

House Bill 1372

By: Representative Harbin of the 118th

A BILL TO BE ENTITLED
AN ACT

To amend Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to employees' insurance and benefit plans, so as to provide for mechanisms for termination of coverage for nonpayment of premium; to provide for notification to employers; to provide for the introduction and consideration of bills impacting the state health benefit plans; to provide for related matters; to provide an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to employees' insurance and benefit plans, is amended striking Code Section 45-18-5, relating to county officers and employees, and inserting in lieu thereof a new Code Section 45-18-5 to read as follows:

"45-18-5.

(a) The board is authorized to contract with the various counties of this state for the inclusion of the employees of any county within any health insurance plan or plans established under this article. The various counties of this state are authorized to contract with the board as provided in this Code section. In the event that any such contract is entered into, it shall be the duty of any counties so contracting to deduct from the salary or other compensation of its employees such payment as may be required under any health insurance plan and to remit the same to the board for inclusion in the health insurance fund. In addition, it shall be the duty of such county or counties to make the employer contributions required for the operation of such plan or plans. Should such county or counties fail to remit such deductions or such employer contributions, the commissioner may, upon written notice to such county or counties, terminate the coverage for such employees as of the day following the last day for which such deductions or such employer

1 contributions were remitted to the board. Coverage may be reinstated upon the tender of
2 any such deductions or employer contributions not previously remitted.

3 (b) County officials may elect to be included in a health insurance plan, health
4 maintenance organization, or other health benefits plan offered or provided by a county for
5 its county officials or any health plan or plans established under this article. The governing
6 authority of a county may elect by majority vote to provide for payment in a uniform
7 manner of any portion, all, or none of the employer contributions for or required premiums
8 or payments due from the county officials or former county officials who under this Code
9 section are eligible for inclusion in the health plan or plans established under this article.

10 The board is authorized to contract with the County Officers Association of Georgia on
11 behalf of the various counties of this state for the inclusion in any health insurance plan or
12 plans established under this article of officials, spouses, and dependents of officials serving
13 in one or more of the following capacities: probate judge, sheriff, tax commissioner or tax
14 collector, clerk of the superior court, full-time or part-time state court judge, solicitor, state
15 court clerk, or solicitor-general, chief magistrate, juvenile court judge, or members of the
16 county governing authority and officials, spouses, and dependents of officials leaving
17 office on or after December 31, 1996, who have served at least 12 years in one or more of
18 the following capacities: probate judge, sheriff, tax commissioner or tax collector, clerk of
19 the superior court, full-time or part-time state court judge, solicitor, state court clerk, or
20 solicitor-general, chief magistrate, juvenile court judge, or members of the county
21 governing authority. The County Officers Association of Georgia is authorized to contract
22 with the board as provided in this Code section. In the event that such a contract is entered
23 into, it shall be the duty of the County Officers Association of Georgia to collect from the
24 various counties of this state with which it has contracted under this subsection and remit
25 to the board such payment as may be required under any health insurance plan for inclusion
26 in the health insurance fund. The County Officers Association of Georgia may add a
27 reasonable fee to the premiums required under the plan to cover necessary administrative
28 costs. In addition, it shall be the duty of the County Officers Association of Georgia to
29 maintain and remit to the board accurate records of official, dependent, and other
30 information required by the board to administer this Code section. Should the County
31 Officers Association of Georgia fail to remit such payment, the commissioner may, upon
32 written notice to the County Officers Association of Georgia, terminate the coverage for
33 such officials as of the day following the last day for which such payment was remitted to
34 the board. Coverage may be reinstated upon the tender of any such deductions or employer
35 contributions not previously remitted.

36 (c) The various counties of this state are authorized to contract with the County Officers
37 Association of Georgia for the inclusion in any health insurance plan or plans established

