

SENATE SUBSTITUTE TO HB 1372

AS PASSED SENATE

A BILL TO BE ENTITLED

AN ACT

1 To amend Code Section 31-5A-3 of the Official Code of Georgia Annotated, relating to
 2 powers, functions, and duties of the Board of Community Health, so as to add additional
 3 members to the board for certain purposes; to amend Chapter 18 of Title 45 of the Official
 4 Code of Georgia Annotated, relating to employees' insurance and benefit plans, so as to
 5 provide for mechanisms for termination of coverage for nonpayment of premium; to provide
 6 for notification to employers; to provide an exemption from the eight-year service
 7 requirement for correctional officers injured by inmate violence when five years or less from
 8 becoming eligible for medicare medical coverage; to provide for the introduction and
 9 consideration of bills impacting the state health benefit plans; to provide for related matters;
 10 to provide an effective date; to repeal conflicting laws; and for other purposes.

11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

12 Code Section 31-5A-3 of the Official Code of Georgia Annotated, relating to powers,
 13 functions, and duties of the Board of Community Health, is amended by striking subsections
 14 (a) and (b) and inserting in lieu thereof new subsections (a) and (b) to read as follows:

15 "(a) There is created the Board of Community Health which shall establish the general
 16 policy to be followed by the Department of Community Health. The powers, functions,
 17 and duties of the Board of Medical Assistance as they existed on June 30, 1999, with
 18 regard to the Department of Medical Assistance, and the powers, functions, and duties of
 19 the State Personnel Board as they existed on June 30, 1999, with regard to the state health
 20 benefit plan, are transferred to the Board of Community Health effective July 1, 1999. The
 21 board shall consist of nine members appointed by the Governor and confirmed by the
 22 Senate. In addition to the nine regular members of the board, the Governor shall appoint,
 23 subject to confirmation by the Senate, two additional members who receive health benefits
 24 from the State Health Benefit Plan, one of whom shall also be a member of the Teachers
 25 Retirement System of Georgia. Such additional members shall have the right to attend
 26

1 meetings of the board and to vote on matters before the board concerning state health
 2 benefit plans.

3 (b) The Governor shall designate the initial terms of the nine regular members of the board
 4 as follows: three members shall be appointed for one year; three members shall be
 5 appointed for two years; and three members shall be appointed for three years. Thereafter,
 6 all succeeding appointments shall be for three-year terms from the expiration of the
 7 previous term. The Governor shall also designate the initial terms of the two additional
 8 members appointed pursuant to subsection (a) of this Code section, one of whom shall have
 9 an initial term of two years and one of whom shall have an initial term of three years.
 10 Thereafter, all succeeding appointments for such additional members shall be for three-year
 11 terms from the expiration of the previous term."

12 SECTION 2.

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

17 "45-18-5.

18 (a) The board is authorized to contract with the various counties of this state for the
 19 inclusion of the employees of any county within any health insurance plan or plans
 20 established under this article. The various counties of this state are authorized to contract
 21 with the board as provided in this Code section. In the event that any such contract is
 22 entered into, it shall be the duty of any counties so contracting to deduct from the salary or
 23 other compensation of its employees such payment as may be required under any health
 24 insurance plan and to remit the same to the board for inclusion in the health insurance fund.
 25 In addition, it shall be the duty of such county or counties to make the employer
 26 contributions required for the operation of such plan or plans. Should such county or
 27 counties fail to remit such deductions or such employer contributions, the commissioner
 28 may, upon written notice to such county or counties, terminate the coverage for such
 29 employees as of the day following the last day for which such deductions or such employer
 30 contributions were remitted to the board. Coverage may be reinstated upon the tender of
 31 any such deductions or employer contributions not previously remitted.

32 (b) County officials may elect to be included in a health insurance plan, health
 33 maintenance organization, or other health benefits plan offered or provided by a county for
 34 its county officials or any health plan or plans established under this article. The governing
 35 authority of a county may elect by majority vote to provide for payment in a uniform
 36 manner of any portion, all, or none of the employer contributions for or required premiums

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

29 (c) The various counties of this state are authorized to contract with the County Officers
30 Association of Georgia for the inclusion in any health insurance plan or plans established
31 under this article of officials, spouses, and dependents of officials serving in one or more
32 of the following capacities: probate judge, sheriff, tax commissioner or tax collector, clerk
33 of the superior court, full-time or part-time state court judge, solicitor, or solicitor-general,
34 chief magistrate, juvenile court judge, or members of the county governing authority and
35 officials, spouses, and dependents of officials leaving office on or after December 31, 1996,
36 who have served at least 12 years in one or more of the following capacities: probate judge,
37 sheriff, tax commissioner or tax collector, clerk of the superior court, full-time or part-time

