contract or agreement may not exceed one year, except that the final contract or agreement entered into for the 2018-19 school year must exceed one year only by the months necessary to ensure employee benefits are maintained through December 31, 2019.
- (2) School districts, educational service districts, and their benefit providers shall submit data to the health care authority in accordance with RCW 41.05.075(3).
- (3) Any benefit provider offering a benefit plan by contract or agreement with a school district or educational service district under subsection (1) of this section shall make available to the school district or educational service district the benefit plan descriptions and, where available, the demographic information on plan subscribers that the school district, educational service district, and benefit provider are required to report to the health care authority under this section.
 - (4) Each school district and educational service district shall:
- (a) Carry out all actions required by the ((school)) public employees' benefits board and the health care authority under chapter

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41.05 RCW including, but not limited to, those necessary for the operation of benefit plans, education of employees, claims administration, and appeals process; and

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- (b) Report all data relating to employees eligible to participate in benefits or plans administered by the ((school)) public employees' benefits board and the health care authority in a format designed and communicated by the ((school)) public employees' benefits board and the health care authority.
- 9 **Sec. 23.** RCW 28A.400.280 and 2018 c 260 s 29 are each amended to 10 read as follows:
 - (1) Except as provided in subsection (2) of this section, school districts may provide employer fringe benefit contributions after October 1, 1990, only for basic benefits. However, school districts may continue payments under contracts with employees or benefit providers in effect on April 13, 1990, until the contract expires.
 - (2) School districts may provide employer contributions after October 1, 1990, for optional benefit plans, in addition to basic benefits. Beginning January 1, 2020, school district optional benefits must be outside the ((school)) public employees' benefits board's authority in RCW ((41.05.740(6))) <u>41.05.065</u>. Beginning December 1, 2019, and each December 1st thereafter, school district optional benefits must be reported to the ((school)) employees' benefits board and health care authority. The ((school)) public employees' benefits board shall review the optional benefits offered by districts and: (a) Determine if the optional benefits conflict with ((school)) public employees' benefits board's plans offering authority and, if not, (b) evaluate whether to seek additional benefit offerings authority from the legislature. Optional benefits may include direct agreements as defined in chapter 48.150 and may include employee beneficiary accounts that can be liquidated by the employee on termination of employment. Optional benefit plans may be offered only if:
 - (a) Each full-time employee, regardless of the number of dependents receiving basic coverage, receives the same additional employer contribution for other coverage or optional benefits; and
 - (b) For part-time employees, participation in optional benefit plans shall be governed by the same eligibility criteria and/or proration of employer contributions used for allocations for basic benefits.

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(3) School districts are not intended to divert state basic benefit allocations for other purposes. Beginning January 1, 2020, school districts must offer all benefits offered by the ((school)) public employees' benefits board administered by the health care authority, and consistent with RCW 41.56.500(2).

- (4) Any optional benefits offered by a school district under subsection (2) of this section are considered an enhancement to the state's definition of basic education.
- **Sec. 24.** RCW 28A.400.350 and 2018 c 260 s 23 are each amended to 10 read as follows:
 - (1) The board of directors of any of the state's school districts or educational service districts may make available medical, dental, vision, liability, life, accident, disability, and salary protection or insurance, direct agreements as defined in chapter 48.150 RCW, or any one of, or a combination of the types of employee benefits enumerated in this subsection, or any other type of insurance or protection, for the members of the boards of directors, the students, and employees of the school district or educational service district, and their dependents. Except as provided in subsection (6) of this section, such coverage may be provided by contracts or agreements with private carriers, with the state health care authority, or through self-insurance or self-funding pursuant to chapter 48.62 RCW, or in any other manner authorized by law. Any direct agreement must comply with RCW 48.150.050.
 - (2) (a) Whenever funds are available for these purposes the board of directors of the school district or educational service district may contribute all or a part of the cost of such protection or insurance for the employees of their respective school districts or educational service districts and their dependents. The premiums on such liability insurance shall be borne by the school district or educational service district.
 - (b) 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.
 - (c) After December 31, 2019, school district contributions to any employee insurance that is purchased through the health care authority must conform to the requirements established by chapter 41.05 RCW and the ((school)) public employees' benefits board.

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(3) For school board members, educational service district board members, and students, the premiums due on such protection or insurance shall be borne by the assenting school board member, educational service district board member, or student. The school district or educational service district may contribute all or part of the costs, including the premiums, of life, health, health care, accident or disability insurance which shall be offered to all students participating in interschool activities on the behalf of or as representative of their school, school district, or educational service district. The school district board of directors and the educational service district board may require any student participating in extracurricular interschool activities to, as a condition of participation, document evidence of insurance or purchase insurance that will provide adequate coverage, as determined by the school district board of directors or the educational service district board, for medical expenses incurred as a result of injury sustained while participating in the extracurricular activity. In establishing such a requirement, the district shall adopt regulations for waiving or reducing the premiums of such coverage as may be offered through the school district or educational service district to students participating in extracurricular activities, for those students whose families, by reason of their low income, would have difficulty paying the entire amount of such insurance premiums. The district board shall adopt regulations for waiving or reducing the insurance coverage requirements for low-income students in order to assure such students are not prohibited from participating in extracurricular interschool activities.