1 under this article of officials, spouses, and dependents of officials serving in one or more
2 of the following capacities: probate judge, sheriff, tax commissioner or tax collector, clerk
3 of the superior court, full-time or part-time state court judge, solicitor, or solicitor-general,
4 chief magistrate, juvenile court judge, or members of the county governing authority and
5 officials, spouses, and dependents of officials leaving office on or after December 31, 1996,
6 who have served at least 12 years in one or more of the following capacities: probate judge,
7 sheriff, tax commissioner or tax collector, clerk of the superior court, full-time or part-time
8 state court judge, solicitor, state court clerk, or solicitor-general, chief magistrate, juvenile
9 court judge, or members of the county governing authority. The County Officers
10 Association of Georgia is authorized to contract with the various counties of the state as
11 provided in this Code section. In the event that any such contracts are entered into, it shall
12 be the duty of any counties so contracting to deduct from the salary or other compensation
13 of its officials and otherwise collect from former officials such payment as may be required
14 under any health insurance plan and to remit the same to the County Officers Association
15 of Georgia for payment to the board. To the extent employer contributions are not fully
16 made by a county, it shall be the duty of the covered officials and former officials to make
17 such employer contributions required on their behalf for the operation of such plan or
18 plans. Should the County Officers Association of Georgia fail to remit such payment, the
19 commissioner may, upon written notice to the County Officers Association of Georgia,
20 terminate the coverage for such officials as of the day following the last day for which such
21 payment was remitted to the board. Coverage may be reinstated upon the tender of any
22 such deductions or employer contributions not previously remitted.

23 (c.1) Any local board of education may elect for members thereof and their spouses and
24 dependents to be included in any health plan or plans established under Code Section
25 20-2-918. It shall be the duty of any local boards of education so electing to deduct from
26 the salary or other compensation of its members such payment as may be required under
27 paragraph (1) of subsection (b) of Code Section 20-2-55 and to remit the same to the health
28 insurance fund created under Code Section 20-2-918. Should any local board of education
29 fail to remit such payment to the board, the provisions of subsection (b) of Code Section
30 20-2-920 shall be applicable to such nonpayment.

31 (d) In administering this Code section, it shall be the responsibility of the board to develop
32 rates for coverage based on the actual claims experience of the individuals covered by this
33 Code section. The board shall require a bond satisfactory to the commissioner to assure the
34 contractual performance of any entities with which it contracts under this Code section.

35 (e) Nothing in this Code section shall preclude the exercise of any options or rights
36 otherwise available to such county officers or members of local boards of education under
37 other state or federal laws which relate to extension or continuation of health benefits."

SECTION 2.

Said chapter is further amended by striking Code Section 45-18-5.1, relating to licensed blind or otherwise seriously disabled vendors, and inserting in lieu thereof a new Code Section 45-18-5.1 to read as follows:

"45-18-5.1.

The Department of Labor is authorized to contract with the Georgia Cooperative Services for the Blind, Inc., a nominee agent designated by the Division of Rehabilitation Services of the Department of Labor, for the inclusion of licensed blind persons or other persons with disabilities operating a vending facility in accordance with Article 2 of Chapter 15 of Title 34 within any health insurance plan or plans established under this article. In the event any contract is entered into, it shall be the duty of the Georgia Cooperative Services for the Blind, Inc., to deduct the payment required under the plan from the earnings or other compensation of licensed blind persons or other persons with disabilities and remit it to the Department of Labor for inclusion in the health insurance fund. In addition, it shall be the duty of the Georgia Cooperative Services for the Blind, Inc., to make the employer contributions required for the operation of such plan or plans. Should the Georgia Cooperative Services for the Blind, Inc., fail to remit such deductions or such employer contributions through the Department of Labor, the commissioner may, upon written notice to the Georgia Cooperative Services for the Blind, Inc., terminate the coverage for such employees as of the day following the last day for which such deductions or such employer contributions were remitted to the board. Coverage may be reinstated upon the tender of any such deductions or employer contributions not previously remitted."

SECTION 3.

Said chapter is further amended by striking Code Section 45-18-5.2, relating to sheltered employment center employees, and inserting in lieu thereof a new Code Section 45-18-5.2 to read as follows:

"45-18-5.2.

The board is authorized to contract with public and private nonprofit sheltered employment centers which contract with or employ persons within the Division of Rehabilitation Services of the Department of Labor and the Division of Mental Health, Developmental Disabilities, and Addictive Diseases of the Department of Human Resources for the inclusion of employees working in the sheltered employment centers within any health insurance plan or plans established under this article. The board is authorized to adopt regulations for entering into any contract. In the event any contract is entered into, it shall be the duty of the sheltered employment center to remit any funds that may be deducted from the earnings or other compensation of such sheltered employees for inclusion in the

1 health insurance fund. In addition, it shall be the duty of the sheltered employment center
2 to make the employer contributions required for the operation of such plan or plans.
3 Should the sheltered employment center fail to remit such deductions or such employer
4 contributions to the board, the commissioner may, upon written notice to the sheltered
5 employment center, terminate the coverage for such employees as of the day following the
6 last day for which such deductions or such employer contributions were remitted to the
7 board. Coverage may be reinstated upon the tender of any such deductions or employer
8 contributions not previously remitted."