1 state court judge, solicitor, state court clerk, or solicitor-general, chief magistrate, juvenile
 2 court judge, or members of the county governing authority. The County Officers
 3 Association of Georgia is authorized to contract with the various counties of the state as
 4 provided in this Code section. In the event that any such contracts are entered into, it shall
 5 be the duty of any counties so contracting to deduct from the salary or other compensation
 6 of its officials and otherwise collect from former officials such payment as may be required
 7 under any health insurance plan and to remit the same to the County Officers Association
 8 of Georgia for payment to the board. To the extent employer contributions are not fully
 9 made by a county, it shall be the duty of the covered officials and former officials to make
 10 such employer contributions required on their behalf for the operation of such plan or
 11 plans. Should the County Officers Association of Georgia fail to remit such payment, the
 12 commissioner may, upon written notice to the County Officers Association of Georgia,
 13 terminate the coverage for such officials as of the day following the last day for which such
 14 payment was remitted to the board. Coverage may be reinstated upon the tender of any
 15 such deductions or employer contributions not previously remitted.

16 (c.1) Any local board of education may elect for members thereof and their spouses and
 17 dependents to be included in any health plan or plans established under Code Section
 18 20-2-918. It shall be the duty of any local boards of education so electing to deduct from
 19 the salary or other compensation of its members such payment as may be required under
 20 paragraph (1) of subsection (b) of Code Section 20-2-55 and to remit the same to the health
 21 insurance fund created under Code Section 20-2-918. Should any local board of education
 22 fail to remit such payment to the board, the provisions of subsection (b) of Code Section
 23 20-2-920 shall be applicable to such nonpayment.

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

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

31 SECTION 3.

32 Said chapter is further amended by striking Code Section 45-18-5.1, relating to licensed blind
 33 or otherwise seriously disabled vendors, and inserting in lieu thereof a new Code Section
 34 45-18-5.1 to read as follows:

35 "45-18-5.1.

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

18 SECTION 4.

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

22 "45-18-5.2.

23 The board is authorized to contract with public and private nonprofit sheltered employment
 24 centers which contract with or employ persons within the Division of Rehabilitation
 25 Services of the Department of Labor and the Division of Mental Health, Developmental
 26 Disabilities, and Addictive Diseases of the Department of Human Resources for the
 27 inclusion of employees working in the sheltered employment centers within any health
 28 insurance plan or plans established under this article. The board is authorized to adopt
 29 regulations for entering into any contract. In the event any contract is entered into, it shall
 30 be the duty of the sheltered employment center to remit any funds that may be deducted
 31 from the earnings or other compensation of such sheltered employees for inclusion in the
 32 health insurance fund. In addition, it shall be the duty of the sheltered employment center
 33 to make the employer contributions required for the operation of such plan or plans.
 34 Should the sheltered employment center fail to remit such deductions or such employer
 35 contributions to the board, the commissioner may, upon written notice to the sheltered
 36 employment center, terminate the coverage for such employees as of the day following the

1 last day for which such deductions or such employer contributions were remitted to the
 2 board. Coverage may be reinstated upon the tender of any such deductions or employer
 3 contributions not previously remitted."

4 **SECTION 5.**

5 Said chapter is further amended by striking Code Section 45-18-7.1, relating to employees
 6 of the Georgia Development Authority, and inserting in lieu thereof a new Code Section
 7 45-18-7.1 to read as follows:

8 "45-18-7.1.

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

23 **SECTION 6.**

24 Said chapter is further amended by striking Code Section 45-18-7.2, relating to Agrirama
 25 Development Authority employees, and inserting in lieu thereof a new Code Section
 26 45-18-7.2 to read as follows:

27 "45-18-7.2.

28 The board is authorized to contract with the Georgia Agrirama Development Authority for
 29 the inclusion in any health insurance plan or plans established under this article of the
 30 employees and retiring employees of the Georgia Agrirama Development Authority and
 31 their spouses and dependent children, as defined by the regulations of the board. It shall
 32 be the duty of the Georgia Agrirama Development Authority to deduct from the salary or
 33 other remuneration of its employees such payment as may be required under the board's

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

9 SECTION 7.

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

14 "45-18-7.3.

