FIRST REGULAR SESSION

SENATE BILL NO. 166

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHAAF.

Pre-filed December 1, 2016, and ordered printed.

0210S.01I

ADRIANE D. CROUSE, Secretary.

AN ACT

To repeal sections 37.005, 103.005, 103.008, 103.010, 103.014, 103.016, 103.019, 103.020, 103.023, 103.025, 103.027, 103.029, 103.032, 103.036, 103.039, 103.042, 103.045, 103.047, 103.050, 103.055, 103.059, 103.061, 103.064, 103.070, 103.075, 103.079, 103.080, 103.083, 103.084, 103.085, 103.095, 103.098, 103.100, 103.105, 103.110, 103.115, 103.130, 103.133, 103.145, 103.155, 103.158, 103.163, 103.165, 103.175, and 103.178, RSMo, and to enact in lieu thereof twenty-nine new sections relating to the Missouri consolidated health care plan, with an effective date for certain sections.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 37.005, 103.005, 103.008, 103.010, 103.014, 103.016,

- 2 103.019, 103.020, 103.023, 103.025, 103.027, 103.029, 103.032, 103.036, 103.039,
- 3 103.042, 103.045, 103.047, 103.050, 103.055, 103.059, 103.061, 103.064, 103.070,
- 4 103.075, 103.079, 103.080, 103.083, 103.084, 103.085, 103.095, 103.098, 103.100,
- 5 103.105, 103.110, 103.115, 103.130, 103.133, 103.145, 103.155, 103.158, 103.163,
- 6 103.165, 103.175, and 103.178, RSMo, are repealed and twenty-nine new sections
- 7 enacted in lieu thereof, to be known as sections 37.005, 103.005, 103.008, 103.010,
- 8 103.016, 103.036, 103.039, 103.042, 103.055, 103.061, 103.064, 103.079, 103.080,
- 9 103.083, 103.084, 103.085, 103.095, 103.098, 103.100, 103.105, 103.110, 103.115,
- 10 103.130, 103.133, 103.145, 103.155, 103.158, 103.163, and 103.165, to read as
- 11 follows:

37.005. 1. Except as provided herein, the office of administration shall be

- 2 continued as set forth in house bill 384, seventy-sixth general assembly and shall
- 3 be considered as a department within the meaning used in the Omnibus State
- 4 Reorganization Act of 1974. The commissioner of administration shall appoint

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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- 5 directors of all major divisions within the office of administration.
- 2. The commissioner of administration shall be a member of the governmental emergency fund committee as ex officio comptroller and the director of the department of revenue shall be a member in place of the director of the division of facilities management, design and construction.
- 10 3. The office of administration is designated the "Missouri State Agency for Surplus Property" as required by Public Law 152, eighty-first Congress as 11 12 amended, and related laws for disposal of surplus federal property. All the powers, duties and functions vested by sections 37.075 and 37.080, and others, 13 14 are transferred by type I transfer to the office of administration as well as all property and personnel related to the duties. The commissioner shall integrate 15 16 the program of disposal of federal surplus property with the processes of disposal 17 of state surplus property to provide economical and improved service to state and local agencies of government. The governor shall fix the amount of bond required 18 19 by section 37.080. All employees transferred shall be covered by the provisions of chapter 36 and the Omnibus State Reorganization Act of 1974. 20
- 4. The commissioner of administration shall replace the director of revenue as a member of the board of fund commissioners and assume all duties and responsibilities assigned to the director of revenue by sections 33.300 to 33.540 relating to duties as a member of the board and matters relating to bonds and bond coupons.
 - 5. All the powers, duties and functions of the administrative services section, section 33.580 and others, are transferred by a type I transfer to the office of administration and the administrative services section is abolished.
 - 6. The commissioner of administration shall, in addition to his or her other duties, cause to be prepared a comprehensive plan of the state's field operations, buildings owned or rented and the communications systems of state agencies. Such a plan shall place priority on improved availability of services throughout the state, consolidation of space occupancy and economy in operations.
 - 7. The commissioner of administration shall from time to time examine the space needs of the agencies of state government and space available and shall, with the approval of the board of public buildings, assign and reassign space in property owned, leased or otherwise controlled by the state. Any other law to the contrary notwithstanding, upon a determination by the commissioner that all or part of any property is in excess of the needs of any state agency, the commissioner may lease such property to a private or government entity. Any

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revenue received from the lease of such property shall be deposited into the fund or funds from which moneys for rent, operations or purchase have been appropriated. The commissioner shall establish by rule the procedures for leasing excess property.