9 **SECTION 4.**

10 Said chapter is further amended by striking Code Section 45-18-7.1, relating to employees
11 of the Georgia Development Authority, and inserting in lieu thereof a new Code Section
12 45-18-7.1 to read as follows:

13 "45-18-7.1.

14 The board is authorized to contract with the Georgia Development Authority for the
15 inclusion in any health insurance plan or plans established under this article of the
16 employees and retiring employees of the Georgia Development Authority and their spouses
17 and dependent children, as defined by the regulations of the board. It shall be the duty of
18 the Georgia Development Authority to deduct from the salary or other remuneration of its
19 employees such payment as may be required under the board's regulations. In addition,
20 it shall be the duty of the Georgia Development Authority to make the employer
21 contributions required for the operation of such plan or plans. Should the Georgia
22 Development Authority fail to remit such deductions or such employer contributions to the
23 board, the commissioner may, upon written notice to the Georgia Development Authority,
24 terminate the coverage for such employees as of the day following the last day for which
25 such deductions or such employer contributions were remitted to the board. Coverage may
26 be reinstated upon the tender of any such deductions or employer contributions not
27 previously remitted."

28 **SECTION 5.**

29 Said chapter is further amended by striking Code Section 45-18-7.2, relating to Agrirama
30 Development Authority employees, and inserting in lieu thereof a new Code Section
31 45-18-7.2 to read as follows:

32 "45-18-7.2.

33 The board is authorized to contract with the Georgia Agrirama Development Authority for
34 the inclusion in any health insurance plan or plans established under this article of the
35 employees and retiring employees of the Georgia Agrirama Development Authority and

1 their spouses and dependent children, as defined by the regulations of the board. It shall
2 be the duty of the Georgia Agrirama Development Authority to deduct from the salary or
3 other remuneration of its employees such payment as may be required under the board's
4 regulations. In addition, it shall be the duty of the Georgia Agrirama Development
5 Authority to make the employer contributions required for the operation of such plan or
6 plans. Should the Georgia Agrirama Development Authority fail to remit such deductions
7 or such employer contributions to the board, the commissioner may, upon written notice
8 to the Georgia Agrirama Development Authority, terminate the coverage for such
9 employees as of the day following the last day for which such deductions or such employer
10 contributions were remitted to the board. Coverage may be reinstated upon the tender of
11 any such deductions or employer contributions not previously remitted."

12 SECTION 6.

13 Said chapter is further amended by striking Code Section 45-18-7.3, relating to employees
14 of Peace Officers' Annuity and Benefit Fund, Georgia Firefighters' Pension Fund, and
15 Sheriffs' Retirement Fund of Georgia, spouses, and dependent children, and inserting in lieu
16 thereof a new Code Section 45-18-7.3 to read as follows:

17 "45-18-7.3.

18 The board is authorized to contract with the Peace Officers' Annuity and Benefit Fund,
19 Georgia Firefighters' Pension Fund, and the Sheriffs' Retirement Fund of Georgia for the
20 inclusion in any health insurance plan or plans established under this article of the
21 employees and retiring employees of said Peace Officers' Annuity and Benefit Fund,
22 Georgia Firefighters' Pension Fund, and Sheriffs' Retirement Fund of Georgia and their
23 spouses and dependent children, as defined by the regulations of the board. It shall be the
24 duty of said Peace Officers' Annuity Benefit Fund, Georgia Firefighters' Pension Fund,
25 and Sheriffs' Retirement Fund of Georgia to deduct from the salary or other remuneration
26 of their employees such payment as may be required under the board's regulations. In
27 addition, it shall be the duty of said Peace Officers' Annuity and Benefit Fund, Georgia
28 Firefighters' Pension Fund, and Sheriffs' Retirement Fund of Georgia to make the
29 employer contributions required for the operation of such plan or plans. Should the Peace
30 Officers' Annuity and Benefit Fund, Georgia Firefighters' Pension Fund, or Sheriffs'
31 Retirement Fund of Georgia fail to remit such deductions or such employer contributions
32 to the board, the commissioner may, upon written notice to the Peace Officers' Annuity
33 and Benefit Fund, Georgia Firefighters' Pension Fund, or Sheriffs' Retirement Fund of
34 Georgia, as the case may be, terminate the coverage for such employees as of the day
35 following the last day for which such deductions or such employer contributions were

1 remitted to the board. Coverage may be reinstated upon the tender of any such deductions
2 or employer contributions not previously remitted."