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

1 board, the commissioner may, upon written notice to the Georgia-Federal State Inspection
 2 Service, terminate the coverage for such employees as of the day following the last day for
 3 which such deductions or such employer contributions were remitted to the board.
 4 Coverage may be reinstated upon the tender of any such deductions or employer
 5 contributions not previously remitted."

6 **SECTION 10.**

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

10 "45-18-7.7.

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

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

1 and dependents of such centers shall be eligible for inclusion in the state employees' health
 2 insurance plan. Should any such federally qualified health center fail to remit such
 3 deductions or such employer contributions to the board, the commissioner may, upon
 4 written notice to such federally qualified health center, terminate the coverage for such
 5 employees as of the day following the last day for which such deductions or such employer
 6 contributions were remitted to the board. Coverage may be reinstated upon the tender of
 7 any such deductions or employer contributions not previously remitted.

8 (c) The authority granted to the board pursuant to Code Sections 45-18-5.1, 45-18-5.2,
 9 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
 10 other provision of this article may be exercised only upon a determination by the
 11 department that the employer is an agency or instrumentality of the State of Georgia or, if
 12 the department determines that such entities are not agencies or instrumentalities of the
 13 State of Georgia, then employees and dependents of such entities may be included in the
 14 state employees' health insurance plan up to the point that such health plan would not be
 15 able to retain its exempt status under the federal Employee Retirement Income Security Act
 16 of 1974."

17 **SECTION 11.**

18 Said chapter is further amended by adding a new subsection (c) to Code Section 45-18-10,
 19 relating to the right of continuation of insurance benefits for former state employees, to read
 20 as follows:

21 "(c) Any other provision of this article to the contrary notwithstanding, any employee who
 22 is injured by an act of inmate violence while he or she is employed as a correctional officer
 23 in a correctional facility in this state and is five years or less from becoming eligible for
 24 medicare medical coverage shall be exempt from the eight or more years of service
 25 requirement and shall be entitled to continue full coverage and participation, including
 26 coverage for his or her spouse and dependent children, in the health insurance plan upon
 27 the payment of the monthly premium fixed by the board for active state employees. The
 28 first monthly premium provided for in this subsection must be paid within 30 days
 29 following receipt of a notice of premium to be sent to such person by the commissioner.
 30 If such premium is not paid within such time limit, such insurance coverage shall be
 31 canceled and such person shall not again be eligible to participate in such plan."

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

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

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

12 (8) 'Health benefit plan' means the state employees' health insurance plan established
13 under Article 1 of this chapter, the health insurance plan for public school teachers
14 established under Subpart 1 of Part 6 of Article 17 of Chapter 2 of Title 20 of the Official
15 Code of Georgia Annotated, the health insurance plan for public school employees
16 established under Subpart 2 of Part 6 of Article 17 of Chapter 2 of Title 20 of the Official
17 Code of Georgia Annotated, and any other health benefit plan that may be created on or
18 after July 1, 2006.

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

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

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

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

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

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

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

35 'Nonfiscal health benefit bill' also means a health benefit bill which removes a group or
36 groups of employees, retired employees, spouses, and dependents from eligibility for

1 coverage or which removes requiring provision of certain benefits or coverage of certain
2 procedures or which provides for any combination of the foregoing.

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

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

9 45-18-122.

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

17 45-18-123.

18 As a condition precedent to the introduction of any health benefit bill, the member of the
19 General Assembly who intends to be the primary sponsor of the bill must present an exact
20 copy of the proposed bill, which must bear an LC number, to the state auditor. The state
21 auditor shall determine whether the proposed bill is a health benefit bill having a fiscal
22 impact or a nonfiscal health benefit bill and provide a written certification of that
23 determination to the member of the General Assembly who intends to be the primary
24 sponsor of the bill. Such certification shall specifically identify the proposed bill by
25 reference to the LC number. If the proposed bill is introduced into the General Assembly,
26 it shall have attached thereto the original certification of the state auditor. If the LC
27 number on the bill as offered for introduction is different from the LC number shown on
28 the state auditor's certification or if the bill as offered for introduction does not bear an LC
29 number on each page of the bill, the bill may not be accepted for introduction by the Clerk
30 of the House of Representatives or the Secretary of the Senate, and the bill may not be
31 considered by any committee of the House of Representatives or the Senate or by the
32 House of Representatives or the Senate. If the bill is certified as a health benefit bill having
33 a fiscal impact, its introduction shall also be limited by the provisions of subsection (a) of
34 Code Section 45-18-125.