- 8. The commissioner of administration is hereby authorized to coordinate and control the acquisition and use of network, telecommunications, and data processing services in the executive branch of state government. For this purpose, the office of administration will have authority to:
- (1) Develop and implement a long-range computer facilities plan for the use of network, telecommunications, and data processing services in Missouri state government. Such plan may cover, but is not limited to, operational standards, standards for the establishment, function and management of service centers, coordination of the data processing education, and planning standards for application development and implementation;
 - (2) Approve all additions and deletions of network, telecommunications, and data processing services hardware, software, and support services, and service centers;
 - (3) Establish standards for the development of annual data processing application plans for each of the service centers. These standards shall include review of post-implementation audits. These annual plans shall be on file in the office of administration and shall be the basis for equipment approval requests;
 - (4) Review of all state network, telecommunications, and data processing services applications to assure conformance with the state information systems plan, and the information systems plans of state agencies and service centers;
 - (5) Establish procurement procedures for network, telecommunications, and data processing services hardware, software, and support service;
- 67 (6) Establish a charging system to be used by all service centers when 68 performing work for any agency;
- 69 (7) Establish procedures for the receipt of service center charges and 70 payments for operation of the service centers.
- The commissioner shall maintain a complete inventory of all state-owned or -leased network, telecommunications, and data processing services equipment, and annually submit a report to the general assembly which shall include starting and ending network, telecommunications, and data processing services costs for the fiscal year previously ended, and the reasons for major increases or variances between starting and ending costs. The commissioner shall also adopt,

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after public hearing, rules and regulations designed to protect the rights of privacy of the citizens of this state and the confidentiality of information contained in computer tapes or other storage devices to the maximum extent possible consistent with the efficient operation of the office of administration and contracting state agencies.

9. Except as provided in subsection 12 of this section, the fee title to all real property now owned or hereafter acquired by the state of Missouri, or any department, division, commission, board or agency of state government, other than real property owned or possessed by the state highways and transportation commission, conservation commission, state department of natural resources, and the University of Missouri, shall on May 2, 1974, vest in the governor. The governor may not convey or otherwise transfer the title to such real property, unless such conveyance or transfer is first authorized by an act of the general assembly. The provisions of this subsection requiring authorization of a conveyance or transfer by an act of the general assembly shall not, however, apply to the granting or conveyance of an easement to any rural electric cooperative as defined in chapter 394, municipal corporation, quasi-governmental corporation owning or operating a public utility, or a public utility, except railroads, as defined in chapter 386. The governor, with the approval of the board of public buildings, may, upon the request of any state department, agency, board or commission not otherwise being empowered to make its own transfer or conveyance of any land belonging to the state of Missouri which is under the control and custody of such department, agency, board or commission, grant or convey without further legislative action, for such consideration as may be agreed upon, easements across, over, upon or under any such state land to any rural electric cooperative, as governed in chapter 394, municipal corporation, or quasi-governmental corporation owning or operating a public utility, or a public utility, except railroad, as defined in chapter 386. The easement shall be for the purpose of promoting the general health, welfare and safety of the public and shall include the right of ingress or egress for the purpose of constructing, maintaining or removing any pipeline, power line, sewer or other similar public utility installation or any equipment or appurtenances necessary to the operation thereof, except that railroad as defined in chapter 386 shall not be included in the provisions of this subsection unless such conveyance or transfer is first authorized by an act of the general assembly. The easement shall be for such consideration as may be agreed upon by the parties and approved by the board of public

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buildings. The attorney general shall approve the form of the instrument of conveyance. The commissioner of administration shall prepare management plans for such properties in the manner set out in subsection 7 of this section.

- 116 10. The commissioner of administration shall administer a revolving 117 "Administrative Trust Fund" which shall be established by the state treasurer 118 which shall be funded annually by appropriation and which shall contain moneys 119 transferred or paid to the office of administration in return for goods and services 120 provided by the office of administration to any governmental entity or to the 121 public. The state treasurer shall be the custodian of the fund, and shall approve disbursements from the fund for the purchase of goods or services at the request 122 of the commissioner of administration or the commissioner's designee. The 123 124 provisions of section 33.080 notwithstanding, moneys in the fund shall not lapse, 125 unless and then only to the extent to which the unencumbered balance at the 126 close of any fiscal year exceeds one-eighth of the total amount appropriated, paid, 127 or transferred to the fund during such fiscal year, and upon approval of the 128 oversight division of the joint committee on legislative research. The 129 commissioner shall prepare an annual report of all receipts and expenditures from the fund. 130
 - 11. All the powers, duties and functions of the department of community affairs relating to statewide planning are transferred by type I transfer to the office of administration.
 - 12. The titles which are vested in the governor by or pursuant to this section to real property assigned to any of the educational institutions referred to in section 174.020 on June 15, 1983, are hereby transferred to and vested in the board of regents of the respective educational institutions, and the titles to real property and other interests therein hereafter acquired by or for the use of any such educational institution, notwithstanding provisions of this section, shall vest in the board of regents of the educational institution. The board of regents may not convey or otherwise transfer the title to or other interest in such real property unless the conveyance or transfer is first authorized by an act of the general assembly, except as provided in section 174.042, and except that the board of regents may grant easements over, in and under such real property without further legislative action.
- 13. Notwithstanding any provision of subsection 12 of this section to the contrary, the board of governors of Missouri Western State University, University of Central Missouri, Missouri State University, or Missouri Southern State