3 **SECTION 7.**

4 Said chapter is further amended by striking Code Section 45-18-7.5, relating to employees
5 of Georgia Housing and Finance Authority, spouses, and dependent children, and inserting
6 in lieu thereof a new Code Section 45-18-7.5 to read as follows:

7 "45-18-7.5.

8 The board is authorized to contract with the Georgia Housing and Finance Authority for
9 the inclusion in any health insurance plan or plans established under this article of the
10 employees and retiring employees of the Georgia Housing and Finance Authority and their
11 spouses and dependent children, as defined by the regulations of the board. It shall be the
12 duty of the Georgia Housing and Finance Authority to deduct from the salary or other
13 remuneration or otherwise collect such payment from its qualified employees, retired
14 employees, or dependents as may be required under the board's regulations. In addition,
15 it shall be the duty of the Georgia Housing and Finance Authority to make the employer
16 contributions required for the operation of such plan or plans. Should the Georgia Housing
17 and Finance Authority fail to remit such deductions or such employer contributions to the
18 board, the commissioner may, upon written notice to the Georgia Housing and Finance
19 Authority, terminate the coverage for such employees as of the day following the last day
20 for which such deductions or such employer contributions were remitted to the board.
21 Coverage may be reinstated upon the tender of any such deductions or employer
22 contributions not previously remitted."

23 **SECTION 8.**

24 Said chapter is further amended by striking Code Section 45-18-7.6, relating to employees
25 of Georgia-Federal State Inspection Service, spouses, and dependent children, and inserting
26 in lieu thereof a new Code Section 45-18-7.6 to read as follows:

27 "45-18-7.6.

28 The board is authorized to contract with the Georgia-Federal State Inspection Service for
29 the inclusion in any health insurance plan or plans established under this article of the state
30 employees of, retiring employees of, and employees who retired under the Employees'
31 Retirement System of Georgia on or before July 1, 2000, from the Georgia-Federal State
32 Inspection Service and their spouses and dependent children, as defined by the regulations
33 of the board. It shall be the duty of the Georgia-Federal State Inspection Service to deduct
34 from the salary or other remuneration or otherwise collect such payment from its qualified
35 employees or dependents as may be required under the board's regulations. In addition,

1 it shall be the duty of the Georgia-Federal State Inspection Service to make the employer
2 contributions required for the operation of such plan or plans. Should the Georgia-Federal
3 State Inspection Service fail to remit such deductions or such employer contributions to the
4 board, the commissioner may, upon written notice to the Georgia-Federal State Inspection
5 Service, terminate the coverage for such employees as of the day following the last day for
6 which such deductions or such employer contributions were remitted to the board.
7 Coverage may be reinstated upon the tender of any such deductions or employer
8 contributions not previously remitted."

9 SECTION 9.

10 Said chapter is further amended by striking Code Section 45-18-7.7, relating to employees
11 and dependents of critical access hospitals in health plans, and inserting in lieu thereof a new
12 Code Section 45-18-7.7 to read as follows:

13 "45-18-7.7.

14 (a) The board is authorized to contract with any public or nonprofit critical access hospital
15 that meets such requirements as the department may establish for the inclusion of the
16 employees and dependents of such critical access hospitals in any health plan established
17 under this article. It shall be the duty of such critical access hospital to deduct from the
18 salary or other remuneration or otherwise collect such payment from its qualified
19 employees as may be required under the board's regulations. In addition, it shall be the
20 duty of such critical access hospital to make the employer contributions required for the
21 operation of such plan. Should any critical access hospital fail to remit such deductions or
22 such employer contributions to the board, the commissioner may, upon written notice to
23 such critical access hospital, terminate the coverage for such employees as of the day
24 following the last day for which such deductions or such employer contributions were
25 remitted to the board. Coverage may be reinstated upon the tender of any such deductions
26 or employer contributions not previously remitted.

27 (b) The board is authorized to contract with any federally qualified health center, as
28 defined in Section 1395x(aa)(4) of Title 42 of the United States Code Annotated, that meets
29 such requirements as the department may establish for the inclusion of the employees and
30 dependents of such federally qualified health centers in any health plan established under
31 this article. It shall be the duty of the federally qualified health center to deduct from the
32 salary or other remuneration or otherwise collect such payment from its qualified
33 employees as may be required under the board's regulations. In addition, it shall be the
34 duty of such federally qualified health center to make the employer contributions required
35 by the board for the operation of such plan. The department shall make a determination,
36 no later than January 1, 2005, as to whether a federally qualified health center is an agency

1 or instrumentality of the State of Georgia. In the event that the department determines that
2 such centers are agencies or instrumentalities of the State of Georgia, then all employees
3 and dependents of such centers shall be eligible for inclusion in the state employees' health
4 insurance plan. Should any such federally qualified health center fail to remit such
5 deductions or such employer contributions to the board, the commissioner may, upon
6 written notice to such federally qualified health center, terminate the coverage for such
7 employees as of the day following the last day for which such deductions or such employer
8 contributions were remitted to the board. Coverage may be reinstated upon the tender of
9 any such deductions or employer contributions not previously remitted.

