

House Bill 300

By: Representatives Duncan of the 26th, Price of the 48th, Buckner of the 137th, Werkheiser of the 157th, Quick of the 117th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 5 of Title 50 of the Official Code of Georgia Annotated, relating to the
2 Department of Administrative Services, so as to transfer the state health care benefit plan
3 from the Department of Community Health to the Department of Administrative Services;
4 to require incentives for public employees to utilize federally qualified health centers; to
5 provide for the identification of up to 100 potential new sites for federally qualified health
6 centers; to provide for a task force; to provide for an advisory board; to amend Chapter 18
7 of Title 45 and Article 17 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated,
8 relating to employees' insurance and benefit plans and to teachers and other school personnel,
9 respectively, so as to provide for the transfer of health care benefit plans for state employees
10 and public school teachers and employees; to amend various other provisions of the Official
11 Code of Georgia Annotated for purposes of conformity; to provide for related matters; to
12 provide for an effective date; to repeal conflicting laws; and for other purposes.

13 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

14

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PART I

16

SECTION 1-1.

17 Chapter 5 of Title 50 of the Official Code of Georgia Annotated, relating to the Department
18 of Administrative Services, is amended by revising Article 2, which is reserved, to read as
19 follows:

20

"ARTICLE 2

21 50-5-30.

22 As used in this article, the term:

23 (1) 'Commissioner' means the commissioner of administrative services.

24 (2) 'Department' means the Department of Administrative Services.

25 ~~Reserved.~~

26 50-5-31.

27 (a) The powers, functions, duties, and obligations of the Board of Community Health as
28 they exist on December 31, 2017, with regard to health care benefit plans for state and
29 public employees, dependents, and retirees pursuant to this article, Article 1 of Chapter 18
30 of Title 45, and Part 6 of Article 17 of Chapter 2 of Title 20, are transferred to the
31 Department of Administrative Services effective January 1, 2018.

32 (b) On and after January 1, 2018, the department shall be the lead agency in coordinating
33 and purchasing health care benefit plans for state and public employees, dependents, and
34 retirees and may also coordinate with the board of regents for the purchase and
35 administration of such health care benefit plans for its members, employees, dependents,
36 and retirees.

37 (c) The Board of Regents of the University System of Georgia is authorized to contract
38 with the department for health benefits for members, employees, and retirees of the board
39 of regents and the dependents of such members, employees, and retirees and for the
40 administration of such health benefits. The department is also authorized to contract with
41 the board of regents for such purposes.

42 50-5-32.

43 There is created the position of chief data officer within the department to oversee the
44 administration of the health care benefit plans for state and public employees, dependents,
45 and retirees pursuant to this article, Article 1 of Chapter 18 of Title 45, and Part 6 of Article
46 17 of Chapter 2 of Title 20. The commissioner shall appoint such chief data officer, who
47 shall be experienced in predictive modeling and have such other qualifications as
48 determined by the commissioner.

49 50-5-33.

50 On and after January 1, 2018, any contracts entered into or renewed by the department for
51 health care benefit plans for state and public employees, dependents, and retirees pursuant
52 to this article, Article 1 of Chapter 18 of Title 45, and Part 6 of Article 17 of Chapter 2 of
53 Title 20 shall include incentives to such public employees, dependents, and retirees to
54 utilize federally qualified health centers for health care needs, as appropriate.

55 50-5-34.

56 (a) The department shall establish a rapid deployment assessment team to identify up to
57 100 new sites that could potentially meet the requirements to be designated as federally
58 qualified health centers. The intent of identifying such potential new health centers shall
59 be to grow the current state-wide network of federally qualified health centers to provide
60 access to primary care health services for rural and underserved populations in this state
61 by steering commercially paying patients to such health centers to supplement, not
62 supplant, the current health care system and services provided through hospitals and other
63 health care facilities. Such potential additional new sites shall be required to provide
64 mental health services and opioid addiction services. Such potential sites shall not include
65 existing look-alike federally qualified health centers.

66 (b) The department is authorized to establish a cooperative program to assist and enable
67 such potential additional new sites to purchase medical equipment and supplies through the
68 use of centralized purchasing at bulk rates. Any such cooperative purchasing program
69 established may be utilized by hospitals or other health care facilities in this state at the
70 discretion of the department.

71 50-5-35.

72 The commissioner shall appoint a task force to advise the department regarding:

73 (1) Identifying up to 100 additional new sites by the rapid deployment assessment team
74 pursuant to Code Section 50-5-34;

75 (2) Ways that opioid addiction could best be addressed through federally qualified health
76 centers; and

77 (3) Ways to encourage utilization of federally qualified health centers by veterans for
78 their primary health care needs.

79 The task force may be authorized to study and make recommendations on any other issues
80 as deemed necessary by the commissioner.

81 50-5-36.

82 (a) The commissioner shall appoint an advisory board, consisting of up to 12 members.
83 Of such members, at least one member shall be a current employee receiving health
84 insurance benefits pursuant to this article, Article 1 of Chapter 18 of Title 45, or Part 6 of
85 Article 17 of Chapter 2 of Title 20, and at least one member shall be a retired employee
86 receiving health insurance benefits pursuant to this article, Article 1 of Chapter 18 of Title
87 45, or Part 6 of Article 17 of Chapter 2 of Title 20. The remaining members shall have
88 such qualifications as the commissioner may determine. The members of the advisory
89 board shall serve at the pleasure of the commissioner.

90 (b) The role of the advisory board shall be to provide ongoing advisement and consultation
91 to the commissioner with respect to the duties required pursuant to this article, Article 1 of
92 Chapter 18 of Title 45, and Part 6 of Article 17 of Chapter 2 of Title 20. The function of
93 such board shall be advisory only.

94 50-5-37.

95 The commissioner is authorized and directed to promulgate such rules and regulations as
96 necessary to implement the provisions of this article.

97 50-5-38.

98 (a) The Department of Administrative Services shall succeed to all rules, regulations,
99 policies, procedures, and administrative orders of the Department of Community Health
100 that are in effect on December 31, 2017, or scheduled to go into effect on or after
101 January 1, 2018, and which relate to the functions transferred to the Department of
102 Administrative Services pursuant to subsection (a) of Code Section 50-5-31 and shall
103 further succeed to any rights, privileges, entitlements, obligations, and duties of the
104 Department of Community Health that are in effect on December 31, 2017, which relate
105 to the functions transferred to the Department of Administrative Services pursuant to
106 subsection (a) of Code Section 50-5-31. Such rules, regulations, policies, procedures, and
107 administrative orders shall remain in effect until amended, repealed, superseded, or
108 nullified by the Department of Administrative Services by proper authority or as otherwise
109 provided by law.