- 149 University, or the board of regents of Southeast Missouri State University,
- 150 Northwest Missouri State University, or Harris-Stowe State University, or the
- 151 board of curators of Lincoln University may convey or otherwise transfer for fair
- 152 market value, except in fee simple, the title to or other interest in such real
- 153 property without authorization by an act of the general assembly.
- 154 14. All county sports complex authorities, and any sports complex
- 155 authority located in a city not within a county, in existence on August 13, 1986,
- and organized under the provisions of sections 64.920 to 64.950, are assigned to
- 157 the office of administration, but such authorities shall not be subject to the
- 158 provisions of subdivision (4) of subsection 6 of section 1 of the Omnibus State
- 159 Reorganization Act of 1974, Appendix B, RSMo, as amended.
- 160 15. All powers, duties, and functions vested in the administrative hearing
- 161 commission, sections 621.015 to 621.205 and others, are transferred to the office
- 162 of administration by a type III transfer.
- 163 16. Beginning January 1, 2018, all powers, duties, and functions
- 164 vested in the board of trustees of the Missouri consolidated health care
- plan, sections 103.003 to 103.178, and others, are transferred to the
- 166 office of administration by a type I transfer. The board of trustees of
- 167 the Missouri consolidated health care plan shall continue its existence
- 168 in an advisory capacity to the office of administration for matters
- 169 relating to state and public employee health insurance.
 - 103.005. For the purpose of covering medical expenses of the officers,
 - 2 employees and retirees, the eligible dependents of officers, employees and retirees
 - 3 and to the surviving spouses and children of deceased officers, employees and
 - 4 retirees of the state and participating member agencies of the state, there is
 - 5 hereby created and established a health care plan [which shall be a body
 - 6 corporate,] which shall be under the management of the [board of trustees herein
 - 7 described office of administration, and shall be known as the "Missouri
 - 8 Consolidated Health Care Plan". [Notwithstanding any provision of law to the
 - 9 contrary, such plan may sue and be sued, transact business, contract, invest
 - 10 funds and hold cash, securities and other property and shall be vested with such
 - 11 other powers as may be necessary or proper to enable it, its officers, employees,
 - 12 and agents to carry out fully and effectively all the purposes of sections 103.003
 - 13 to 103.175.]
 - 103.008. 1. **Beginning January 1, 2018,** the general administration
 - 2 and the responsibility for the proper operation of the plan is vested in [a] the

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office of administration. On January 1, 2018, the board of trustees shall serve in an advisory capacity to the office of administration. The board of trustees shall consist of thirteen persons, as follows: the director of the department of health and senior services, the director of the department of insurance, financial institutions and professional registration, the commissioner of the state office of administration serving ex officio, one member of the senate from the majority party appointed by the president pro tem of the senate and one 10 member of the senate from the minority party appointed by the president pro tem of the senate with the concurrence of the minority floor leader of the senate, one 11 12 member of the house of representatives from the majority party appointed by the speaker of the house of representatives and one member of the house of 13 14 representatives from the minority party appointed by the speaker of the house of 15 representatives with the concurrence of the minority floor leader of the house of representatives, and six members appointed by the governor with the advice and 16 17 consent of the senate. Of the six members appointed by the governor, three shall be citizens of the state of Missouri who are not members of the plan, but who are 18 19 familiar with medical issues. The remaining three members shall be members of the plan and may be selected from any state agency or any participating 20 21 member agency.

2. Except for the legislative members, the director of the department of health and senior services, the director of the department of insurance, financial institutions and professional registration, and the commissioner of the office of administration, trustees shall be chosen for terms of four years from the first day of January next following their election or appointment. Any vacancies occurring in the office of trustee shall be filled in the same manner the office was filled previously.

103.010. [MOSERS medical staff will serve jointly on both boards. All decisions on rates and services for dates prior to January 1, 1994, shall be determined by the MOSERS board. All decisions after that date shall be determined by the Missouri consolidated health care plan board.] Prior to January 1, 2018, the Missouri consolidated health care plan board, in cooperation with the office of administration, shall perform all acts necessary to transfer the administrative control of the Missouri consolidated health care plan to the office of administration. On and after January 1, 2018, the board shall serve in an advisory capacity to the office of administration.

103.016. [The executive director and] All [other] employees of the plan shall be state employees and eligible for all corresponding benefits. [Except by the unanimous vote of the board,] No person who has served as a trustee of the board may become an employee of the plan until four years have expired between the date of his or her resignation, termination, or other removal as trustee and the date of his or her appointment as an employee of the plan.