10 (c) The authority granted to the board pursuant to Code Sections 45-18-5.1, 45-18-5.2,
11 45-18-7.1, 45-18-7.2, 45-18-7.3, 45-18-7.5, and 45-18-7.6; by this Code section; or by any
12 other provision of this article may be exercised only upon a determination by the
13 department that the employer is an agency or instrumentality of the State of Georgia or, if
14 the department determines that such entities are not agencies or instrumentalities of the
15 State of Georgia, then employees and dependents of such entities may be included in the
16 state employees' health insurance plan up to the point that such health plan would not be
17 able to retain its exempt status under the federal Employee Retirement Income Security Act
18 of 1974."

19 SECTION 10.

20 Said chapter is further amended by striking Code Section 45-18-16, relating to certification
21 to departments and other entities of the state of employer payment percentage for ensuing
22 fiscal year, and inserting in lieu thereof a new Code Section 45-18-16 to read as follows:

23 "45-18-16.

24 ~~On or before June 1 of each year~~ Not less than 30 days prior to the commencement of the
25 plan year, the commissioner of community health shall certify to the director or chief
26 administrative officer of each state department, bureau, institution, board, commission, or
27 authority having employees covered by this article the amount of percentage adopted by
28 the board as employer payments for the ensuing fiscal year; and they shall, in their annual
29 budget, make provisions for funds with which to pay the board the required employer
30 payments."

31 SECTION 11.

32 Said chapter is further amended by adding a new Article 7 to read as follows:

"ARTICLE 7

45-18-121.

As used in this article, the term:

(1) 'Actuarial accrued liability' means that portion, as determined by a particular actuarial cost method, of the actuarial present value of health benefit plan obligations and administrative expenses which is not provided for by future normal costs.

(2) 'Actuarial assumptions' means assumptions regarding the occurrence of future events affecting costs of the health benefit plan such as mortality, withdrawal, disability, and retirement; changes in compensation and offered postemployment benefits; rates of investment earnings and asset appreciation or depreciation; procedures used to determine the actuarial value of assets; and other such relevant items.

(3) 'Actuarial cost method' means a method for determining the actuarial present value of the obligations and administrative expenses of the health benefit plan and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a normal cost and an actuarial accrued liability. Acceptable actuarial methods are the aggregate, attained age, entry age, frozen attained age, frozen entry age, and projected unit credit methods.

(4) 'Actuarial investigation' means the determination, as of a valuation date, of the normal cost, actuarial accrued liability, actuarial value of assets, and related actuarial present values of a health benefit plan.

(5) 'Actuarial present value' means the present value, at the valuation date, of the cost to finance benefits payable in the future, discounted to reflect the expected effects of the time value of money and the probability of payment.

(6) 'Actuarially sound' means that calculated contributions to the health benefit plan are sufficient to pay the full actuarial cost of the plan. The full actuarial cost includes both the normal cost of providing for fund obligations as they accrue in the future and the cost of amortizing the unfunded actuarial accrued liability over a period of no more than 30 years.

(7) 'Amendment' means any amendment, including a substitute bill, made to a health benefit bill by any committee of the House of Representatives or the Senate or by the House of Representatives or the Senate.

(8) 'Health benefit plan' means the state employees' health insurance plan established under Article 1 of this chapter, the health insurance plan for public school teachers established under Subpart 1 of Part 6 of Article 17 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, the health insurance plan for public school employees established under Subpart 2 of Part 6 of Article 17 of Chapter 2 of Title 20 of the Official

Code of Georgia Annotated, and any other health benefit plan that may be created on or after July 1, 2006.

(9) 'Health benefit bill having a fiscal impact' means any health benefit bill creating or establishing a health benefit plan and any other health benefit bill other than a nonfiscal health benefit bill.

(10) 'LC number' means that number preceded by the letters 'LC' assigned to a bill by the Office of Legislative Counsel when that office prepares a bill for a member of the General Assembly.