110 (b) The rights, privileges, entitlements, and duties of parties to contracts, leases,
111 agreements, and other transactions entered into before January 1, 2018, by the Department
112 of Community Health which relate to the functions transferred to the Department of
113 Administrative Services pursuant to subsection (a) of Code Section 50-5-31 shall continue
114 to exist; and none of these rights, privileges, entitlements, and duties are impaired or
115 diminished by reason of the transfer of the functions to the Department of Administrative
116 Services. In all such instances, the Department of Administrative Services shall be
117 substituted for the Department of Community Health, and the Department of
118 Administrative Services shall succeed to the rights and duties under such contracts, leases,
119 agreements, and other transactions.

120 (c) All persons employed by the Department of Community Health in capacities which
121 relate to the functions transferred to the Department of Administrative Services pursuant
122 to subsection (a) of Code Section 50-5-31 on December 31, 2017, shall, on
123 January 1, 2018, become employees of the Department of Administrative Services in
124 similar capacities, as determined by the commissioner of administrative services. Such

125 employees shall be subject to the employment practices and policies of the Department of
 126 Administrative Services on and after January 1, 2018, but the compensation and benefits
 127 of such transferred employees shall not be reduced as a result of such transfer. Employees
 128 who are subject to the rules of the State Personnel Board and who are transferred to the
 129 department shall retain all existing rights under such rules. Accrued annual and sick leave
 130 possessed by the transferred employees on December 31, 2017, shall be retained by such
 131 employees as employees of the Department of Administrative Services.
 132 (d) On January 1, 2018, the Department of Administrative Services shall receive custody
 133 of the state owned real property in the custody of the Department of Community Health on
 134 December 31, 2017, and which pertains to the functions transferred to the Department of
 135 Administrative Services pursuant to subsection (a) of Code Section 50-5-31."

136 **PART II**

137 **SECTION 2-1.**

138 Chapter 2 of Title 31 of the Official Code of Georgia Annotated, relating to the Department
 139 of Community Health, is amended by revising Code Section 31-2-2, relating to definitions,
 140 as follows:

141 "31-2-2.

142 As used in this chapter, the term:

143 (1) 'Board' means the Board of Community Health established under Code Section
 144 31-2-3.

145 (2) 'Commissioner' means the commissioner of community health established under
 146 Code Section 31-2-6.

147 (3) 'Department' means the Department of Community Health established under Code
 148 Section 31-2-4.

149 (4) 'Predecessor agency or unit' means the Department of Community Health, the
 150 Division of Public Health of the Department of Human Resources, and the Office of
 151 Regulatory Services of the Department of Human Resources.

152 (5) ~~'State health benefit plan' means the health insurance plan authorized under Article~~
 153 ~~1 of Chapter 18 of Title 45 and Part 6 of Article 17 of Chapter 2 of Title 20.~~

154 (6) 'State Personnel Board' means the board established under Article IV, Section III of
 155 the Constitution."

156 **SECTION 2-2.**

157 Said chapter is further amended by revising subsection (c) and paragraph (1) of
 158 subsection (d) of Code Section 31-2-4, relating to the powers, duties, functions, and
 159 responsibilities of the Department of Community Health, as follows:

160 ~~"(c) The Board of Regents of the University System of Georgia is authorized to contract
 161 with the department for health benefits for members, employees, and retirees of the board
 162 of regents and the dependents of such members, employees, and retirees and for the
 163 administration of such health benefits. The department is also authorized to contract with
 164 the board of regents for such purposes. Reserved."~~

165 ~~"(1) Shall be the lead agency in coordinating and purchasing health care benefit plans for
 166 state and public employees, dependents, and retirees and may also coordinate with the
 167 board of regents for the purchase and administration of such health care benefit plans for
 168 its members, employees, dependents, and retirees; Reserved."~~

169 **SECTION 2-3.**

170 Said chapter is further amended by revising subsection (b) of Code Section 31-2-11, relating
 171 to biopharmaceuticals and expedited review for Georgia based companies, as follows:

172 ~~"(b) The Department of Community Health shall expedite the review of any prescription
 173 drug or other health care product having an approved indication from the federal Food and
 174 Drug Administration for use with humans and that is produced by a Georgia biotechnology,
 175 biopharmaceutical, or pharmaceutical company for any health care coverage provided
 176 under the state health benefit plan under Article 1 of Chapter 18 of Title 45, the medical
 177 assistance program under Article 7 of Chapter 4 of Title 49; or the PeachCare for Kids
 178 Program under Article 13 of Chapter 5 of Title 49, ~~or any other health benefit plan or
 179 policy administered by or on behalf of the state. The Department of Administrative
 180 Services shall expedite the review of any prescription drug or other health care product
 181 having an approved indication from the federal Food and Drug Administration for use with
 182 humans and that is produced by a Georgia biotechnology, biopharmaceutical, or
 183 pharmaceutical company for any health care coverage provided under the state health
 184 benefit plan under Article 1 of Chapter 18 of Title 45 or any other health benefit plan or
 185 policy administered by or on behalf of the state. Such review shall take place as soon as
 186 practicable following the date that such drug or health care product becomes available for
 187 public consumption. This subsection shall apply to all contracts entered into or renewed
 188 by the Department of Community Health or the Department of Administrative Services on
 189 or after July 1, 2008."~~~~

SECTION 2-4.

190
191 Said chapter amended by revising Code Section 31-2-12, relating to pilot program to provide
192 coverage for bariatric surgical procedures for treatment of obesity and related conditions, as
193 follows:

194 "31-2-12.

195 (a) As used in this Code section, the term 'state health insurance plan' means:

196 (1) The state employees' health insurance plan established pursuant to Article 1 of
197 Chapter 18 of Title 45;

198 (2) The health insurance plan for public school teachers established pursuant to Subpart
199 2 of Part 6 of Article 17 of Chapter 2 of Title 20; and

200 (3) The health insurance plan for public school employees established pursuant to
201 Subpart 3 of Part 6 of Article 17 of Chapter 2 of Title 20.