103.036. The [board] office of administration shall set up and maintain a benefit trust fund account in which shall be placed all payroll deductions, payments, and income from all sources. All property, money, funds, investments, and rights which shall belong to or be available for expenditure or use by the plan shall be dedicated to and held in trust for the members and for the purposes herein set out and no other. The [board] office of administration shall have power, in the name and on behalf of the plan, to purchase, acquire, hold, invest, lend, lease, sell, assign, transfer, and dispose of all property, rights, and securities, and enter into written contracts as may be necessary and proper to carry out its duties.

103.039. All moneys received by or belonging to the plan shall be paid to 2 the [executive director] office of administration and promptly deposited by the [executive director] office of administration to the credit of the plan in one or more banks or trust companies or other financial institutions as selected by the [board] office of administration. No such money shall be deposited in or be retained by any bank or trust company which does not have on deposit with and for the [board] office of administration at the time, the kind and value of collateral required by sections 30.240 and 30.270, for depositories of the state treasurer. These moneys are funds of the plan and shall not be commingled with any funds in the state treasury. The [executive director] office of 10 administration shall be responsible for all funds, securities, and property 11 belonging to the plan and shall be provided with such corporate surety bond for 12 the faithful handling of the same as the [board] office of administration shall 13 14 require.

103.042. The board shall serve without compensation for their advisory services as such, but shall be paid for any necessary expenses incurred in attending meetings of the board or committees thereof or in the performance of other duties authorized by the [board] office of administration. Duties performed for the plan by any member of the board shall be considered duties in connection with the regular employment of the individual, and he or she shall

7 suffer no loss in regular compensation by reason of the performance of such 8 duties.

103.055. Should any error result in any member or provider receiving more or less than he or she would have been entitled to receive had the error not occurred, the [board] office of administration shall correct such error, and to this end may recover any overpayments.

103.061. The accounts and records of any state department, agency, institution, political subdivision or governmental entity participating in the plan or requesting participation shall be open to inspection by the [board of trustees] office of administration and its employees for the purpose of obtaining information necessary in the performance of the duties of the board.

103.064. The [board] office of administration shall have the power to subpoena witnesses or obtain the production of records when necessary for the performance of its duties.

103.079. 1. The health care programs sponsored by the departments of transportation and conservation shall become a part of this plan only upon request to and acceptance by the [board of trustees] office of administration by the highways and transportation commission or the conservation commission and any such transfer into this plan shall be deemed reviewable by such department every three years. Such department may withdraw from the plan upon approval by such department's commission and by providing the [board] office of administration a minimum of six months' notice prior to the end of the then current plan year and termination of coverage will become effective at 10 the end of the then current plan year. For any of the foregoing state agencies 11 choosing to participate, the plan shall not assume responsibility for any liabilities incurred by the agency or its eligible employees, retirees, or dependents prior to 12 its effective date. 13

14 2. Any participating higher education entity may, by its own election, become part of this plan. The [board of trustees] office of administration 15 shall accept the participating higher education entity. The [board of trustees] 16 office of administration may request the participating higher education entity 17 pay a first year adjustment if the population being brought into the plan is 18 actuarially substantial and materially different than the current population in 20 the state plan. Once a participating higher education entity comes into the plan, 21 it may not leave the plan for a period of five years. Such participating higher 22education entity may withdraw from the plan upon approval by such participating

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23 higher education entity governing board and by providing the board a minimum of six months' notice prior to the end of the then current plan year and termination of coverage will become effective at the end of the then current plan 25 year. For any of the foregoing participating higher education entities choosing 2627 to participate, the plan shall not assume responsibility for any liabilities incurred by the participating higher education entity or its eligible employees, retirees, or 2829 dependents prior to its effective date.

103.080. 1. As used in this section, the following terms shall mean:

- 2 (1) "Health savings account" or "account", shall have the same meaning ascribed to it as in 26 U.S.C. Section 223(d), as amended; 3
- (2) "High deductible health plan", a policy or contract of health insurance 4 or health care plan that meets the criteria established in 26 U.S.C. Section 6 223(c)(2), as amended, and any regulations promulgated thereunder.
- 2. Beginning with the open enrollment period for the 2009 plan year, the [board] office of administration shall offer to all qualified state employees and retirees, in addition to the plans currently offered including but not limited to 10 health maintenance organization plans, preferred provider organization plans, copay plans, and participating public entities the option of receiving health care 11 12 coverage through a high deductible health plan and the establishment of a health savings account. The health savings account shall conform to the guidelines to 13 14 be established by the Internal Revenue Service for the current tax year but in no case shall a qualified employee or retiree be required to contribute more than the 15 16 minimum amount allowed by law. A qualified employee or retiree may contribute up to the maximum allowed by law. In order for a qualified individual to obtain a high deductible health plan through the Missouri consolidated health care plan, 18 such individual shall present evidence, in a manner prescribed by regulation, to 19 the [board] office of administration that he or she has established a health savings account in compliance with 26 U.S.C. Section 223, and any amendments and regulations promulgated thereto.
 - 3. Beginning with the open enrollment period for the 2012 plan year, the high deductible health plan offered under subsection 2 of this section shall have monthly subscriber premiums that are materially lower than non-high deductible health plan monthly subscriber premiums with a goal of monthly subscriber premiums being at least fifty percent lower than non-high deductible health plan premiums. The amount of the annual deductible for the high deductible health plan offered under subsection 2 of this section shall be no greater than two

