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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 amend and reenact sections 54-52.1-04, 54-52.1-04.2, and 54-52.1-05 of
- 2 the North Dakota Century Code, relating to uniform group insurance for health benefits
- 3 coverage.

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

5 **SECTION 1. 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.

- 1. The board shall receive bids for the providing of hospital benefits coverage, medical benefits coverage, life insurance benefits coverage for a specified term, and employee assistance program services; may receive bids separately for all or part of prescription drug coverage; and shall accept one or more bids of and contract with the carriers that in the judgment of the board determines best servesserve the interests of the state and itsthe state's eligible employees. Solicitations must be made not later than ninety days before the expiration of an existing uniform group insurance contract. Bids must be solicited by advertisement in a manner selected by the board thatwhich will provide reasonable notice to prospective bidders. In preparing bid proposals and evaluating bids, the board may utilize the services of consultants on a contract basis in order 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:
- 21 <u>1. a.</u> The economy to be effected.
- 22 <u>2. b.</u> The ease of administration.
- 23 3. c. The adequacy of the coverages.

- 4. <u>d.</u> The financial position of the carrier, with special emphasis as to itson the
 solvency of the carrier.
 e. The reputation of the carrier and any other information that is available ter
 - 5. e. The reputation of the carrier and any other information that is available tending to show past experience with the carrier in matters of claim settlement, underwriting, and services.
 - 2. The board may reject any or all bids and, in the event it does so, received under this section. If the board rejects all bids received, the board shall again solicit bids as provided in this section. The
 - 3. Under section 54-52.1-04.1 or 54-52.1-04.2, the board may contract with a health maintenance organization or establish a plan of self-insurance for providing health insurance to provide hospital, medical, or prescription drug benefits coverage only under an administrative services only (ASO) contract or a third-party administrator (TPA) contract.

NOTE: The amendments in this section are housekeeping in nature

SECTION 2. 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 This section applies to a self-insurance plan for providing:
 - a. Health insurance hospital, medical, and prescription drug benefits coverage;
- b. Health insurance <u>hospital and medical</u> benefits coverage, excluding all or part of prescription drug <u>benefits</u> coverage; or
 - e. Allall or part of prescription drug benefits coverage.
- 2. AnyA self-insurance plan established by the board 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 determines that 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 administrative services only or third-party administrator contract during the interimbest serves the interests of the state and the

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state's eligible employees. In addition, individual stop-loss coverage insured by a carrier authorized to do business in this state mustmay be made part of any self-insured plan. All bids under this section are due no later than January first, and must be awarded no later than March first, preceding the end of each biennium. All bids under this section must be opened at a public meeting of the board.

NOTE: Replaces the requirement that self-insurance be less expensive than a fully insured plan with the requirement that self-insurance best serves the interests of the state and the eligible employees. Removes the bidding provisions so Public Employees Retirement System would rely on Sections 54-52.1-04 and 54-52.1-05 and be consistent with bidding and renewal requirements for all the other group insurance plans.

SECTION 3. AMENDMENT. Section 54-52.1-05 of the North Dakota Century Code is amended and reenacted as follows:

54-52.1-05. Provisions of contract - Term of contract.

- Each uniform group insurance contract entered by the board must be consistent with the provisions of this chapter, must be signed for the state of North Dakota by the chairman of the board, and must include the following:
 - As many optional coverages as deemed feasible and advantageous by the board.
 - A detailed statement of benefits offered, including maximum limitations and exclusions, and such other provisions as the board may deem necessary or desirable.
- The initial term or the renewal term of a fully insured uniform group insurance contract through a contract for insurance, health maintenance organization, or self-insurance plan for hospital benefits coverage, medical benefits coverage, or prescription drug coverage may not exceed two years.
 - a. The board may renew a contract subject to this subsection without soliciting a bid under section 54-52.1-04 if the board determines the carrier's performance under the existing contract meets the board's expectations and, the proposed premium renewal amount does not exceed the board's expectations, and renewal best serves the interests of the state and the state's eligible employees.
 - b. In making a determination under this subsection, the board shall:

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1	(1)	Use the services of a consultant to concurrently and independently prepare
2		a renewal estimate the board shall consider in determining the
3		reasonableness of the proposed premium renewal amount.
4	(2	Review the carrier's performance measures, including payment accuracy,
5		claim processing time, member service center metrics, wellness or other
6		special program participation levels, and any other measures the board
7		determines relevant to making the determination and shall consider these
8		measures in determining the board's satisfaction with the carrier's
9		performance.
10	(3	Consider any additional information the board determines relevant to
11		making the determination.
12	c. If	the The board determines may determine the carrier's performance under the
13	e>	kisting contract does not meet the board's expectations er, the proposed
14	pr	emium renewal amount exceeds the board's expectations, or renewal does not
15	<u>be</u>	est serve the interests of the state or the state's eligible employees and the
16	bo	pard determines may therefore decide to solicit a bid under section 54-52.1-04,
17	th	e board shall specify its reasons for the determination to solicit a bid.

NOTE: The goal here is to make clear this section applies to self-insurance plans and to remove the perceived renewal preference.