202 (b) Beginning six months after the effective date of this Code section, the department shall
203 conduct a two-year pilot program to provide coverage for the treatment and management
204 of obesity and related conditions under a state health insurance plan. The pilot program
205 will provide benefits for medically necessary bariatric procedures for participants selected
206 for inclusion in the pilot program. As of January 1, 2018, the responsibilities, duties, and
207 obligations of the department with respect to this Code section shall be transferred to the
208 Department of Administrative Services.

209 (c) Participation in the pilot program shall be limited to no more than 75 individuals per
210 year, to be selected in a manner determined by the department. Any person who has
211 elected coverage under a state health insurance plan shall be eligible to be selected to
212 participate in the pilot program in accordance with criteria established by the department
213 which shall include, but not be limited to:

214 (1) Participation in a state health insurance plan for at least 12 months;

215 (2) Completion of a health risk assessment through a state health insurance plan;

216 (3) A body mass index of:

217 (A) Greater than 40; or

218 (B) Greater than 35 with one or more co-morbidities such as diabetes, hypertension,
219 gastro-esophageal reflux disease, sleep apnea, or asthma;

220 (4) Consent to provide personal and medical information to a state health insurance plan;

221 (5) Non-tobacco user;

222 (6) No other primary group health coverage or primary coverage with Medicare; and

223 (7) Must have been covered under a state health insurance plan for two years
224 immediately prior to the pilot program and must express an intent to continue coverage
225 under such state health insurance plan for two years following the approved surgical
226 procedure date.

227 (d) Eligible individuals must apply to participate in the pilot program. The individual and
228 his or her physician shall complete and submit an obesity treatment program application
229 to the department no later than February 1 for each year of the pilot program. The
230 department's contracted health insurance carrier shall review the criteria contained in
231 subsection (c) of this Code section to determine qualified applicants for the pilot program.

232 (e) The selected participants shall be eligible to receive a multi-disciplinary health
233 evaluation at a facility located within the State of Georgia which is designated by the
234 American Society for Metabolic and Bariatric Surgery as a Bariatric Surgery Center of
235 Excellence. The bariatric surgical procedures covered in the pilot program are:

- 236 (1) Gastric band;
- 237 (2) Laparoscopic sleeve gastrectomy; and
- 238 (3) Rouen-Y gastric bypass.

239 The participants shall use the department's contracted health insurance carrier to enroll in
240 a case management program and to receive prior authorization for a surgical procedure
241 provided pursuant to the pilot program. The health insurance carrier shall provide case
242 management and patient follow-up services. Benefits for a bariatric surgical procedure
243 under the pilot program shall be provided only when the surgical procedure is performed
244 at a Center of Excellence within the State of Georgia.

245 (f) All health care services provided pursuant to the pilot program shall be subject to the
246 health insurance carrier's plan of benefits and policy provisions. Complications that arise
247 after the discharge date are subject to the health insurance carrier's plan of benefits and
248 policy provisions.

249 (g) Participants must agree to comply with any and all terms and conditions of the pilot
250 program including, but not limited to, participation and reporting requirements.
251 Participation requirements shall include a 12 month postsurgery case management
252 program. Each participant must also agree to comply with any and all requests by the
253 department for postsurgical medical and productivity information, and such agreement
254 shall survive his or her participation in a state health insurance plan.

255 (h) A panel shall review the results and outcomes of the pilot program beginning six
256 months after program initiation and shall conduct subsequent reviews every six months for
257 the remainder of the pilot program. The panel shall be composed of the following
258 members, appointed by the Governor:

- 259 (1) A representative of a state health insurance plan;
- 260 (2) A representative of the state contracted health insurance carrier or carriers providing
261 coverage under the pilot program; and
- 262 (3) At least two physicians who carry a certification by the American Society for
263 Metabolic and Bariatric Surgery.

- 264 (i) The department shall provide a final report by December 15 of the last year of the pilot
 265 program to the chairpersons of the House Committee on Health and Human Services, the
 266 Senate Health and Human Services Committee, the House Committee on Appropriations,
 267 and the Senate Appropriations Committee. The report shall include, at a minimum:
- 268 (1) Whether patients in the pilot have experienced:
 - 269 (A) A reduction in body mass index, and if so, the average amount of reduction; or
 - 270 (B) The reduction or elimination of co-morbidities, and if so, which co-morbidities
 - 271 were reduced or eliminated;
 - 272 (2) The total number of individuals who applied to participate in the pilot program;
 - 273 (3) The total number of participants who enrolled in the pilot program;
 - 274 (4) The average cost of each procedure conducted under the pilot program, including
 - 275 gastric band, laparoscopic sleeve gastrectomy, and Rouen-Y gastric bypass;
 - 276 (5) The total cost of each participant's annual health care costs prior to the surgical
 - 277 procedure and for each of the subsequent post-procedure years for the three years
 - 278 following the surgical procedure; and
 - 279 (6) The percentage of participants still employed by the state 12 months following the
 - 280 surgical procedure and 24 months following the surgical procedure, respectively.
- 281 (j) This Code section shall stand repealed 42 months after the effective date of such Code
 282 section."

283 **PART III**

284 **SECTION 3-1.**

285 Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to employees'
 286 insurance and benefits plans, is amended by revising Article 1, relating to state employees'
 287 health insurance plan and post-employment health benefit fund, as follows:

288 "ARTICLE 1

289 Part 1

290 45-18-1.

291 As used in this part, the term:

- 292 (1) ~~'Board' means the Board of Community Health established under Chapter 2 of Title~~
 293 ~~31.~~
- 294 (1.1) 'Commissioner' means the commissioner of ~~community health~~ administrative
 295 services.
- 296 (2) 'Department' means the Department of Administrative Services.