hundred percent of the minimum annual deductible for self-only coverage and family coverage as established by the Internal Revenue Service for the current tax year. The coverage afforded by the high deductible health plan, after the applicable deductible has been met, shall be substantially similar or better than the average coverage provided by the non-high deductible health plans.

- 4. It is the intent of the Missouri general assembly to promote the use of consumer-driven health care plans such as health savings account compatible high deductible health plans by active state employees as an alternative to using traditional managed care plans. If, after the completion of the open enrollment period for the 2012 plan year, fewer than ten percent of Missouri's active state employees have enrolled in a high deductible health plan described in this section, then the [board] office of administration shall offer a more competitive high deductible health plan with increased financial and coverage incentives, including but not limited to alternative annual deductibles, out-of-pocket expenses, and other health plan design features, all within the established federal guidelines, with the goal of having forty percent of Missouri's active state employees enrolling in a health savings account compatible high deductible health plan by the open enrollment period for the 2015 plan year.
- 5. The [board] office of administration is authorized to promulgate rules and regulations for the administration and implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.
- 6. The [board] office of administration shall issue a request for proposals from companies interested in offering a high deductible health plan in connection with a health savings account.

103.083. The [board] office of administration shall provide or contract, or both, on its own behalf, for medical benefits coverage and services for persons covered under sections 103.003 to 103.175 and enrolled in the plan. The [board] office of administration may contract for medical benefits coverage with alternative delivery health care programs where available. Medical expenses

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shall also include expenses for comparable benefits for employees who rely solely on spiritual means through prayer for healing.

103.084. Due to the differences between the appropriations process and the current contract methodology used by the [board] office of administration, the general assembly hereby recommends that the board, with respect to health care provider contracts, implement a plan year based upon a fiscal year beginning October first rather than [the] a calendar year period [currently employed by the board].

103.085. Except as otherwise provided by sections 103.003 to 103.080, medical benefits coverage as provided by sections 103.003 to 103.080 shall terminate when the member ceases to be an active employee; except persons receiving or entitled to receive an annuity or retirement benefit or disability benefit or the spouse of or unemancipated children of deceased persons receiving or entitled to receive an annuity or retirement benefit or disability benefit from the state, participating member agency, institution, political subdivision or governmental entity may elect to continue coverage, provided the individuals to be covered have been continuously covered for health care benefits:

- 10 (1) Under a separate group or individual policy for the six-month period 11 immediately preceding the member's date of death or disability or eligibility for 12 normal or early retirement; or
- 13 (2) Pursuant to sections 103.003 to 103.080, since the effective date of the 14 most recent open enrollment period prior to the member's date of death or 15 disability or eligibility for normal or early retirement; or
 - (3) From the initial date of eligibility for the benefits provided by sections 103.003 to 103.080; or
- (4) Within sixty days of a loss of group coverage, provided that such coverage was in place for at least twelve consecutive months immediately prior to the loss and that such loss was due to the dependent's termination of employment or termination of group coverage by the dependent's employer. This subdivision only applies to qualifying dependents of members receiving or entitled to receive an annuity or retirement benefit from the state, participating member agency, institution, political subdivision, or governmental entity.
- Cost for coverage continued pursuant to this section shall be determined by the [board] office of administration. If an eligible person does not elect to continue the coverage within thirty-one days of the first day of the month following the date on which the eligible person ceases to be an employee, he or

29 she may not later elect to be covered pursuant to this section.

103.095. Notwithstanding any other provision of law to the contrary, any member of the general assembly and any elected state official holding a statewide elective state office, who ceases to hold elective office, or any person employed by the elected official or employed by a member of the general assembly, whose employment is terminated because such elected official or member of the general assembly ceases to hold elective office, may elect to continue insurance benefits to cover medical expenses provided under sections 103.003 to 103.175, by paying the cost of such benefits as determined by the [board] office of administration.

9 If an eligible person does not elect to continue the coverage within thirty-one days from the last day of the month in which the eligible person ceases to be an employee, he may not later elect to be covered under this section.