(11) 'Nonfiscal amendment' means an amendment to a health benefit bill having a fiscal impact, which amendment does not change any factor of an actuarial investigation specified in subsection (a) of Code Section 45-18-127.

(12) 'Nonfiscal health benefit bill' means a health benefit bill which does not affect the cost or funding factors of a health benefit plan or a health benefit bill which affects such factors only in a manner which does not:

(A) Grant a benefit increase under the health benefit plan affected by the bill;

(B) Create an actuarial accrued liability for or increase the actuarial accrued liability of the health benefit plan affected by the bill; or

(C) Increase the normal cost of the health benefit plan affected by the bill.

'Nonfiscal health benefit bill' also means a health benefit bill which removes a group or groups of employees, retired employees, spouses, and dependents from eligibility for coverage or which removes requiring provision of certain benefits or coverage of certain procedures or which provides for any combination of the foregoing.

(13) 'Normal cost' means that portion of the actuarial present value of the health benefit plan obligations and expenses which is allocated to a valuation year by the actuarial cost method used for the plan.

(14) 'Reduction in cost amendment' means an amendment to a health benefit bill having a fiscal impact which reduces the cost of the bill as such cost is determined by the actuarial investigation for the bill prepared pursuant to Code Section 45-18-127.

45-18-122.

No health benefit bill may be introduced by any member of the General Assembly unless, at the time of its introduction, the bill has printed thereon in the upper right portion of each page of the bill an LC number. Once a health benefit bill is presented by the Office of Legislative Counsel to a member of the General Assembly, neither the Office of Legislative Counsel nor any person shall make any change in the health benefit bill prior to its introduction into the General Assembly unless the bill is returned to the Office of Legislative Counsel and that office assigns a new LC number to the bill.

1 45-18-123.

2 As a condition precedent to the introduction of any health benefit bill, the member of the
3 General Assembly who intends to be the primary sponsor of the bill must present an exact
4 copy of the proposed bill, which must bear an LC number, to the state auditor. The state
5 auditor shall determine whether the proposed bill is a health benefit bill having a fiscal
6 impact or a nonfiscal health benefit bill and provide a written certification of that
7 determination to the member of the General Assembly who intends to be the primary
8 sponsor of the bill. Such certification shall specifically identify the proposed bill by
9 reference to the LC number. If the proposed bill is introduced into the General Assembly,
10 it shall have attached thereto the original certification of the state auditor. If the LC
11 number on the bill as offered for introduction is different from the LC number shown on
12 the state auditor's certification or if the bill as offered for introduction does not bear an LC
13 number on each page of the bill, the bill may not be accepted for introduction by the Clerk
14 of the House of Representatives or the Secretary of the Senate, and the bill may not be
15 considered by any committee of the House of Representatives or the Senate or by the
16 House of Representatives or the Senate. If the bill is certified as a health benefit bill having
17 a fiscal impact, its introduction shall also be limited by the provisions of subsection (a) of
18 Code Section 45-18-125.

19 45-18-124.

20 (a) A nonfiscal health benefit bill may be introduced at any time during the first 20 days
21 of any regular session of the General Assembly. After its introduction into the General
22 Assembly, a nonfiscal health benefit bill may not be amended in any manner to cause the
23 bill to become a health benefit bill having a fiscal impact. Any amendment to such a bill
24 shall be submitted to the state auditor by the chairperson of the committee, if a committee
25 amendment, or by the presiding officer of the House of Representatives or Senate if the
26 amendment was made by the House of Representatives or Senate. If the state auditor
27 certifies in writing that the amendment does not cause the bill to become a health benefit
28 bill having a fiscal impact, the bill, as amended, may continue in the legislative process as
29 any other bill. If the state auditor will not issue such a certification for the amendment, the
30 bill's progress in the legislative process will end, and the bill shall not be considered further
31 by either the House of Representatives or the Senate, and, if passed by the General
32 Assembly, the bill shall not become law and shall stand repealed in its entirety on the first
33 day of July immediately following its enactment.

34 (b) An amendment to a nonfiscal health benefit bill which is prohibited by subsection (a)
35 of this Code section may be withdrawn by the committee which made the amendment, if
36 a committee amendment, or by the Senate, if that body made the amendment, or by the

1 House of Representatives, if that body made the amendment. If the amendment is
2 withdrawn, the bill may continue in the legislative process as any other bill, unless it is
3 subsequently amended, and, in that event, this Code section shall apply to the subsequent
4 amendment.

5 (c) A nonfiscal health benefit bill which is not amended during the legislative process may
6 be considered as any other bill.

