

98TH GENERAL ASSEMBLY State of Illinois 2013 and 2014 SB2946

Introduced 2/4/2014, by Sen. Michael W. Frerichs

SYNOPSIS AS INTRODUCED:

5 ILCS 375/5

from Ch. 127, par. 525

Amends the State Employees Group Insurance Act of 1971. Makes a technical change in a Section concerning employee benefits.

LRB098 20068 OMW 55320 b

1 AN ACT concerning government.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The State Employees Group Insurance Act of 1971 is amended by changing Section 5 as follows:
- 6 (5 ILCS 375/5) (from Ch. 127, par. 525)

7 Sec. 5. Employee benefits; declaration of State policy. The General Assembly declares that that it is the policy of the 8 9 State and in the best interest of the State to assure quality 10 benefits to members and their dependents under this Act. The implementation of this policy depends upon, among other things, 11 stability and continuity of coverage, care, and services under 12 13 benefit programs for members and their dependents. 14 Specifically, but without limitation, members should have 15 continued access, on substantially similar terms and 16 conditions, to trusted family health care providers with whom 17 they have developed long-term relationships through a benefit program under this Act. Therefore, the Director must administer 18 19 this Act consistent with that State policy, but may consider 20 affordability, cost of coverage and care, and competition among health insurers and providers. All contracts for provision of 21 22 employee benefits, including those portions of any proposed bargaining 23 collective agreement that would require

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implementation through contracts entered into under this Act,
are subject to the following requirements:

- (i) By April 1 of each year, the Director must report and provide information to the Commission concerning the status of the employee benefits program to be offered for the next fiscal year. Information includes, but is not limited to, documents, reports of negotiations, invitations, requests for proposals, specifications, copies of proposed and final contracts or agreements, and any other materials concerning contracts or agreements for the employee benefits program. By the first of each month thereafter, the Director must provide updated, and any new, information to the Commission until the employee benefits program for the next fiscal year is determined. In addition to these monthly reporting requirements, at any time the Commission makes a written request, the Director must promptly, but in no event later than 5 business days after receipt of the request, provide to the Commission any additional requested information in the possession of the Director concerning employee benefits programs. The Commission may waive any of the reporting requirements of this item (i) upon the written request by the Director. Any waiver granted under this item (i) must be in writing. in this item is intended to abrogate attorney-client privilege.
 - (ii) Within 30 days after notice of the awarding or

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letting of a contract has appeared in the Illinois Procurement Bulletin in accordance with subsection (b) of Section 15-25 of the Illinois Procurement Code, the Commission may request in writing from the Director and the Director shall promptly, but in no event later than 5 business days after receipt of the request, provide to the Commission information in the possession of the Director concerning the proposed contract. Nothing in this item is intended to waive or abrogate any privilege or right of confidentiality authorized by law.

(iii) Except as otherwise provided in this item (iii), no contract subject to this Section may be entered into until the 30-day period described in item (ii) has expired, unless the Director requests in writing that the Commission waive the period and the Commission grants the waiver in writing. This item (iii) does not apply to any contract entered into after the effective date of this amendatory Act of the 98th General Assembly and through January 1, 2014 to provide a program of group health benefits for Medicare-primary members and their Medicare-primary dependents that is comparable in stability and continuity of coverage, care, and services to the program of health benefits offered to other members and their dependents under this Act.

(iv) If the Director seeks to make any substantive modification to any provision of a proposed contract after

it is submitted to the Commission in accordance with item (ii), the modified contract shall be subject to the requirements of items (ii) and (iii) unless the Commission agrees, in writing, to a waiver of those requirements with respect to the modified contract.

(v) By the date of the beginning of the annual benefit choice period, the Director must transmit to the Commission a copy of each final contract or agreement for the employee benefits program to be offered for the next fiscal year. The annual benefit choice period for an employee benefits program must begin on May 1 of the fiscal year preceding the year for which the program is to be offered. If, however, in any such preceding fiscal year collective bargaining over employee benefit programs for the next fiscal year remains pending on April 15, the beginning date of the annual benefit choice period shall be not later than 15 days after ratification of the collective bargaining agreement.

(vi) The Director must provide the reports, information, and contracts required under items (i), (ii), (iv), and (v) by electronic or other means satisfactory to the Commission. Reports, information, and contracts in the possession of the Commission pursuant to items (i), (ii), (iv), and (v) are exempt from disclosure by the Commission and its members and employees under the Freedom of Information Act. Reports, information, and contracts

received by the Commission pursuant to items (i), (ii), (iv), and (v) must be kept confidential by and may not be disclosed or used by the Commission or its members or employees if such disclosure or use could compromise the fairness or integrity of the procurement, bidding, or contract process. Commission meetings, or portions of Commission meetings, in which reports, information, and contracts received by the Commission pursuant to items (i), (ii), (iv), and (v) are discussed must be closed if disclosure or use of the report or information could compromise the fairness or integrity of the procurement, bidding, or contract process.

All contracts entered into under this Section are subject to appropriation and shall comply with Section $20-60\,(b)$ of the Illinois Procurement Code (30 ILCS $500/20-60\,(b)$).

The Director shall contract or otherwise make available group life insurance, health benefits and other employee benefits to eligible members and, where elected, their eligible dependents. Any contract or, if applicable, contracts or other arrangement for provision of benefits shall be on terms consistent with State policy and based on, but not limited to, such criteria as administrative cost, service capabilities of the carrier or other contractor and premiums, fees or charges as related to benefits.

Notwithstanding any other provisions of this Act, by January 1, 2014, the Department of Central Management Services,

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in consultation with and subject to the approval of the Chief 1 2 Procurement Officer, shall contract or make otherwise 3 available program of group health benefits for а Medicare-primary members their Medicare-primary 4 and 5 dependents. The Director may procure a single contract or 6 multiple contracts that provide a program of group health 7 benefits that is comparable in stability and continuity of 8 coverage, care, and services to the program of health benefits 9 offered to other members and their dependents under this Act. 10 The initial procurement of a contract or contracts under this 11 paragraph is not subject to the provisions of the Illinois 12 Procurement Code, except for Sections 20-60, 20-65, 20-70, and 13 20-160 and Article 50 of that Code, provided that the Chief 14 Procurement Officer may, in writing with justification, waive 15 any certification required under Article 50.

The Director may prepare and issue specifications for group life insurance, health benefits, other employee benefits and administrative services for the purpose of receiving proposals from interested parties.

The Director is authorized to execute a contract, or contracts, for the programs of group life insurance, health benefits, other employee benefits and administrative services authorized by this Act (including, without limitation, prescription drug benefits). All of the benefits provided under this Act may be included in one or more contracts, or the benefits may be classified into different types with each type

included under one or more similar contracts with the same or different companies.

The term of any contract may not extend beyond 5 fiscal years. Upon recommendation of the Commission, the Director may exercise renewal options of the same contract for up to a period of 5 years. Any increases in premiums, fees or charges requested by a contractor whose contract may be renewed pursuant to a renewal option contained therein, must be justified on the basis of (1) audited experience data, (2) increases in the costs of health care services provided under the contract, (3) contractor performance, (4) increases in contractor responsibilities, or (5) any combination thereof.

Any contractor shall agree to abide by all requirements of this Act and Rules and Regulations promulgated and adopted thereto; to submit such information and data as may from time to time be deemed necessary by the Director for effective administration of the provisions of this Act and the programs established hereunder, and to fully cooperate in any audit.

19 (Source: P.A. 98-19, eff. 6-10-13.)