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- (4) All contracts or agreements for insurance or protection written to take advantage of the provisions of this section shall provide that the beneficiaries of such contracts may utilize on an equal participation basis the services of those practitioners licensed pursuant to chapters 18.22, 18.25, 18.53, 18.57, and 18.71 RCW.
- (5) (a) Until ((the creation of the school employees' benefits board under RCW 41.05.740)) January 1, 2020, school districts offering medical, vision, and dental benefits shall:
- (i) Offer a high deductible health plan option with a health savings account that conforms to section 223, part VII of subchapter 1 of the internal revenue code of 1986. School districts shall comply

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with all applicable federal standards related to the establishment of health savings accounts;

- (ii) Make progress toward employee premiums that are established to ensure that full family coverage premiums are not more than three times the premiums for employees purchasing single coverage for the same coverage plan, unless a subsequent premium differential target is defined as a result of the review and subsequent actions described in RCW 41.05.655;
- (iii) Offer employees at least one health benefit plan that is not a high deductible health plan offered in conjunction with a health savings account in which the employee share of the premium cost for a full-time employee, regardless of whether the employee chooses employee-only coverage or coverage that includes dependents, does not exceed the share of premium cost paid by state employees during the state employee benefits year that started immediately prior to the school year.
 - (b) All contracts or agreements for employee benefits must be held to responsible contracting standards, meaning a fair, prudent, and accountable competitive procedure for procuring services that includes an open competitive process, except where an open process would compromise cost-effective purchasing, with documentation justifying the approach.
- (c) School districts offering medical, vision, and dental benefits shall also make progress on promoting health care innovations and cost savings and significantly reduce administrative costs.
- 27 (d) All contracts or agreements for insurance or protection 28 described in this section shall be in compliance with chapter 3, Laws 29 of 2012 2nd sp. sess.
- (6) The authority to make available basic and optional benefits to school employees under this section expires December 31, 2019. Beginning January 1, 2020, school districts and educational service districts shall make available basic and optional benefits through plans offered by the health care authority and the ((school)) public employees' benefits board.
- **Sec. 25.** RCW 28A.710.350 and 2018 c 260 s 24 are each amended to read as follows:
- 38 (1) A function of the (($\frac{\text{school}}{\text{school}}$)) <u>public</u> employees' benefits board as established under RCW (($\frac{41.05.740}{\text{school}}$)) <u>41.05.065</u> is to design and

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- approve insurance benefit plans and to establish eligibility criteria for participation in insurance benefit plans ((by January 1, 2020)).
- 3 In order for the ((school)) public employees' benefits board to
- 4 ((develop)) provide these benefit plans, charter school employees'
- 5 information must be provided to the ((school)) public employees'
- 6 benefits board and the health care authority.

- (2) Charter schools and their benefit providers must submit data to the health care authority in accordance with RCW 41.05.075(3).
- (3) Any benefit provider offering a benefit plan by contract or agreement with a charter school must make available to the charter school the benefit plan descriptions and, where available, the demographic information on plan subscribers that the charter school and benefit providers are required to report to the health care authority under this section.
 - (4) Each charter school must:
- (a) Carry out all actions required by the ((school)) <u>public</u> employees' benefits board and the health care authority under chapter 41.05 RCW including, but not limited to, those actions necessary for the operation of benefit plans, education of employees, claims administration, and appeals process; and
- (b) Report all data relating to employees eligible to participate in benefits or plans administered by the ((school)) public employees' benefits board and the health care authority in a format designed and communicated by the ((school)) public employees' benefits board and the health care authority.
- **Sec. 26.** RCW 43.79A.040 and 2018 c 260 s 28, 2018 c 258 s 4, and 27 2018 c 127 s 6 are each reenacted and amended to read as follows:
 - (1) Money in the treasurer's trust fund may be deposited, invested, and reinvested by the state treasurer in accordance with RCW 43.84.080 in the same manner and to the same extent as if the money were in the state treasury, and may be commingled with moneys in the state treasury for cash management and cash balance purposes.
 - (2) All income received from investment of the treasurer's trust fund must be set aside in an account in the treasury trust fund to be known as the investment income account.
 - (3) The investment income account may be utilized for the payment of purchased banking services on behalf of treasurer's trust funds including, but not limited to, depository, safekeeping, and disbursement functions for the state treasurer or affected state

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agencies. The investment income account is subject in all respects to chapter 43.88 RCW, but no appropriation is required for payments to financial institutions. Payments must occur prior to distribution of earnings set forth in subsection (4) of this section.