1 45-18-124.

2 (a) A nonfiscal health benefit bill may be introduced at any time during the first 20 days
3 of any regular session of the General Assembly. After its introduction into the General
4 Assembly, a nonfiscal health benefit bill may not be amended in any manner to cause the
5 bill to become a health benefit bill having a fiscal impact. Any amendment to such a bill
6 shall be submitted to the state auditor by the chairperson of the committee, if a committee
7 amendment, or by the presiding officer of the House of Representatives or Senate if the
8 amendment was made by the House of Representatives or Senate. If the state auditor
9 certifies in writing that the amendment does not cause the bill to become a health benefit
10 bill having a fiscal impact, the bill, as amended, may continue in the legislative process as
11 any other bill. If the state auditor will not issue such a certification for the amendment, the
12 bill's progress in the legislative process will end, and the bill shall not be considered further
13 by either the House of Representatives or the Senate, and, if passed by the General
14 Assembly, the bill shall not become law and shall stand repealed in its entirety on the first
15 day of July immediately following its enactment.

16 (b) An amendment to a nonfiscal health benefit bill which is prohibited by subsection (a)
17 of this Code section may be withdrawn by the committee which made the amendment, if
18 a committee amendment, or by the Senate, if that body made the amendment, or by the
19 House of Representatives, if that body made the amendment. If the amendment is
20 withdrawn, the bill may continue in the legislative process as any other bill, unless it is
21 subsequently amended, and, in that event, this Code section shall apply to the subsequent
22 amendment.

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

25 45-18-125.

26 (a) Any health benefit bill having a fiscal impact may be introduced in the General
27 Assembly only during the regular session which is held during the first year of the term of
28 office of members of the General Assembly. Any such health benefit bill may be passed
29 by the General Assembly only during the regular session which is held during the second
30 year of the term of office of members of the General Assembly.

31 (b) When a health benefit bill having a fiscal impact is introduced, it shall be assigned by
32 the presiding officer of the House of Representatives or the Senate, as the case may be, to
33 the respective House of Representatives or Senate standing committee on appropriations.
34 If a majority of the total membership of the appropriate committee is opposed to the bill
35 on its merits, no actuarial investigation provided for in Code Section 45-18-127 shall be
36 necessary, and the bill shall not be reported out by the committee and shall not be adopted

1 or considered by the House of Representatives or Senate. If a majority of the committee
2 wishes to consider the bill further and votes in favor of an actuarial investigation of the bill,
3 an actuarial investigation shall be required as provided in Code Section 45-18-127. Except
4 as otherwise provided by subsection (c) of this Code section, no health benefit bill having
5 a fiscal impact may be reported out of the committee to which it is assigned or may be
6 considered or adopted by the House of Representatives or Senate unless an actuarial
7 investigation of the bill is made.

8 (c) The committee to which a health benefit bill having a fiscal impact is assigned
9 following its introduction may at any time amend the bill to become a nonfiscal retirement
10 bill. If the bill is so amended, an exact copy of the amended version shall be submitted by
11 the chairperson of the committee to the state auditor. If the state auditor issues a written
12 certification that the committee amendment has converted the status of the bill to a
13 nonfiscal health benefit bill, the bill shall be a nonfiscal health benefit bill for all purposes
14 under this article as of the date of the state auditor's certification. Only the committee to
15 which a health benefit bill having a fiscal impact is originally assigned following its
16 introduction may convert the bill to a nonfiscal health benefit bill as authorized in this
17 subsection.

18 45-18-126.

19 (a) A health benefit bill having a fiscal impact which the committee wishes to consider
20 shall first be perfected, if necessary, by the committee. The committee may delay further
21 consideration of the bill until after the close of the regular session during which the bill was
22 introduced, but the committee shall complete its consideration of the bill for submission
23 to the state auditor under Code Section 45-18-127 by not later than July 15 immediately
24 following the close of the legislative session. The committee shall be authorized to meet
25 for not more than five days, unless additional days are authorized by the President of the
26 Senate for the Senate committee or by the Speaker of the House of Representatives for the
27 House committee, during the period beginning with the day following the close of the
28 session and ending on July 1 immediately following the close of the session for the purpose
29 of considering and perfecting the bill. If the bill originated in the Senate, the House
30 Committee on Appropriations shall be authorized to meet with the Senate Appropriations
31 Committee to consider and perfect a bill during the period following the close of a regular
32 session, and, if the bill originated in the House of Representatives, the Senate
33 Appropriations Committee shall have the same authority. The committees may adopt such
34 procedures as they find appropriate for conducting meetings at which both committees are
35 present as authorized by this subsection. For attending meetings of their respective
36 committees as authorized by this subsection, the members of the Senate and House