103.098. There shall be a thirty-day enrollment period, at a time designated by the [board] office of administration, during which retirees and surviving dependents of retirees or employees of state agencies participating in the plan but not then covered by the medical care plan shall be able to enroll in the plan upon provision, at their own expense, of evidence of good health satisfactory to the [board] office of administration. A preexisting condition will not be covered until a person has been a plan participant for twelve consecutive months.

103.100. 1. Before each October first, the [board] office administration shall separately certify to each participating member agency an 3 actuarially determined estimate of the amount which will be necessary during the next plan year to pay all the liabilities for that individual state-sponsored plan or participating member agency plan, including the costs of administration, which shall exist or accrue pursuant to providing the medical benefits of the plan. The estimate shall be computed based on the medical benefit program or programs adopted by the [board] office of administration and shall be certified in total expected expenditures, including the expected expenditures per person for each 10 separately rated category of coverage.

2. Before August first of each year, beginning with August 1, 1996, the [board] office of administration shall notify the state division of budget and planning of the medical benefit options authorized by the [board] office of administration. In addition, the [board] office of administration shall provide the cost of funding each category for each medical benefit option the plan offers.

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3. Before September first of each year, beginning September 1, 1996, the 18 entity designated by the governor to make recommendations on a total compensation package for state employees shall analyze the medical benefit 19 20 options authorized by the [board] office of administration and the costs of 21 each such option, and shall make recommendations to the state division of budget 22and planning on the portion of such costs, if any, to be paid by the state and the 23 portion to be paid by each state employee for each recommended option. The 24 extent of the recommendation shall be limited to the total state contribution 25 amount as it pertains to the basic covered benefit packages available and any new ancillary benefits that may be available in addition to the basic covered benefit 26 packages. The [Missouri consolidated health care plan board of trustees] office 28 of administration shall maintain responsibility for the pricing strategy 29 regarding how the covered benefit packages are offered to state employees who 30 are members of the plan. The entity shall also notify the [board] office of administration of the recommended state contribution.

4. The commissioner of administration shall request appropriations for payments to the plan for covered state employees. Subject to appropriation, the commissioner of administration monthly shall [requisition and certify the payment to the executive director of the plan who shall promptly deposit such amounts to the benefit trust fund account.

103.105. The employing participating member agency of the members of the plan who are not paid out of funds that have been deposited in the state treasury shall promptly pay monthly to the [executive director] office of 3 administration an amount equal to the amount which the board has certified based upon the actuarial study for that participating member agency. The [executive director] office of administration shall promptly deposit such amounts to the benefit trust fund account.

103.110. Before each October first, the [board] office of administration shall certify to the state division of budget and planning an actuarially 3 determined amount which will be necessary during the next plan year to pay all the liabilities, including the cost of administration, and any necessary actuarial reserves which shall exist or accrue pursuant to providing the medical benefits options as recommended by the entity. All such premium amounts shall be paid to the [executive director] office of administration at the time that each employee's wages or salary would normally be paid, but not later than the fifteenth day of the month following. The premium amounts so remitted will be

promptly placed by the [executive director] office of administration in the benefit trust fund account. In lieu of the availability of premium deductions the [board] office of administration may establish alternative methods for the collection of premium amounts.

103.115. Any former employee or any surviving spouse who is receiving retirement benefits from the Missouri state employees' retirement system or the transportation department employees' and highway patrol retirement system; or any former judge or surviving spouse of a former judge who is receiving retirement benefits pursuant to the provisions of sections 287.812 to 287.856, or 5 6 sections 476.450 to 476.686; or any former teacher or surviving spouse of a former teacher who elected to remain in the public school retirement system pursuant to the provisions of section 104.342 and who is receiving retirement benefits from the public school retirement system and is, or becomes, a member of the Missouri 10 consolidated health care plan or an alternative delivery health care program 11 provided by the [board] office of administration on behalf of the state shall, upon application with the [board of trustees] office of administration, be 12 13 made, constituted, appointed and employed by the [board] office of administration as a special consultant on the problems of retiree health and, 14 15 in addition to duties prescribed in section 104.610, or any other law, and upon request of the [board of trustees] office of administration, give the [board] 16 17 office of administration, orally or in writing, a short detailed statement of 18 physical, medical and health problems affecting retirees. As compensation for the 19 extra duty imposed by this section, each such special consultant as defined above 20 shall receive, in addition to all other compensation provided by law, an amount 21contributed toward medical benefits coverage provided by the above-referenced plan or plans as appropriated by law. 22

103.130. Each participating member agency may elect by majority vote of its governing body, to join the plan and cover its employees, retirees, and their dependents under the plan as follows:

- 4 (1) The clerk or secretary of the participating member agency shall certify 5 the election to the [board] office of administration within ten working days 6 after the vote of the governing body;
- 7 (2) The [board] office of administration shall establish a procedure for 8 considering the election of the agencies. Acceptance of the agency into the plan 9 shall be by action of the [board] office of administration and shall be based 0 upon an actuarial analysis or any other determination that the [board] office of

11 administration deems appropriate;

- 12 (3) The agency shall supply all available information requested by the 13 [board] office of administration that is necessary to complete an actuarial 14 analysis of the agency and make a determination of the fiscal impact that 15 inclusion of the agency would have on the plan;
- 16 (4) The effective date of the participating member agency's coverage will 17 be the first day of the month so requested by the agency and approved by the 18 [board] office of administration;
- 19 (5) The participating member agency must offer coverage under the plan 20 to all of its eligible employees, retirees, and dependents.

