### FIRST ENGROSSMENT

Sixty-seventh Legislative Assembly of North Dakota

### **ENGROSSED HOUSE BILL NO. 1245**

Introduced by

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Representatives Kasper, Dockter, Keiser, B. Koppelman, Lefor, Louser, Meier, Pollert, D. Ruby, Steiner

Senator Hogue

- 1 A BILL for an Act to amend and reenact sections 54-52.1-04, 54-52.1-04.1, 54-52.1-04.2, and
- 2 54-52.1-05 of the North Dakota Century Code, relating to public employee uniform group
- 3 insurance plans for health benefits; and to provide for application.

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

**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 - Budget section approval.

- 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 the prescription drug benefits coverage component of medical benefits coverage; and except as otherwise provided under this section shall accept one or more bids of and contract with the carriers the board determines best serve the interests of the state and the 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 which 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:
  - a. The economy to be effected.
- b. The ease of administration.

1 The adequacy of the coverages. C. 2 d. The financial position of the carrier, with special emphasis on the solvency of the 3 carrier. 4 The reputation of the carrier and any other information available tending to show e. 5 past experience with the carrier in matters of claim settlement, underwriting, and 6 services. 7 f. The price and contract guarantees. 8 2. The board may reject any or all bids received under this section. If the board rejects all 9 bids received, the board shall again solicit bids as provided in this section. 10 3. For a bid for hospital benefits coverage, medical benefits coverage, or prescription 11 drug benefits coverage, excluding Medicare part D prescription drug coverage, the 12 board may not accept one or more bids of a contract with the carriers unless the 13 budget section has approved the bids. 14 Under this subsection, after the board identifies which bids of carriers, if any, the <u>a.</u> 15 board determines best serve the interests of the state and the state's eligible 16 employees, the board shall forward a recommendation and all the bids to the 17 budget section, including a report on the factors the board considered and how 18 the board reached its recommendation. The board may recommend rejection of 19 one or more bids received under this section. Upon As authorized under section 20 54-35-02.9, upon receipt of the board's recommendation, the budget section shall 21 determine which bid, if any, will best serve the interests of eligible employees and 22 the state. In identifying and determining which bid, if any, will best serve the 23 interests of eligible employees and the state, the budget section shall give 24 adequate consideration to the following factors: 25 (1) The economy to be affected. 26 <u>(2)</u> The ease of administration. 27 (3)The adequacy of the coverages. 28 The financial position of the carrier, with special emphasis on the solvency (4) 29 of the carrier.

1			<u>(5)</u>	The reputation of the carrier and any other information available tending to
2				show past experience with the carrier in matters of claim settlement,
3				underwriting, and services.
4			<u>(6)</u>	The price and contract guarantees.
5		<u>b.</u>	<u>The</u>	budget section may reject any or all bids received under this subsection. If
6			<u>the</u>	budget section rejects all bids received, the board again shall solicit bids as
7			<u>pro</u> \	vided in this section. If the budget section does not reject all bids received, the
8			<u>boa</u>	rd shall enter a contract with the bidder selected by the budget section under
9			<u>this</u>	sectionsubsection.
10		<u>C.</u>	<u>In p</u>	reparing a bid proposal and evaluating a bid under this subsection, the
11			<u>bud</u>	get section may use the services of a consultant on a contract basis so the
12			bids	received may be compared uniformly and evaluated properly.
13	<u>4.</u>	Wh	en the	e board requests bids for hospital benefits coverage, medical benefits
14		coverage, or prescription drug benefits coverage, excluding Medicare part D for		
15		prescription drug coverage, the board shall include a request for a bid for a self-		
16		insurance health plan. Under sections 54-52.1-04.1 and 54-52.1-04.2, following		
17	approval by the budget section, the board may contract for health benefits coverage			
18		thro	ugh a	a health maintenance organization or establish a self-insurance health plan.
19	SECTION 2. AMENDMENT. Section 54-52.1-04.1 of the North Dakota Century Code is			
20	amended and reenacted as follows:			
21	54-52.1-04.1. Health maintenance organization contract - Membership option.			
22	Notwithstanding the provisions of section 54-52.1-04, but subject to approval by the budget			
23	section, the board may contract with one or more health maintenance organizations to provide			
24	eligible employees the option of membership in a health maintenance organization. If itthe			
25	board makes such a contract, the board may not require that the health maintenance			
26	organization be federally qualified if the health maintenance organization has a certificate of			
27	authority issued by the North Dakota insurance commissioner. The contract or contracts must			
28	be included in the uniform group insurance program.			
29	SECTION 3. AMENDMENT. Section 54-52.1-04.2 of the North Dakota Century Code is			
30	amended and reenacted as follows:			

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# 1 54-52.1-04.2. Self-insurance health plan.

- 1. This section applies to a self-insurance health plan for:
  - a. Health insurance and prescription drug benefits coverage;
  - Health insurance benefits coverage, excluding all or part of prescription drug benefits coverage; or
- c. All or part of prescription drug benefits coverage.
  - 2. Except for prescription drug coverage under subdivision c of subsection 1, a self-insurance health 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. The board may not establish a self-insurance health plan unless the boardbudget section determines the self-insurance health plan best serves the interests of the state and the state's eligible employees. Except for prescription drug coverage under subdivision cof subsection 1, if the boardIf the budget section determines it is in the best interest of the plan, individual stop-loss coverage insured by a carrier authorized to do business in this state may be made part of a self-insurance health plan.
  - **SECTION 4. 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 - Renewal 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:
  - a. 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 uniform group insurance contract through a
  contract for insurance, health maintenance organization, or self-insurance health plan
  for hospital benefits coverage, medical benefits coverage, or prescription drug benefits
  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 recommends and the budget section approves the renewal in the same manner as provided for approving a contract under subsection 3 of section 54-52.1-04. In making a recommendation or determination, the board and budget section shall determine whether the carrier's performance under the existing contract meets the board's expectations of the board and the budget section, the proposed premium renewal amount does not exceed the board's expectations of the board and the budget section, and renewal best serves the interests of the state and the state's eligible employees.
- b. In making a <u>recommendation or</u> determination under this subsection, the board <u>or budget section, respectively,</u> shall:
  - (1) Use the services of a consultant to concurrently and independently prepare concurrently and independently a renewal estimate the board and the budget section shall consider in determining the reasonableness of the proposed premium renewal amount.
  - (2) Review the carrier's performance measures, including payment accuracy, claim processing time, member service center metrics, wellness or other special program participation levels, and any other measures the board determines and budget section determine relevant to making the determination and shall consider these measures in determining the board's satisfaction with the carrier's performance.
  - (3) Consider any additional information the board <u>determines and the budget</u> <u>section determine</u> relevant to making the determination.
- c. The Under this subsection, the board may recommend and the budget section may determine the carrier's performance under the existing contract does not meet the board's expectations, the proposed premium renewal amount exceeds the board's expectations, or renewal does not best serve the interests of the state or the state's eligible employees, and the board therefore may recommend or the budget section may decide to solicit a bid under section 54-52.1-04.

# Legislative Assembly 1 In making a recommendation to the budget section under this subsection, the 2 board shall provide a recommendation that includes a report on the factors the 3 board considered and how the board reached its recommendation. 4 Renewal of a contract for Medicare part D prescription drug coverage is not 5 subject to budget section approval under this subsection. 6 SECTION 5. APPLICATION. This Act applies to contracts entered or renewed on or after 7

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the effective date of this Act.