7 45-18-125.

8 (a) Any health benefit bill having a fiscal impact may be introduced in the General
9 Assembly only during the regular session which is held during the first year of the term of
10 office of members of the General Assembly. Any such health benefit bill may be passed
11 by the General Assembly only during the regular session which is held during the second
12 year of the term of office of members of the General Assembly.

13 (b) When a health benefit bill having a fiscal impact is introduced, it shall be assigned by
14 the presiding officer of the House of Representatives or the Senate, as the case may be, to
15 the respective House of Representatives or Senate standing committee on appropriations.
16 If a majority of the total membership of the appropriate committee is opposed to the bill
17 on its merits, no actuarial investigation provided for in Code Section 45-18-127 shall be
18 necessary, and the bill shall not be reported out by the committee and shall not be adopted
19 or considered by the House of Representatives or Senate. If a majority of the committee
20 wishes to consider the bill further and votes in favor of an actuarial investigation of the bill,
21 an actuarial investigation shall be required as provided in Code Section 45-18-127. Except
22 as otherwise provided by subsection (c) of this Code section, no health benefit bill having
23 a fiscal impact may be reported out of the committee to which it is assigned or may be
24 considered or adopted by the House of Representatives or Senate unless an actuarial
25 investigation of the bill is made.

26 (c) The committee to which a health benefit bill having a fiscal impact is assigned
27 following its introduction may at any time amend the bill to become a nonfiscal retirement
28 bill. If the bill is so amended, an exact copy of the amended version shall be submitted by
29 the chairperson of the committee to the state auditor. If the state auditor issues a written
30 certification that the committee amendment has converted the status of the bill to a
31 nonfiscal health benefit bill, the bill shall be a nonfiscal health benefit bill for all purposes
32 under this article as of the date of the state auditor's certification. Only the committee to
33 which a health benefit bill having a fiscal impact is originally assigned following its
34 introduction may convert the bill to a nonfiscal health benefit bill as authorized in this
35 subsection.

1 45-18-126.

2 (a) A health benefit bill having a fiscal impact which the committee wishes to consider
3 shall first be perfected, if necessary, by the committee. The committee may delay further
4 consideration of the bill until after the close of the regular session during which the bill was
5 introduced, but the committee shall complete its consideration of the bill for submission
6 to the state auditor under Code Section 45-18-127 by not later than July 15 immediately
7 following the close of the legislative session. The committee shall be authorized to meet
8 for not more than five days, unless additional days are authorized by the President of the
9 Senate for the Senate committee or by the Speaker of the House of Representatives for the
10 House committee, during the period beginning with the day following the close of the
11 session and ending on July 1 immediately following the close of the session for the purpose
12 of considering and perfecting the bill. If the bill originated in the Senate, the House
13 Committee on Appropriations shall be authorized to meet with the Senate Appropriations
14 Committee to consider and perfect a bill during the period following the close of a regular
15 session, and, if the bill originated in the House of Representatives, the Senate
16 Appropriations Committee shall have the same authority. The committees may adopt such
17 procedures as they find appropriate for conducting meetings at which both committees are
18 present as authorized by this subsection. For attending meetings of their respective
19 committees as authorized by this subsection, the members of the Senate and House
20 committees on appropriations shall receive the expenses and allowances provided by law
21 for members of legislative interim committees. If a health benefit bill having a fiscal
22 impact is changed by the committee to which it is assigned, such change shall be
23 accomplished only by a substitute bill, and no committee amendment to the bill, except by
24 substitute, shall be authorized.

25 (b) Immediately after a health benefit bill having a fiscal impact has been considered and
26 perfected as provided in subsection (a) of this Code section, the chairperson of the
27 committee to which the bill was assigned shall transmit an exact copy of the bill, as
28 perfected by the committee, when applicable, to the state auditor. The copy submitted to
29 the state auditor shall bear an LC number. The submission of the bill to the state auditor
30 shall have attached thereto a letter signed by the chairperson of the committee requesting
31 the state auditor to make or cause to be made an actuarial investigation on the bill.

32 45-18-127.