297 ~~(2)~~(3) 'Employee' means:

298 (A) A person who works full time for the state and receives his or her compensation
 299 in a direct payment from a department, agency, or institution of state government;
 300 provided, however, that such term shall not include specially classified maintenance
 301 and food service employees of the Jekyll Island—State Park Authority hired on or after
 302 July 1, 1987, and paid on an hourly basis;

303 (B) An annuitant who at the time of his or her retirement worked full time for the state
 304 and received his or her compensation in a direct payment from a department, agency,
 305 or institution of state government and who draws a monthly benefit from the
 306 Employees' Retirement System of Georgia or the Georgia Judicial Retirement System;

307 (C) A person who is appointed to an emeritus position under the laws of this state;

308 (D) Members of the General Assembly;

309 (E) Administrative and clerical personnel of the General Assembly;

310 (F) District attorneys of the superior courts of this state;

311 (G) Assistant district attorneys of the superior courts of this state who are appointed
 312 pursuant to Code Section 15-18-14 and district attorneys' investigators appointed
 313 pursuant to Code Section 15-18-14.1;

314 (H) A person who works full time and receives his or her compensation in a direct
 315 payment from a county board of health or the county boards of health comprising a
 316 health district or the county boards of health receiving financial assistance from the
 317 Department of Public Health;

318 (I) An annuitant who at the time of his or her retirement worked full time and received
 319 his or her compensation in a direct payment from a county board of health or the county
 320 boards of health comprising a health district or the county boards of health receiving
 321 financial assistance from the Department of Public Health;

322 (J) A county employee who works full time for a county department of family and
 323 children services and who receives his or her compensation from a county department
 324 of family and children services;

325 (K) An annuitant who at the time of his or her retirement was a county employee who
 326 worked full time for a county department of family and children services and who
 327 received his or her compensation in a direct payment from a county department of
 328 family and children services and who draws a monthly benefit from either the
 329 Employees' Retirement System of Georgia or a county employees' retirement system;

330 (L) Secretaries employed by district attorneys and by judges of the superior courts and
 331 law clerks employed by judges of the superior courts under Code Sections 15-6-25
 332 through 15-6-28 and Code Sections 15-18-17 through 15-18-19.

333 ~~(3)~~(4) 'Person who works full time' means an individual who works at least 30 hours per
 334 week and whose employment is intended to be a continuing employment. This would
 335 exclude any student, seasonal, intermittent, or part-time employment. This would also
 336 exclude employment intended for only a very limited duration. Notwithstanding this
 337 definition or any other provision of this part, the board commissioner may, by regulation,
 338 make available to employees who work 17 1/2 hours or more per week such benefits as
 339 are required to be made available to such employees by regulations of the United States
 340 Internal Revenue Service or any other federal authority.

341 ~~(4)~~(5) 'Professional claim administrators' means any person, firm, or corporation which
 342 has at least two years' experience in the handling of insurance claims and which the board
 343 commissioner has determined to be fully qualified, financially sound, and capable of
 344 meeting all of the service requirements of the contract of administration under such
 345 criteria as may have been established by appropriate rules and regulations promulgated
 346 by the board commissioner after due notice and hearing as required by law.

347 45-18-2.

348 (a) The board commissioner is authorized to establish a health insurance plan for
 349 employees of the state and to adopt and promulgate rules and regulations for its
 350 administration, subject to the limitations contained in this part. The health insurance plan
 351 may provide for group hospitalization and surgical and medical insurance against the
 352 financial costs of hospitalization, surgery, and medical treatment and care and may also
 353 include, among other things, prescribed drugs, medicines, prosthetic appliances, hospital
 354 inpatient and outpatient service benefits, dental benefits, vision care benefits, and medical
 355 expense indemnity benefits, including major medical benefits.

356 (b) If a retiring or retired employee or the beneficiary of such retiring or retired employee
 357 exercises eligibility under board commissioner regulations to continue coverage under the
 358 plan and the retiring or retired employees or the beneficiary is eligible to participate in the
 359 insurance program operated by or on behalf of the federal government under the provisions
 360 of 42 U.S.C.A. Section 1395, as amended, the coverage available under the health
 361 insurance plan shall be subordinated to the coverage available under such federal program.
 362 The board commissioner is authorized to promulgate regulations to establish the premium
 363 paid by the retired employee or beneficiary to reflect the subordination of coverage.

364 45-18-3.

365 The health insurance plan shall be designed by the board commissioner to:

366 (1) Provide a reasonable relationship between the hospital, surgical, and medical benefits
 367 to be included and the expected distribution of expenses of each such type to be incurred
 368 by the covered employees and dependents; and

369 (2) Include reasonable controls, which may include deductible and reinsurance
 370 provisions applicable to some or all of the benefits, to reduce unnecessary utilization of
 371 the various hospital, surgical, and medical services to be provided and to provide
 372 reasonable assurance of stability in future years of the plan.

373 45-18-4.

374 The health insurance plan shall not include expenses incurred by or on account of an
 375 individual prior to the effective date of the plan; expenses for services received for injury
 376 or sickness due to war or any act of war, whether declared or undeclared, which war or act
 377 of war shall have occurred after the effective date of this plan; expenses for which the
 378 individual is not required to make payment; expenses to the extent of benefits provided
 379 under any employer group plan other than this plan in which the state participates in the
 380 cost thereof; expenses for abortion services except to the extent permitted under the state
 381 health benefit plan approved by the ~~board~~ commissioner as such plan existed on
 382 January 1, 2014; and such other expenses as may be excluded by regulations of the ~~board~~
 383 commissioner. For purposes of this Code section, the term 'abortion' shall have the same
 384 meaning as provided in Code Section 31-9A-2.

385 45-18-5.

386 (a) The ~~board~~ department is authorized to contract with the various counties of this state
 387 for the inclusion of the employees of any county within any health insurance plan or plans
 388 established under this part. The various counties of this state are authorized to contract
 389 with the ~~board~~ department as provided in this Code section. In the event that any such
 390 contract is entered into, it shall be the duty of any counties so contracting to deduct from
 391 the salary or other compensation of its employees such payment as may be required under
 392 any health insurance plan and to remit the same to the ~~board~~ department for inclusion in
 393 the health insurance fund. In addition, it shall be the duty of such county or counties to
 394 make the employer contributions required for the operation of such plan or plans. Should
 395 such county or counties fail to remit such deductions or such employer contributions, the
 396 commissioner may, upon written notice to such county or counties, terminate the coverage
 397 for such employees as of the day following the last day for which such deductions or such
 398 employer contributions were remitted to the ~~board~~ department. Coverage may be reinstated
 399 upon the tender of any such deductions or employer contributions not previously remitted.

