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Sixty-sixth Legislative Assembly of North Dakota

Introduced by

FIRST DRAFT:

Prepared by the Legislative Council staff for the Health Care Reform Review Committee

May 2018

- 1 A BILL for an Act to create and enact chapter 26.1-36.6 of the North Dakota Century Code,
- 2 relating to public employees retirement system self-insurance plans for health benefits
- 3 coverage; to amend and reenact sections 26.1-07.1-01, 54-52.1-01, 54-52.1-04, 54-52.1-04.2,
- 4 and 54-52.1-04.3 of the North Dakota Century Code, relating to public employee uniform group
- 5 health benefits coverage.

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

- 7 **SECTION 1.** Chapter 26.1-36.6 of the North Dakota Century Code is created and enacted
- 8 as follows:
- 9 **26.1-36.6-01. Definitions.**
- As used in this chapter, "self-insurance plan" has the same meaning as provided under
- 11 section 54-52.1-01.
- 12 <u>26.1-36.6-02. Self-insurance plans Regulation.</u>
- The commissioner shall regulate the financial condition, integrity, and equitable
- administration of a self-insurance plan established under chapter 54-52.1. All powers granted to
- 15 the commissioner to regulate insurance companies and users under title 26.1 and all powers
- 16 provided to the commissioner to regulate multiple employer welfare arrangements under section
- 17 26.1-01-07.4 apply to the commissioner to regulate a self-insurance plan.
- 18 <u>26.1-36.6-03. Self-insurance plans Requirements.</u>
- The following provisions apply to a self-insurance plan and are subject to the jurisdiction of
- 20 <u>the commissioner: 26.1-36-03, 26.1-36-03.1, 26.1-36-05, 26.1-36-06, 26.1-36-06.1, 26.1-36-07, 26.1-36-08, 26.1</u>
- 21 26.1-36-08, 26.1-36-08.1, 26.1-36-09, 26.1-36-09.5, 26.1-36-09.6, 26.1-36-09.8, 26.1-36-09.10,
- 22 26.1-36-09.11, 26.1-36-09.12, 26.1-36-10, 26.1-36-11, 26.1-36-12, 26.1-36-12.2, 26.1-36-12.4,
- 23 26.1-36-12.6, 26.1-36-13, 26.1-36-14, 26.1-36-17, 26.1-36-18, 26.1-36-19, 26.1-36-20,

- 1 <u>26.1-36-21, 26.1-36-22, 26.1-36-23, 26.1-36-23.1, 26.1-36-29, 26.1-36-37.1, 26.1-36-38, </u>
- 2 <u>26.1-36-39</u>, 26.1-36-41, 26.1-36-43, 26.1-36-44, and 26.1-36-46.
- 3 **26.1-36.6-04.** Rules.
- 4 The commissioner may adopt rules to administer this chapter.
- 5 **SECTION 2. AMENDMENT.** Section 26.1-07.1-01 of the North Dakota Century Code is
- 6 amended and reenacted as follows:
- 7 26.1-07.1-01. Jurisdiction over providers of health care benefits.
- 8 Notwithstanding any other provision of law, and except as provided hereinunder this
- 9 <u>section</u>, any person or other entity, other than an insurance company duly licensed in this or
- another state which provides coverage in this state for medical, surgical, chiropractic, physical
- therapy, speech pathology, audiology, professional mental health, dental, hospital, or optometric
- 12 expenses, whether such coverage is by direct payment, reimbursement, or otherwise, must beis
- presumed to be subject to the jurisdiction of the commissioner unless the person or other entity
- 14 shows that while providing such services it the person is subject to the jurisdiction of another
- agency of this state, any subdivisions thereof, or the federal government. A self-insurance plan
- 16 <u>formed under chapter 54-52.1 is not subject to this section but is subject to the jurisdiction of the</u>
- 17 <u>commissioner under chapter 26.1-36.6.</u>
- 18 **SECTION 3. AMENDMENT.** Section 54-52.1-01 of the North Dakota Century Code is
- 19 amended and reenacted as follows:
- 20 **54-52.1-01. Definitions.**
- As used in this chapter, unless the context otherwise requires:
- 1. "Board" means the public employees retirement board.
- 23 2. "Carrier" means:

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- a. For the hospital benefits coverage, an insurance company authorized to do business in the state, or a nonprofit hospital service association, or a prepaid group practice hospital care plan authorized to do business in the state, or the state if a self-insurance plan is used for providing hospital benefits coverage.
- b. For the medical benefits coverage, an insurance company authorized to do business in the state, or a nonprofit medical service association, or a prepaid group practice medical care plan authorized to do business in the state, or the state if a self-insurance plan is used for providing medical benefits coverage.

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- 1 c. For the life insurance benefits coverage, an insurance company authorized to do business in the state.
 - 3. "Department, board, or agency" means the departments, boards, agencies, or associations of this state, and. The term includes the state's charitable, penal, and higher educational institutions; the Bank of North Dakota; the state mill and elevator association; and counties, cities, district health units, and school districts.
 - 4. "Eligible employee" means every permanent employee who is employed by a governmental unit, as that term is defined in section 54-52-01. "Eligible employee" includes members of the legislative assembly, judges of the supreme court, paid members of state or political subdivision boards, commissions, or associations, full-time employees of political subdivisions, elective state officers as defined by subsection 2 of section 54-06-01, and disabled permanent employees who are receiving compensation from the North Dakota workforce safety and insurance fund. As used in this subsection, "permanent employee" means one whose services are not limited in duration, who is filling an approved and regularly funded position in a governmental unit, and who is employed at least seventeen and one-half hours per week and at least five months each year or for those first employed after August 1, 2003, is employed at least twenty hours per week and at least twenty weeks each year of employment. For purposes of sections 54-52.1-04.1, 54-52.1-04.7, 54-52.1-04.8, and 54-52.1-11, "eligible employee" includes retired and terminated employees who remain eligible to participate in the uniform group insurance program pursuant to applicable state or federal law.
 - 5. "Health insurance benefits coverage" means hospital benefits coverage or medical benefits coverage, or both.
 - 6. "Health maintenance organization" means an organization certified to establish and operate a health maintenance organization in compliance with chapter 26.1-18.1.
- 27 6.7. "Hospital benefits coverage" means a plan whichthat either provides coverage for, or pays, or reimburses expenses for hospital services incurred in accordance with the uniform contract.
- 30 7.8. "Life insurance benefits coverage" means a plan which that provides both term life
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- by the board, with a minimum of one thousand dollars provided for the term life
 insurance portion of the coverage.
- 8.9. "Medical benefits coverage" means a plan whichthat either provides coverage for, or
 pays, or reimburses expenses for medical services in accordance with the uniform
 contract.
- 9.10. "Member contribution" means the payment by the member into the retiree health benefits fund pursuant to sections 54-52-02.9 and 54-52-17.4.
- 8 10.11. "Member's account balance" means the member's contributions plus interest at the rate set by the board.
- 10 12. "Self-insurance health plan" means a plan of self-insurance providing health insurance
 11 benefits coverage under sections 54-52.1-04.2 and 54-52.1-04.3.
- 12 <u>11.13.</u> "Temporary employee" means a governmental unit employee who is not filling an approved and regularly funded position in an eligible governmental unit and whose services may or may not be limited in duration.
 - **SECTION 4. AMENDMENT.** Section 54-52.1-04 of the North Dakota Century Code is amended and reenacted as follows:

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

The board shall receive bids for the providing of hospital benefits coverage, medical benefits coverage, life insurance benefits coverage for a specified term, and employee assistance program services; may receive bids separately for the prescription drug coverage component of medical benefits coverage; and shall accept one or more bids of and contract with the carriers that in the judgment of the board best serves the interests of the state and itsthe state's eligible employees. Solicitations must be made not later than ninety days before the expiration of an existing uniform group insurance contract. Bids must be solicited by advertisement in a manner selected by the board that will provide reasonable notice to prospective bidders. In preparing bid proposals and evaluating bids, the board may utilize the services of consultants on a contract basis in order that the bids received may be uniformly compared and properly evaluated. In determining which bid, if any, will best serve the interests of eligible employees and the state, the board shall give adequate consideration to the following factors:

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- 1 1. a. The economy to be effected.
- 2 <u>2. b.</u> The ease of administration.
- $\frac{3}{2}$ $\frac{c}{c}$ The adequacy of the coverages.
- 4 4. d. The financial position of the carrier, with special emphasis as to itson the solvency of the carrier.
- The reputation of the carrier and any other information that is available tending to show past experience with the carrier in matters of claim settlement, underwriting, and services.
- 9 <u>2.</u> The board may reject any or all bids and, in the event it does so,. If the board rejects all bids, the board shall again solicit bids as provided in this section. The
 - 3. Under sections 54-52.1-04.1, 54-52.1-04.2, and 54-52.1-04.3 the board may contract for health benefits coverage through a health maintenance organization or establish a plan of self-insurance for providing health insurance benefits coverage only under an administrative services only (ASO) contract or a third-party administrator (TPA) contractplan.
 - **SECTION 5. AMENDMENT.** Section 54-52.1-04.2 of the North Dakota Century Code is amended and reenacted as follows:
 - 54-52.1-04.2. Self-insurance plan for hospital and medical benefits coverage.
 - 1. The board may establish a self-insurance plan for providing:
 - a. Health insurance benefits coverage;
 - Health insurance benefits coverage excluding all or part of prescription drug coverage; or
 - c. All or part of prescription drug coverage.
 - 2. Any self-insurance plan under this section must be provided under an administrative services only (ASO) contract or a third-party administrator (TPA) contract under the uniform group insurance program, and may be established only if it is determined by the board that determines an administrative services only or third-party administrator plan is less costly than the lowest bid submitted by a carrier for underwriting the plan with equivalent contract benefits. Upon establishing a self-insurance plan, the board shall solicit bids for an administrative services only or third-party administrator contract only every other biennium, and the board is authorized to renegotiate an existing

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administrative services only or third-party administrator contract during the interim. In addition, individual Individual stop-loss coverage insured by a carrier authorized to do business in this state must may be made part of any self-insured plan. The self-insurance plan is exempt from stop-loss coverage requirements under section 26.1-01-07.4. All bids under this section are due no later than January first, and must be awarded no later than March first, preceding the end of each biennium. All bids under this section must be opened at a public meeting of the board.

SECTION 6. AMENDMENT. Section 54-52.1-04.3 of the North Dakota Century Code is amended and reenacted as follows:

54-52.1-04.3. Contingency reserve fund - Continuing appropriation <u>- Insurance</u> <u>commissioner</u>.

The board shall establish under a self-insurance plan a contingency reserve fund to provide for adverse fluctuations in future charges, claims, costs, or expenses of the uniform group insurance program. The board shall determine the amount necessary to provide a balance in the contingency reserve fund between one and one-halftwo months and three months of claims paid based on the average monthly claims paid during the twelve-month period immediately preceding March first of each year. The board also shall determine the amount necessary to provide an additional balance in the contingency reserve fund between one month and one and one-half months for claims incurred but not yet reported. The board may arrange for the services of an actuarial consultant to assist the board in making these determinations. Upon the initial changeover from a contract for insurance pursuant to section 54-52.1-04 to a self-insurance plan pursuant to section 54-52.1-04.2, the board must have a plan in place which is reasonably calculated to meet the funding requirements of this chapter within sixty months. All moneys in the contingency reserve fund, not otherwise appropriated, are appropriated for the payment of claims and other costs of the uniform group insurance program during periods of adverse claims or cost fluctuations. A self-insurance plan must comply with section 26.1-36.6-03. The insurance commissioner shall ensure compliance with and enforce the provisions of this section pursuant to chapter 26.1-36.6.