33 (a) If an actuarial investigation of a health benefit bill having a fiscal impact is requested
34 under Code Section 45-18-126, it shall be the duty of the state auditor to complete or cause
35 to be completed such actuarial investigation by not later than November 1 of the same year
36 during which the request for the actuarial investigation was made. The actuarial

1 investigation shall include, but shall not be limited to, findings on the following factors as
2 such factors are relevant to the health benefit bill under consideration:

3 (1) The dollar amount of the unfunded actuarial accrued liability which will result from
4 the bill for the health benefit plan affected by the bill;

5 (2) The dollar amount of the annual normal cost which will result from the bill for the
6 health benefit plan affected by the bill;

7 (3) The dollar amount of the additional annual operating expense to the health benefit
8 plan affected by the bill;

9 (4) A statement of the employee, both active and retired, and employer contribution rates
10 currently in effect for the health benefit plan affected by the bill;

11 (5) A statement of the employee, both active and retired, and employer contribution rates
12 recommended for the health benefit plan affected by the bill in order that the plan be
13 actuarially sound; and

14 (6) A statement of the dollar amount of the increase in the annual employee, both active
15 and retired, and employer contributions if an existing health benefit plan is affected by
16 the bill, or a statement of the total annual employee, both active and retired, and employer
17 contributions if a new health benefit plan is established by the bill, which will be
18 necessary to maintain the health benefit plan affected or established by the bill in an
19 actuarially sound condition.

20 (b) By not later than November 1 of the same year that the request for an actuarial
21 investigation was made, the completed actuarial investigation shall be submitted by the
22 state auditor to the chairperson of the committee who requested it along with a summary
23 of the actuarial investigation which shall include the relevant findings specified in
24 subsection (a) of this Code section.

25 (c) The chairperson of the committee, upon receipt of the information provided for under
26 subsection (b) of this Code section, shall cause the summary of the actuarial investigation
27 to be printed by the Secretary of the Senate or the Clerk of the House of Representatives,
28 depending on whether the bill is a Senate bill or House bill, in sufficient quantity to attach
29 a copy thereof to all printed copies of the bill. The original summary of the actuarial
30 investigation shall be attached by the Secretary of the Senate or Clerk of the House of
31 Representatives to the original version of the substitute bill, as perfected by the committee
32 under Code Section 45-18-126, if applicable, or to the original version of the bill as
33 introduced if the bill was not changed by the committee prior to its submission to the state
34 auditor for an actuarial investigation.

1 45-18-128.

2 (a) When a health benefit bill having a fiscal impact has had an actuarial investigation
3 pursuant to Code Section 45-18-127, the bill may be considered at the next regular session
4 of the General Assembly. If the bill as originally introduced was not changed by the
5 committee and the original version was submitted to the state auditor for an actuarial
6 investigation, then the original version of the bill is the only one, except as otherwise
7 provided by subsection (b) of this Code section, which may be considered by any
8 committee or by the House of Representatives or the Senate. If the original bill was
9 substituted by the committee and the substitute version was the one submitted to the state
10 auditor, then that substitute bill is the only one, except as otherwise provided by
11 subsection (b) of this Code section, which may be considered by any committee or by the
12 House of Representatives or the Senate.

13 (b) After completion of an actuarial investigation, any amendment to a health benefit bill
14 having a fiscal impact shall be out of order and shall not be allowed either by a committee
15 or by the House of Representatives or Senate, except for a nonfiscal or a reduction in cost
16 amendment. Any amendment to a health benefit bill having a fiscal impact shall be
17 submitted to the state auditor by the chairperson of the committee, if a committee
18 amendment, or by the presiding officer of the House of Representatives or Senate if the
19 amendment was made by the House of Representatives or Senate. If the state auditor
20 certifies in writing that the amendment is a nonfiscal amendment or if the amendment
21 results in a reduction in cost and the state auditor provides an actuarial investigation as
22 required in subsection (a) of Code Section 45-18-127, then the bill as amended, with the
23 state auditor's certification or actuarial investigation attached to the original of the
24 amendment, may continue in the legislative process. If the state auditor will not issue such
25 a certification for the amendment or if there is no actuarial study showing the reduced cost
26 of the amendment, the bill's progress in the legislative process will end, and the bill shall
27 not be considered further by either the House of Representatives or Senate and, if passed
28 by the General Assembly, the bill shall not become law and shall stand repealed in its
29 entirety on the first day of July immediately following its enactment.

30 (c) An amendment to a health benefit bill having a fiscal impact which is prohibited by
31 subsection (b) of this Code section may be withdrawn by the committee which made the
32 amendment, if a committee amendment, or by the House of Representatives, if that body
33 made the amendment, or by the Senate, if that body made the amendment. If the
34 amendment is withdrawn, the bill may continue in the legislative process as any other bill,
35 unless it is subsequently amended, and, in that event, this Code section shall apply to the
36 subsequent amendment."

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