

House Bill 689

By: Representative Martin of the 49th

A BILL TO BE ENTITLED
AN ACT

1 To amend Part 6 of Article 17 of Chapter 2 of Title 20 of the Official Code of Georgia
2 Annotated, relating to health insurance plans, so as to provide that any person who becomes
3 eligible to participate in such plans on or after July 1, 2016, shall pay a premium which
4 reflects the entire cost of such coverage; to define certain terms; to prohibit the expenditure
5 of public funds to subsidize the cost of health care; to provide for persons currently eligible;
6 to amend Part 2 of Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia
7 Annotated, relating to the state employees post-employment health benefit fund, so as to
8 provide that any person who becomes eligible to participate in such fund on or after July 1,
9 2016, shall pay a premium which reflects the entire cost of such coverage; to define certain
10 terms; to prohibit the expenditure of public funds to subsidize the cost of health care; to
11 provide for persons currently eligible; to repeal conflicting laws; and for other purposes.

12 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

13 style="text-align:center">**SECTION 1.**

14 Part 6 of Article 17 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated,
15 relating to health insurance plans, is amended by adding a new subpart to read as follows:

16 style="text-align:center">"Subpart 4

17 20-2-927.

18 (a) As used in this subpart, the term:

19 (1) 'Becomes eligible' means satisfying a condition stated in subpart (2) or (3) of this part
20 necessary to qualify a person to participate in a health benefit plan pursuant to such
21 subpart. Such term includes, without limitation, becoming employed in or elected to or
22 appointed to a position which renders the person so eligible.

23 (2) 'Currently eligible person' means a person who, on July 1, 2016, is eligible to
24 participate in a health benefit plan pursuant to this part and any person who, on July 1,

25 2016, has an inchoate eligibility based on a future event, including, without limitation,
 26 retirement.

27 (3) 'New employee' means a person who first becomes employed on or after July 1,
 28 2016.

29 (b) Notwithstanding any other provision of this part, on and after July 1, 2016, any new
 30 employee who leaves employment and who at the time he or she leaves employment has
 31 completed eight or more years of service as an employee, as defined in Code Section
 32 45-18-1, shall be entitled to continue full coverage and participation, including coverage
 33 for his or her spouse and dependent children, in the health plan, as defined in Code Section
 34 20-2-874, upon the payment of a monthly premium to be fixed by the Board of Community
 35 Health which shall reflect the true cost of such participation. No such person shall
 36 thereafter be eligible to receive a reduction or supplementation to such premium, whether
 37 or not he or she begins receiving a benefit from a public retirement system; provided,
 38 however, that any person who becomes reemployed shall be eligible to receive such health
 39 benefits as are applicable to all active employees.

40 (c) Any person eligible to participate in the health plan, as defined in Code Section
 41 20-2-874, after terminating his or her employment may apply to the Board of Community
 42 Health at any time. The first monthly premium provided for in this Code section shall be
 43 paid within 30 days following receipt of a notice of premium to be sent to such person by
 44 the Board of Community Health. If such premium is not paid within such time limit, such
 45 insurance coverage shall be canceled; provided, however, that such person may reapply to
 46 participate in such health plan after the expiration of six months. This subpart shall not
 47 affect the rights otherwise available under this part to currently eligible persons and their
 48 spouses and dependents.

49 (d) The Board of Community Health is authorized to establish terms and conditions for
 50 participation which the Board shall deem appropriate and which are not in conflict with this
 51 Code section.

52 (e)(1) The General Assembly shall be prohibited from appropriating funds to subsidize
 53 the cost of health care benefits to any person other than currently eligible persons.

54 (2) No agency, department, or authority of the state or any political subdivision of the
 55 state shall expend any funds to subsidize the cost of health care benefits to any person
 56 other than currently eligible persons."

57 **SECTION 2.**

58 Part 2 of Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated,
 59 relating to the state employees post-employment health benefit fund, is amended by adding
 60 a new Code section to read as follows:

61 "45-18-29.

62 (a) As used in this Code section, the term:

63 (1) 'Becomes eligible' means satisfying a condition stated in this part necessary to qualify
 64 a person to participate in a health plan pursuant to this part. Such term includes, without
 65 limitation, becoming employed in or elected to or appointed to a position which renders
 66 the person so eligible.

67 (2) 'Currently eligible person' means a person who, on July 1, 2016, is eligible to
 68 participate in a health plan pursuant to this part and any person who, on July 1, 2016, has
 69 an inchoate eligibility based on a future event, including, without limitation, retirement.

70 (3) 'New employee' means a person who first becomes employed on or after July 1,
 71 2016.

72 (b) Notwithstanding any other provision of this article, any new employee who leaves
 73 employment and who at the time he or she leaves employment has completed eight or more
 74 years of service as an employee, as defined in Code Section 45-18-1, shall be entitled to
 75 continue full coverage and participation, including coverage for his or her spouse and
 76 dependent children, in the health plan upon the payment of a monthly premium to be fixed
 77 by the board which shall reflect the true cost of such participation. No such person shall
 78 thereafter be eligible to receive a reduction or supplementation to such premium, whether
 79 or not he or she begins receiving a benefit from a public retirement system; provided,
 80 however, that any person who becomes reemployed shall be eligible to receive such health
 81 benefits as are applicable to all active employees.

82 (c) Any person eligible to participate in the health plan after terminating his or her
 83 employment may apply to the board at any time. The first monthly premium provided for
 84 in this Code section shall be paid within 30 days following receipt of a notice of premium
 85 to be sent to such person by the board. If such premium is not paid within such time limit,
 86 such insurance coverage shall be canceled; provided, however, that such person may
 87 reapply to participate in such health plan after the expiration of six months. This Code
 88 section shall not affect the rights otherwise available under this part to currently eligible
 89 persons and their spouses and dependents.

90 (d) The board is authorized to establish terms and conditions for participation which the
 91 board shall deem appropriate and which are not in conflict with this Code section.

92 (e)(1) The General Assembly shall be prohibited from appropriating funds to subsidize
 93 the cost of health care benefits to any person other than currently eligible persons.

94 (2) No agency, department, or authority of the state or any political subdivision of the
 95 state shall expend any funds to subsidize the cost of health care benefits to any person
 96 other than currently eligible persons."

97

SECTION 3.

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