103.133. A participating member agency may elect to withdraw from the plan by certifying such election of its governing body to the [board] office of administration. Such certification must be received by the [board] office of administration at least ninety days prior to the end of the then current plan year and termination of the agency's coverage under the plan will become effective at the end of the then current plan year.

designated by the [board] office of administration, during which retirees and surviving dependents of retirees or employees of a participating member agency who are not then covered by any health care plan offered by the participating member agency shall be able to enroll in the plan upon provision, at their own expense, of evidence of good health satisfactory to the [board] office of administration. A preexisting condition will not be covered until a person has been a plan participant for a period of twelve consecutive months.

103.155. If so determined by the [board] office of administration, a participating member agency shall reimburse the plan for any initial start-up costs that are incurred by the plan solely on behalf of the participating member agency and necessary in order for the participating member agency to be included in the plan.

103.158. Monthly, in accordance with a schedule developed by the [board]
2 office of administration, or its designee, each participating member agency
3 shall pay all applicable premium amounts to the [executive director] office of
4 administration. The premium amounts so remitted will be promptly deposited
5 by the [executive director] office of administration in the benefit trust fund
6 account.

103.163. If any participating member agency fails to make any payment

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due the plan for a period of sixty days after the payment is due, the participating member agency shall become delinquent and the amount of the delinquency shall constitute a first lien of the funds of the participating member agency, and the [board] office of administration is authorized to compel payment by application for a writ of mandamus; and, in addition, such delinquency shall be certified by the [board] office of administration to the state treasurer. Until such delinquency, together with regular interest, is satisfied, the state treasurer shall withhold all moneys due the participating member agency from the state. 103.165. If any participating member agency fails to make any payment due the plan, the [board] office of administration may terminate the agency's participation in the plan and stop paying claims accrued during the period of nonpayment. [103.014. The board shall appoint an executive director, not 2 one of their number, who shall be the executive officer of the board 3 and shall have charge of the offices, records and employees of the plan, subject to the direction of the board. 4 [103.019. 1. Employees of the plan shall receive such 2 salaries and necessary expenses as shall be fixed by the board. 3 2. Subject to the provisions of the constitution, the board of 4 trustees shall have exclusive jurisdiction and control over the funds 5 and property of the plan and may employ and fix the compensation 6 of necessary employees.] [103.020. Any summons or other writ issued by the courts 2 of the state shall be served upon the executive director.] [103.023. The board shall employ or contract with an 2 actuary or firm of actuaries familiar with health care financing as 3 technical advisor to the board on matters regarding the operation and funding of the plan from an actuarial basis and shall perform 4 5 such duties as are from time to time required by the board. [103.025. The board shall arrange for annual audits of the 2 records and accounts of the plan by a certified public 3 accountant or firm of certified public accountants.] [103.027. The board shall keep a record of its proceedings, which shall be open to public inspection. The board shall prepare 23 annually and make available a report showing the financial condition of the plan which shall contain, but not be limited to, a

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financial balance sheet, a statement of income and disbursements, a detailed statement of investments acquired and disposed of during the year, together with a detailed statement of the annual rates on investment return from all assets and from each type of investment, a listing of all advisors and consultants retained by the board and such other data as the board shall deem necessary or desirable for a proper understanding of the condition of the plan.]

[103.029. The board may employ or contract with an attorney at law or firm of attorneys to be the legal advisor of the board and to represent the board in all legal proceedings.]

[103.032. The board may employ or contract with an investment counselor or counselors to be the investment advisor to the board. The board may delegate to such investment counselor authority to act in place of the board in the investment and reinvestment of all or part of the moneys of the plan, and may also delegate to such counselor the authority to act in place of the board in the holding, purchasing, selling, assigning, transferring or disposing of any or all securities and investments in which such moneys have been invested, as well as the proceeds of such investments. Such investment counselor or counselors shall be registered as an investment advisor with the United States Securities and Exchange Commission. In exercising or delegating its investment powers and authority, members of the board shall exercise ordinary business care prudence under the facts and circumstances prevailing at the time of the action or decision. In so doing, the board shall consider long- and short-term needs of the plan in carrying out its purposes, the plan's present and anticipated financial requirements, the expected total return on the plan's investment, general economic conditions, income, growth, long-term net appreciation, and probable safety of funds. No member of the board shall be liable for any action taken or omitted with respect to the exercise of or delegation of these powers and authority if such member shall have discharged the duties of his or her position in good faith and with that degree of diligence, care, and skill which prudent men and women would ordinarily exercise under similar circumstances in a like position.