400 (b) County officials may elect to be included in a health insurance plan, health
401 maintenance organization, or other health benefits plan offered or provided by a county for
402 its county officials or any health plan or plans established under this part. The governing
403 authority of a county may elect by majority vote to provide for payment in a uniform
404 manner of any portion, all, or none of the employer contributions for or required premiums
405 or payments due from the county officials or former county officials who under this Code
406 section are eligible for inclusion in the health plan or plans established under this part. The
407 ~~board~~ department is authorized to contract with the County Officers Association of Georgia
408 on behalf of the various counties of this state for the inclusion in any health insurance plan
409 or plans established under this part of officials, spouses, and dependents of officials serving
410 in one or more of the following capacities: probate judge, sheriff, tax commissioner or tax
411 collector, clerk of the superior court, full-time or part-time state court judge, solicitor, state
412 court clerk, or solicitor-general, chief magistrate, juvenile court judge, or members of the
413 county governing authority and officials, spouses, and dependents of officials leaving
414 office on or after December 31, 1996, who have served at least 12 years in one or more of
415 the following capacities: probate judge, sheriff, tax commissioner or tax collector, clerk of
416 the superior court, full-time or part-time state court judge, solicitor, state court clerk, or
417 solicitor-general, chief magistrate, juvenile court judge, or members of the county
418 governing authority. The County Officers Association of Georgia is authorized to contract
419 with the ~~board~~ department as provided in this Code section. In the event that such a
420 contract is entered into, it shall be the duty of the County Officers Association of Georgia
421 to collect from the various counties of this state with which it has contracted under this
422 subsection and remit to the ~~board~~ department such payment as may be required under any
423 health insurance plan for inclusion in the health insurance fund. The County Officers
424 Association of Georgia may add a reasonable fee to the premiums required under the plan
425 to cover necessary administrative costs. In addition, it shall be the duty of the County
426 Officers Association of Georgia to maintain and remit to the ~~board~~ department accurate
427 records of official, dependent, and other information required by the ~~board~~ department to
428 administer this Code section. Should the County Officers Association of Georgia fail to
429 remit such payment, the commissioner may, upon written notice to the County Officers
430 Association of Georgia, terminate the coverage for such officials as of the day following
431 the last day for which such payment was remitted to the ~~board~~ department. Coverage may
432 be reinstated upon the tender of any such deductions or employer contributions not
433 previously remitted.

434 (c) The various counties of this state are authorized to contract with the County Officers
435 Association of Georgia for the inclusion in any health insurance plan or plans established
436 under this part of officials, spouses, and dependents of officials serving in one or more of

437 the following capacities: probate judge, sheriff, tax commissioner or tax collector, clerk of
438 the superior court, full-time or part-time state court judge, solicitor, or solicitor-general,
439 chief magistrate, juvenile court judge, or members of the county governing authority and
440 officials, spouses, and dependents of officials leaving office on or after December 31, 1996,
441 who have served at least 12 years in one or more of the following capacities: probate judge,
442 sheriff, tax commissioner or tax collector, clerk of the superior court, full-time or part-time
443 state court judge, solicitor, state court clerk, or solicitor-general, chief magistrate, juvenile
444 court judge, or members of the county governing authority. The County Officers
445 Association of Georgia is authorized to contract with the various counties of the state as
446 provided in this Code section. In the event that any such contracts are entered into, it shall
447 be the duty of any counties so contracting to deduct from the salary or other compensation
448 of its officials and otherwise collect from former officials such payment as may be required
449 under any health insurance plan and to remit the same to the County Officers Association
450 of Georgia for payment to the ~~board~~ department. To the extent employer contributions are
451 not fully made by a county, it shall be the duty of the covered officials and former officials
452 to make such employer contributions required on their behalf for the operation of such plan
453 or plans. Should the County Officers Association of Georgia fail to remit such payment,
454 the commissioner may, upon written notice to the County Officers Association of Georgia,
455 terminate the coverage for such officials as of the day following the last day for which such
456 payment was remitted to the ~~board~~ department. Coverage may be reinstated upon the
457 tender of any such deductions or employer contributions not previously remitted.

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

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

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

474 45-18-5.1.

475 The Georgia Vocational Rehabilitation Agency is authorized to contract with the Georgia
476 Cooperative Services for the Blind, Inc., a nominee agent designated by the Georgia
477 Vocational Rehabilitation Agency, for the inclusion of licensed blind persons or other
478 persons with disabilities operating a vending facility in accordance with Article 2 of
479 Chapter 9 of Chapter 49 within any health insurance plan or plans established under this
480 part. In the event any contract is entered into, it shall be the duty of the Georgia
481 Cooperative Services for the Blind, Inc., to deduct the payment required under the plan
482 from the earnings or other compensation of licensed blind persons or other persons with
483 disabilities and remit it to the Georgia Vocational Rehabilitation Agency for inclusion in
484 the health insurance fund. In addition, it shall be the duty of the Georgia Cooperative
485 Services for the Blind, Inc., to make the employer contributions required for the operation
486 of such plan or plans. Should the Georgia Cooperative Services for the Blind, Inc., fail to
487 remit such deductions or such employer contributions through the Georgia Vocational
488 Rehabilitation Agency, the ~~board~~ commissioner may, upon written notice to the Georgia
489 Cooperative Services for the Blind, Inc., terminate the coverage for such employees as of
490 the day following the last day for which such deductions or such employer contributions
491 were remitted to the ~~board~~ department. Coverage may be reinstated upon the tender of any
492 such deductions or employer contributions not previously remitted.

493 45-18-5.2.

494 The ~~board~~ department is authorized to contract with public and private nonprofit sheltered
495 employment centers which contract with or employ persons within the Georgia Vocational
496 Rehabilitation Agency and the Department of Behavioral Health and Developmental
497 Disabilities for the inclusion of employees working in the sheltered employment centers
498 within any health insurance plan or plans established under this part. The ~~board~~
499 commissioner is authorized to adopt regulations for entering into any contract. In the event
500 any contract is entered into, it shall be the duty of the sheltered employment center to remit
501 any funds that may be deducted from the earnings or other compensation of such sheltered
502 employees for inclusion in the health insurance fund. In addition, it shall be the duty of the
503 sheltered employment center to make the employer contributions required for the operation
504 of such plan or plans. Should the sheltered employment center fail to remit such
505 deductions or such employer contributions to the ~~board~~ department, the commissioner may,
506 upon written notice to the sheltered employment center, terminate the coverage for such
507 employees as of the day following the last day for which such deductions or such employer
508 contributions were remitted to the ~~board~~ department. Coverage may be reinstated upon the
509 tender of any such deductions or employer contributions not previously remitted.

510 45-18-6.