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- (4)(a) Monthly, the state treasurer must distribute the earnings credited to the investment income account to the state general fund except under (b), (c), and (d) of this subsection.
- The following accounts and funds must receive their proportionate share of earnings based upon each account's or fund's average daily balance for the period: The 24/7 sobriety account, the Washington promise scholarship account, the Gina Grant Bull memorial legislative page scholarship account, the Washington advanced college tuition payment program account, the Washington college savings program account, the accessible communities account, the Washington achieving a better life experience program account, the community and technical college innovation account, the agricultural local fund, the American Indian scholarship endowment fund, the foster care scholarship endowment fund, the foster care endowed scholarship trust fund, the contract harvesting revolving account, the Washington state combined fund drive account, the commemorative works account, the county enhanced 911 excise tax account, the toll collection account, the developmental disabilities endowment trust fund, the energy account, the fair fund, the family and medical leave insurance account, the fish and wildlife federal lands revolving account, the natural resources federal lands revolving account, the food animal veterinarian conditional scholarship account, the forest health revolving account, the fruit and vegetable inspection account, the future teachers conditional scholarship account, the game farm alternative account, the GET ready for math and science scholarship account, the Washington global health technologies and product development account, the grain inspection revolving Washington history day account, the industrial insurance rainy day juvenile accountability incentive account, enforcement officers' and firefighters' plan 2 expense fund, the local tourism promotion account, the low-income home rehabilitation revolving loan program account, the multiagency permitting team account, the northeast Washington wolf-livestock management account, the pilotage account, the produce railcar pool account, the regional transportation investment district account, the rural rehabilitation account, the Washington sexual assault kit account, the stadium and

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exhibition center account, the youth athletic facility account, the self-insurance revolving fund, the children's trust fund, the Washington horse racing commission Washington bred owners' bonus fund and breeder awards account, the Washington horse racing commission class C purse fund account, the individual development account program account, the Washington horse racing commission operating account, the life sciences discovery fund, the Washington state heritage center account, the reduced cigarette ignition propensity account, the center for childhood deafness and hearing loss account, the school for the blind account, the Millersylvania park trust fund, the public employees' and retirees' insurance reserve fund, the ((school employees' benefits board insurance reserve fund, [the])) public employees' and retirees' insurance account, (([the] school employees' insurance account,)) and the radiation perpetual maintenance fund.

(c) The following accounts and funds must receive eighty percent of their proportionate share of earnings based upon each account's or fund's average daily balance for the period: The advanced right-of-way revolving fund, the advanced environmental mitigation revolving account, the federal narcotics asset forfeitures account, the high occupancy vehicle account, the local rail service assistance account, and the miscellaneous transportation programs account.

- (d) Any state agency that has independent authority over accounts or funds not statutorily required to be held in the custody of the state treasurer that deposits funds into a fund or account in the custody of the state treasurer pursuant to an agreement with the office of the state treasurer shall receive its proportionate share of earnings based upon each account's or fund's average daily balance for the period.
- 30 (5) In conformance with Article II, section 37 of the state 31 Constitution, no trust accounts or funds shall be allocated earnings 32 without the specific affirmative directive of this section.
 - Sec. 27. RCW 41.59.105 and 2017 3rd sp.s. c 13 s 818 are each amended to read as follows:
 - (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.

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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.

- (((3) Employee bargaining shall be initiated after July 1, 2018, over the dollar amount to be contributed beginning January 1, 2020, on behalf of each employee for health care benefits. Bargaining must subsequently be conducted in even-numbered years between the governor or governor's designee and one coalition of all the exclusive bargaining representatives impacted by benefit purchasing with the school employees' benefits board established in RCW 41.05.740, consistent with RCW 28A.400.280 and 28A.400.350. The coalition bargaining must follow the model initially 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 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

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- 1 biennial or supplemental operating budget. If the legislature rejects
- 2 or fails to act on the submission, either party may reopen all or
- 3 part of the agreement.))

- Sec. 28. RCW 41.56.500 and 2017 3rd sp.s. c 13 s 817 are each amended to read as follows:
 - (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, over the dollar amount to be contributed for school employee health benefits beginning January 1, 2020, on behalf of each employee for health care benefits. Bargaining must subsequently be conducted in even-numbered years between the governor or governor's designee and one coalition of all the exclusive bargaining representatives impacted by benefit purchasing with the school employees' benefits board established in RCW 41.05.740, consistent with RCW 28A.400.280 and 28A.400.350. The coalition bargaining must follow the model initially 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.

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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 3 request under this section as being feasible financially for the 4 state, the parties shall enter into collective bargaining solely for 5 6 the purpose of reaching a mutually agreed upon modification of the agreement necessary to address the absence of those requested funds. 7 The legislature may act upon the health care benefit provisions of 8 the modified collective bargaining agreement if those provisions are agreed upon and submitted to the office of financial management and 10 11 legislative budget committees before final legislative action on the 12 biennial or supplemental operating budget. If the legislature rejects or fails to act on the submission, either party may reopen all or 13 14 part of the agreement.))

15 Sec. 29. The following acts or parts of acts are NEW SECTION. 16 each repealed:

- 17 (1) RCW 41.05.004 (Intent—Use of word "board.") and 2018 c 260 s 18 5;
- (2) RCW 41.05.740 (School employees' benefits board) and 2018 c 19 20 260 s 1 & 2017 3rd sp.s. c 13 s 801;
- 21 (3) 2018 c 260 s 33 (uncodified); and
- 22 (4) 2018 c 260 s 34 (uncodified).

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