1 committees on appropriations shall receive the expenses and allowances provided by law
2 for members of legislative interim committees. If a health benefit bill having a fiscal
3 impact is changed by the committee to which it is assigned, such change shall be
4 accomplished only by a substitute bill, and no committee amendment to the bill, except by
5 substitute, shall be authorized.

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

13 45-18-127.

14 (a) If an actuarial investigation of a health benefit bill having a fiscal impact is requested
15 under Code Section 45-18-126, it shall be the duty of the state auditor to complete or cause
16 to be completed such actuarial investigation by not later than November 1 of the same year
17 during which the request for the actuarial investigation was made. The actuarial
18 investigation shall include, but shall not be limited to, findings on the following factors as
19 such factors are relevant to the health benefit bill under consideration:

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

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

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

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

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

31 (6) A statement of the dollar amount of the increase in the annual employee, both active
32 and retired, and employer contributions if an existing health benefit plan is affected by
33 the bill, or a statement of the total annual employee, both active and retired, and employer
34 contributions if a new health benefit plan is established by the bill, which will be
35 necessary to maintain the health benefit plan affected or established by the bill in an
36 actuarially sound condition.

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

6 (c) The chairperson of the committee, upon receipt of the information provided for under
7 subsection (b) of this Code section, shall cause the summary of the actuarial investigation
8 to be printed by the Secretary of the Senate or the Clerk of the House of Representatives,
9 depending on whether the bill is a Senate bill or House bill, in sufficient quantity to attach
10 a copy thereof to all printed copies of the bill. The original summary of the actuarial
11 investigation shall be attached by the Secretary of the Senate or Clerk of the House of
12 Representatives to the original version of the substitute bill, as perfected by the committee
13 under Code Section 45-18-126, if applicable, or to the original version of the bill as
14 introduced if the bill was not changed by the committee prior to its submission to the state
15 auditor for an actuarial investigation.

16 45-18-128.

17 (a) When a health benefit bill having a fiscal impact has had an actuarial investigation
18 pursuant to Code Section 45-18-127, the bill may be considered at the next regular session
19 of the General Assembly. If the bill as originally introduced was not changed by the
20 committee and the original version was submitted to the state auditor for an actuarial
21 investigation, then the original version of the bill is the only one, except as otherwise
22 provided by subsection (b) of this Code section, which may be considered by any
23 committee or by the House of Representatives or the Senate. If the original bill was
24 substituted by the committee and the substitute version was the one submitted to the state
25 auditor, then that substitute bill is the only one, except as otherwise provided by
26 subsection (b) of this Code section, which may be considered by any committee or by the
27 House of Representatives or the Senate.

28 (b) After completion of an actuarial investigation, any amendment to a health benefit bill
29 having a fiscal impact shall be out of order and shall not be allowed either by a committee
30 or by the House of Representatives or Senate, except for a nonfiscal or a reduction in cost
31 amendment. Any amendment to a health benefit bill having a fiscal impact shall be
32 submitted to the state auditor by the chairperson of the committee, if a committee
33 amendment, or by the presiding officer of the House of Representatives or Senate if the
34 amendment was made by the House of Representatives or Senate. If the state auditor
35 certifies in writing that the amendment is a nonfiscal amendment or if the amendment
36 results in a reduction in cost and the state auditor provides an actuarial investigation as

1 required in subsection (a) of Code Section 45-18-127, then the bill as amended, with the
2 state auditor's certification or actuarial investigation attached to the original of the
3 amendment, may continue in the legislative process. If the state auditor will not issue such
4 a certification for the amendment or if there is no actuarial study showing the reduced cost
5 of the amendment, the bill's progress in the legislative process will end, and the bill shall
6 not be considered further by either the House of Representatives or Senate and, if passed
7 by the General Assembly, the bill shall not become law and shall stand repealed in its
8 entirety on the first day of July immediately following its enactment.

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

16 **SECTION 14.**

17 This Act shall become effective on July 1, 2006.

18 **SECTION 15.**

19 All laws and parts of laws in conflict with this Act are repealed.