511 (a) The ~~board~~ department is authorized to execute a contract or contracts to provide the
512 benefits under the plan of health insurance benefits determined upon in accordance with
513 this part. Such contract or contracts may be executed with one or more corporations
514 licensed to transact accident and health insurance business in this state. All of the benefits
515 to be provided under this part may be included in one or more similar contracts or the
516 benefits may be classified into different types, with each type included under one or more
517 similar contracts issued by the same or different companies. A reasonable time before
518 entering into any insurance contract provided for in this Code section, the ~~board~~
519 commissioner shall invite proposals from such qualified insurers as in the opinion of the
520 ~~board~~ commissioner would desire to accept any part of the insurance coverage authorized
521 by this part.

522 (b) The ~~board~~ commissioner may arrange with any corporation licensed to transact
523 accident and health insurance business in this state, which corporation issued any such
524 contract, to reinsure portions of such contract with any other such corporation which
525 elected to be a reinsurer and is legally competent to enter into a reinsurance agreement.
526 The ~~board~~ commissioner may designate one or more of such corporations as the
527 administering corporation or corporations. Each employee who is covered under any such
528 contract or contracts shall receive a certificate setting forth the benefits to which the
529 employee and his or her dependents are entitled thereunder, stating to whom such benefits
530 shall be payable, stating to whom claims should be submitted, and summarizing the
531 provisions of the contract principally affecting the employee and his or her dependents.
532 Such certificate shall be in lieu of the certificate which the corporation or corporations
533 issuing such contract or contracts would otherwise issue. The corporations eligible to
534 participate as reinsurers, and the amount of coverage under the contract or contracts to be
535 allocated to each issuing corporation or reinsurer, may be redetermined by the ~~board~~
536 commissioner for and in advance of any contract year after the first year and with any
537 modifications thereof it the commissioner deems appropriate to carry out the intent of
538 reinsuring portions of the coverage, subject to such limitations as set forth in this part. At
539 the end of any contract year the ~~board~~ department may discontinue any contract or
540 contracts it has executed with any corporation or corporations and replace it or them with
541 a contract or contracts with any other corporation or corporations meeting the requirements
542 of this Code section; or the ~~board~~ commissioner may, at its his or her discretion, establish
543 a self-insured plan in whole or in part.

544 (c) Notwithstanding any other provision of this part to the contrary, the ~~board~~
545 commissioner is authorized to execute a contract or contracts with one or more insurers
546 authorized to transact accident and sickness insurance in this state or with one or more

547 hospital service nonprofit corporations, nonprofit medical service corporations, or health
548 care corporations or with one or more professional claim administrators authorized or
549 licensed to transact business in this state or with one or more independent adjusting firms
550 with employees who are licensed as independent adjusters pursuant to Article 1 of
551 Chapter 23 of Title 33 to provide administrative services in connection with a self-insured
552 health insurance plan for state employees.

553 (d) The board department may contract with any health maintenance organization qualified
554 to conduct business in this state pursuant to Chapter 21 of Title 33, relating to health
555 maintenance organizations, which organization provides evidence that it is qualified to
556 operate as a health maintenance organization in accordance with the rules and regulations
557 issued by the secretary of the Department of Health and Human Services of the United
558 States; or the board department may contract with any other corporation licensed under
559 Title 33, which corporation is authorized by law to provide the same types of benefits
560 which are provided by such health maintenance organizations.

561 45-18-7.

562 The contract or contracts shall provide for health insurance for retiring state employees and
563 their spouses and dependent children, as defined by the regulations of the board
564 commissioner, on such terms as the board commissioner may deem appropriate; and the
565 board commissioner may authorize the inclusion in the plan of the employees and retiring
566 employees of state authorities covered by the Employees' Retirement System of Georgia
567 and their spouses and dependent children, as defined by the regulations of the board
568 commissioner. Any state authority participating in the plan shall be required to pay the
569 same rate of contribution paid by the state. The board commissioner shall adopt
570 regulations prescribing the conditions under which an employee or retiring employee may
571 elect to participate in or withdraw from the plan.

572 45-18-7.1.

573 The board department is authorized to contract with the Georgia Development Authority
574 for the inclusion in any health insurance plan or plans established under this part of the
575 employees and retiring employees of the Georgia Development Authority and their spouses
576 and dependent children, as defined by the regulations of the board commissioner. It shall
577 be the duty of the Georgia Development Authority to deduct from the salary or other
578 remuneration of its employees such payment as may be required under the board's
579 commissioner's regulations. In addition, it shall be the duty of the Georgia Development
580 Authority to make the employer contributions required for the operation of such plan or
581 plans. Should the Georgia Development Authority fail to remit such deductions or such

582 employer contributions to the board department, the commissioner may, upon written
583 notice to the Georgia Development Authority, terminate the coverage for such employees
584 as of the day following the last day for which such deductions or such employer
585 contributions were remitted to the board department. Coverage may be reinstated upon the
586 tender of any such deductions or employer contributions not previously remitted.

587 45-18-7.2.

588 Reserved.

589 45-18-7.3.

590 The board department is authorized to contract with the Peace Officers' Annuity and
591 Benefit Fund, Georgia Firefighters' Pension Fund, and the Sheriffs' Retirement Fund of
592 Georgia for the inclusion in any health insurance plan or plans established under this part
593 of the employees and retiring employees of said Peace Officers' Annuity and Benefit Fund,
594 Georgia Firefighters' Pension Fund, and Sheriffs' Retirement Fund of Georgia and their
595 spouses and dependent children, as defined by the regulations of the board commissioner.
596 It shall be the duty of said Peace Officers' Annuity Benefit Fund, Georgia Firefighters'
597 Pension Fund, and Sheriffs' Retirement Fund of Georgia to deduct from the salary or other
598 remuneration of their employees such payment as may be required under the board's
599 commissioner's regulations. In addition, it shall be the duty of said Peace Officers' Annuity
600 and Benefit Fund, Georgia Firefighters' Pension Fund, and Sheriffs' Retirement Fund of
601 Georgia to make the employer contributions required for the operation of such plan or
602 plans. Should the Peace Officers' Annuity and Benefit Fund, Georgia Firefighters' Pension
603 Fund, or Sheriffs' Retirement Fund of Georgia fail to remit such deductions or such
604 employer contributions to the board department, the commissioner may, upon written
605 notice to the Peace Officers' Annuity and Benefit Fund, Georgia Firefighters' Pension Fund,
606 or Sheriffs' Retirement Fund of Georgia, as the case may be, terminate the coverage for
607 such employees as of the day following the last day for which such deductions or such
608 employer contributions were remitted to the board department. Coverage may be reinstated
609 upon the tender of any such deductions or employer contributions not previously remitted.