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[103.045. The board shall meet within the state of Missouri not less than once per calendar quarter, at a time set at a previously scheduled meeting or at the request of the chairman or any four trustees acting jointly. Notice of the meeting shall be delivered to all trustees in person or by depositing notice in a United States Post Office in a properly stamped and addressed envelope not less than six days prior to the date fixed for the meeting. The board may meet at any time by unanimous consent.]

[103.047. Each trustee shall be entitled to one vote. Six trustees shall constitute a quorum for the transaction of business and any official action of the board shall be based on the majority vote of the trustees present. Unless otherwise expressly provided in sections 103.003 to 103.175, a meeting need not be called or held to make any decision on a matter before the board. Each member must be sent by the executive director a copy of the matter to be decided with full information on the question from the files of the plan. The concurring decisions of six trustees may decide the issue by signing a document declaring their decision and sending the written document to the executive director within fifteen days after the document and information was mailed to the trustee. If any trustee is not in agreement with the six trustees, the matter is to be passed on at a regular board meeting or a special meeting called for that purpose.]

[103.050. The principal office of the plan shall be in Jefferson City. The plan shall have a seal bearing the inscription "Missouri Consolidated Health Care Plan", which shall be in the custody of its executive director. The courts of the state shall take judicial notice of the seal, and all copies of records, books, and written instruments which are kept in the office of the system and are certified by the director under the seal shall be proved or admitted in any court or proceeding as provided by section 109.130.]

[103.059. Subject to the limitations of law, the board shall formulate and adopt rules and regulations for the government of its own proceedings and for the administration of the plan, and its decisions as to all questions of fact shall be final and conclusive on

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all persons except for the right of review as provided by law and except for fraud or such gross mistake of fact as to have an effect equivalent to fraud.

[103.070. The assets of the plan shall be exempt from state, county, municipal or other political subdivision taxes.]

[103.075. The plan shall become effective on January 1, 1994. The Missouri state employees' retirement system medical care plan available for state employees, retirees, and their dependents together with all assets and liabilities shall be incorporated into the plan by June 30, 1994. Prior to January, 1994, all statutory provisions governing the Missouri state employees' retirement system medical care plan shall remain in effect.]

[103.175. The board shall study and report to the general assembly, on or before December 15, 2003, on the feasibility of including in this plan individuals who are employees of eligible agencies which have not elected to join the plan or who are retirees of school districts.]

[103.178. 1. Beginning on a date specified by the board of trustees of the Missouri consolidated health care plan but not later than July 1, 1995, the Missouri consolidated health care plan established under section 103.005 shall implement a pilot project to make available to those residing in the pilot project area who are covered by the plan an alternative system of benefits for the treatment of chemical dependency added to those benefits regularly available to plan participants. The benefits provided under the pilot project shall be similar in scope and comprehensiveness, but not limited to, the benefits provided for the treatment and rehabilitation of persons who are chemically dependent under the department of mental health's comprehensive substance treatment and rehabilitation program, popularly described as the C-STAR program. Such a pilot project shall operate for a period not to exceed four years. To the extent that participation in the pilot project incurs additional cost to a person covered under the plan, participation shall be voluntary. If no additional cost is incurred, the alternative system of benefits may be made in lieu of the

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regular benefits for the services in the pilot project area.

2. The Missouri state employees' retirement system or the Missouri health care plan, as appropriate, shall in cooperation with the department of mental health and the department of insurance, financial institutions and professional registration design the pilot project so as to generate data to evaluate the costs and benefits of providing coverage of chemical dependency using an alternative set of benefits as provided in this section. The Missouri consolidated health care plan shall at the completion of the pilot project submit to the governor and the members of the general assembly a report which describes the results of the evaluation of this pilot project. As authorized by appropriations made for that purpose, the Missouri state employees' retirement system or the Missouri consolidated health care plan may contract with persons to conduct an independent evaluation of the pilot project established in this section.]

Section B. The repeal of sections 103.014, 103.019, 103.020, 103.023,

- 2 103.025, 103.027, 103.029, 103.032, 103.045, 103.047, 103.050, 103.059, 103.070,
- 3 103.075, 103.175, and 103.178 and the repeal and reenactment of sections 37.005,
- 4 103.005, 103.008, 103.016, 103.036, 103.039, 103.042, 103.055, 103.061, 103.064,
- 5 103.079, 103.080, 103.083, 103.084, 103.085, 103.095, 103.098, 103.100, 103.105,
- 6 103.110, 103.115, 103.130, 103.133, 103.145, 103.155, 103.158, 103.163, and
- 7 103.165 of this act shall become effective January 1, 2018.

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