610 45-18-7.4.

611 Reserved.

612 45-18-7.5.

613 The board department is authorized to contract with the Georgia Housing and Finance
614 Authority for the inclusion in any health insurance plan or plans established under this part

615 of the employees and retiring employees of the Georgia Housing and Finance Authority
616 and their spouses and dependent children, as defined by the regulations of the ~~board~~
617 commissioner. It shall be the duty of the Georgia Housing and Finance Authority to deduct
618 from the salary or other remuneration or otherwise collect such payment from its qualified
619 employees, retired employees, or dependents as may be required under the ~~board's~~
620 commissioner's regulations. In addition, it shall be the duty of the Georgia Housing and
621 Finance Authority to make the employer contributions required for the operation of such
622 plan or plans. Should the Georgia Housing and Finance Authority fail to remit such
623 deductions or such employer contributions to the ~~board~~ department, the commissioner may,
624 upon written notice to the Georgia Housing and Finance Authority, terminate the coverage
625 for such employees as of the day following the last day for which such deductions or such
626 employer contributions were remitted to the ~~board~~ department. Coverage may be reinstated
627 upon the tender of any such deductions or employer contributions not previously remitted.

628 45-18-7.6.

629 The ~~board~~ department is authorized to contract with the Georgia-Federal State Inspection
630 Service for the inclusion in any health insurance plan or plans established under this part
631 of the state employees of, retiring employees of, and employees who retired under the
632 Employees' Retirement System of Georgia on or before July 1, 2000, from the
633 Georgia-Federal State Inspection Service and their spouses and dependent children, as
634 defined by the regulations of the ~~board~~ commissioner. It shall be the duty of the
635 Georgia-Federal State Inspection Service to deduct from the salary or other remuneration
636 or otherwise collect such payment from its qualified employees or dependents as may be
637 required under the ~~board's~~ commissioner's regulations. In addition, it shall be the duty of
638 the Georgia-Federal State Inspection Service to make the employer contributions required
639 for the operation of such plan or plans. Should the Georgia-Federal State Inspection
640 Service fail to remit such deductions or such employer contributions to the ~~board~~
641 department, the commissioner may, upon written notice to the Georgia-Federal State
642 Inspection Service, terminate the coverage for such employees as of the day following the
643 last day for which such deductions or such employer contributions were remitted to the
644 ~~board~~ department. Coverage may be reinstated upon the tender of any such deductions or
645 employer contributions not previously remitted.

646 45-18-7.7.

647 (a) The ~~board~~ department is authorized to contract with any public or nonprofit critical
648 access hospital that meets such requirements as the department may establish for the
649 inclusion of the employees and dependents of such critical access hospitals in any health

650 plan established under this part. It shall be the duty of such critical access hospital to
651 deduct from the salary or other remuneration or otherwise collect such payment from its
652 qualified employees as may be required under the ~~board's~~ commissioner's regulations. In
653 addition, it shall be the duty of such critical access hospital to make the employer
654 contributions required for the operation of such plan. Should any critical access hospital
655 fail to remit such deductions or such employer contributions to the ~~board~~ department, the
656 commissioner may, upon written notice to such critical access hospital, terminate the
657 coverage for such employees as of the day following the last day for which such deductions
658 or such employer contributions were remitted to the ~~board~~ department. Coverage may be
659 reinstated upon the tender of any such deductions or employer contributions not previously
660 remitted.

661 (b) The ~~board~~ department is authorized to contract with any federally qualified health
662 center, as defined in Section 1395x(aa)(4) of Title 42 of the United States Code Annotated,
663 that meets such requirements as the department may establish for the inclusion of the
664 employees and dependents of such federally qualified health centers in any health plan
665 established under this part. It shall be the duty of the federally qualified health center to
666 deduct from the salary or other remuneration or otherwise collect such payment from its
667 qualified employees as may be required under the ~~board's~~ commissioner's regulations. In
668 addition, it shall be the duty of such federally qualified health center to make the employer
669 contributions required by the ~~board~~ commissioner for the operation of such plan. The
670 department shall make a determination, ~~no later than January 1, 2005~~, as to whether a
671 federally qualified health center is an agency or instrumentality of the State of Georgia.
672 In the event that the department determines that such centers are agencies or
673 instrumentalities of the State of Georgia, then all employees and dependents of such centers
674 shall be eligible for inclusion in the state employees' health insurance plan. Should any
675 such federally qualified health center fail to remit such deductions or such employer
676 contributions to the ~~board~~ department, the commissioner may, upon written notice to such
677 federally qualified health center, terminate the coverage for such employees as of the day
678 following the last day for which such deductions or such employer contributions were
679 remitted to the ~~board~~ department. Coverage may be reinstated upon the tender of any such
680 deductions or employer contributions not previously remitted.

681 (c) The authority granted to the ~~board~~ commissioner pursuant to Code Sections 45-18-5.1,
682 45-18-5.2, 45-18-7.1, 45-18-7.3, 45-18-7.5, and 45-18-7.6; by this Code section; or by any
683 other provision of this part may be exercised only upon a determination by the department
684 that the employer is an agency or instrumentality of the State of Georgia or, if the
685 department determines that such entities are not agencies or instrumentalities of the State
686 of Georgia, then employees and dependents of such entities may be included in the state

687 employees' health insurance plan up to the point that such health plan would not be able
688 to retain its exempt status under the federal Employee Retirement Income Security Act of
689 1974.

690 45-18-7.8.

691 The board department is authorized to contract with the Georgia Student Finance Authority
692 for the inclusion in any health insurance plan or plans established under this part of the
693 employees of the Georgia Student Finance Authority and their spouses and dependent
694 children, as defined by the regulations of the board commissioner. It shall be the duty of
695 the Georgia Student Finance Authority to deduct from the salary or other remuneration of
696 its employees such payment as may be required under the board's commissioner's
697 regulations. In addition, it shall be the duty of the Georgia Student Finance Authority to
698 make the employer contributions required for the operation of such plan or plans.

699 45-18-8.

700 Upon agreeing to pay his or her contribution to the cost of such coverage, each employee
701 shall be entitled to have his or her spouse and dependent children, as defined by the
702 regulations of the board commissioner, included in the coverage. The board commissioner
703 shall adopt regulations governing the discontinuance and resumption by employees of
704 coverage for dependents.

705 45-18-9.

706 (a) At the time of death of any employee, annuitant, or other person who is the primary or
707 principal beneficiary of said contract or contracts for health insurance and who dies on or
708 after March 1, 1966, having at least 13 years and four months of creditable service as
709 determined pursuant to Chapter 2 of Title 47, any spouse or dependent child or children
710 included in the coverage of the contract or contracts for health insurance as provided in this
711 part may be entitled to continue such coverage upon agreeing to pay contributions to the
712 cost of such coverage as may be provided by rules and regulations of the board
713 commissioner. The board commissioner shall be authorized to promulgate and adopt rules
714 and regulations governing the continuance, discontinuance, and resumption of coverage by
715 any such spouse or dependent child or children.

716 (b) At the time of death of any employee, annuitant, or other person who was the primary
717 or principal beneficiary of said contract or contracts for health insurance and who died
718 during the period from July 1, 1962, to and including April 30, 1966, any spouse or
719 dependent child or children included in the coverage of the contract or contracts for health
720 insurance as provided in this part may be entitled to resume such coverage upon agreeing

721 to pay contributions to the cost of such coverage as may be provided by rules and
722 regulations of the ~~board~~ commissioner. The ~~board~~ commissioner may promulgate and
723 adopt rules and regulations governing the resumption, continuance, and discontinuance of
724 coverage by any such spouse or dependent child or children.

725 (c) At the time of death of any employee, annuitant, or other person who is the primary or
726 principal beneficiary of said contract or contracts for health insurance pursuant to Chapter
727 8 of Title 47, or as determined pursuant to Chapter 9, 12, or 13 of Title 47, any annuitant
728 included in the coverage of the contract or contracts for health insurance as provided in this
729 part may be entitled to continue such coverage upon agreeing to pay contributions to the
730 cost of such coverage as may be provided by rules and regulations of the ~~board~~
731 commissioner. The ~~board~~ commissioner shall be authorized to promulgate and adopt rules
732 and regulations governing the continuance, discontinuance, and resumption of coverage by
733 any such spouse or dependent child or children.

734 (d) The surviving spouse and covered dependents of any retired employee who are
735 included in the contract or contracts for health insurance coverage under this part shall be
736 eligible to continue such coverage after the death of the retired employee upon agreeing to
737 pay employee premiums for such coverage in accordance with the rules and regulations of
738 the ~~board~~ commissioner. The ~~board~~ commissioner is authorized and directed to promulgate
739 and adopt rules and regulations governing the continuance, discontinuance, or resumption
740 of coverage by any such surviving spouse and covered dependents. This subsection shall
741 not apply unless the parties have been married at least one full year prior to the death of the
742 retired employee; and coverage shall cease for the covered spouse upon the occurrence of
743 any event, other than the death of the retired employee, which would render the surviving
744 spouse ineligible for continued coverage under the contract. For purposes of the
745 immediately preceding sentence relating to covered spouses, the remarriage of the
746 surviving spouse shall be considered to be the same as a divorce from the retired employee
747 for purposes of determining the spouse's eligibility.

748 (e) If any employee of this state is killed while acting within the scope of his or her
749 employment or receives bodily injury while acting within the scope of his or her
750 employment that directly results in death thereafter, eligible dependents may continue
751 coverage, provided that:

752 (1) The deceased employee was the primary or principal beneficiary of any contract or
753 contracts for health insurance established under this part;

754 (2) At the time of death, the employee included his or her eligible dependents under such
755 contract or contracts for health insurance;

756 (3) At the time of death, the employee maintained continuous coverage during the period
757 between injury and death;

758 (4) The eligible dependents agree to pay the contributions to the cost of such coverage;
 759 and
 760 (5) The eligible dependents pay such contributions in accordance with the rules and
 761 regulations promulgated and adopted by the board commissioner governing the
 762 continuance, discontinuance, and resumption of coverage by such eligible dependents;
 763 provided, however, that, on and after May 11, 2011, any eligible dependents of a
 764 deceased employee of this state killed in the line of duty who are receiving continued
 765 coverage or who elect to continue coverage pursuant to this subsection shall be entitled
 766 to continue such coverage under the health insurance plan established pursuant to this
 767 part upon agreeing to pay contributions at the same rate as required for state employees
 768 and in compliance with the rules and regulations governing such coverage.

769 45-18-10.

770 (a) Any other provision of this part to the contrary notwithstanding, on and after
 771 July 1, 1978, any employee who resigns from employment or who fails to be reelected or
 772 who does not seek reelection to office and who at the time he or she leaves office or
 773 employment has completed eight or more years of service as an employee, as defined in
 774 Code Section 45-18-1, shall be entitled to continue full coverage and participation,
 775 including coverage for his or her spouse and dependent children, in the health insurance
 776 plan upon the payment of a monthly premium to be fixed by the board commissioner; and,
 777 in addition thereto, any member of the General Assembly who ceases to hold office as such
 778 at any time after July 1, 1981, and who was eligible to retire at the time of leaving office,
 779 except for the attainment of retirement age, pursuant to a public retirement system created
 780 by law to which the General Assembly appropriates funds, and who does not withdraw
 781 employee contributions from such public retirement system, shall be entitled to continue
 782 full coverage and participation, including coverage for the spouse and dependent children
 783 of such person, in the health insurance plan by continuing to pay to the board department
 784 the monthly premium which is paid by an active state employee. The first monthly
 785 premium provided for in this Code section must be paid within 30 days following receipt
 786 of a notice of premium to be sent to such person by the board department. If such premium
 787 is not paid within such time limit, such insurance coverage shall be canceled and such
 788 person shall not again be eligible to participate in such plan. This Code section shall not
 789 affect the rights otherwise available under this part to retired employees and their spouses
 790 and dependents. The board commissioner is authorized to establish terms and conditions
 791 for participation which the board commissioner shall deem appropriate and which are not
 792 in conflict with this Code section.

793 (b) Subject to such rules as the office may establish, any district attorney or assistant
794 district attorney who ceases to hold office as such in order to accept appointment as a
795 United States attorney or assistant United States attorney, who was eligible to retire at the
796 time of leaving office, except for the attainment of retirement age, pursuant to a public
797 retirement system created by law to which the General Assembly appropriates funds, and
798 did not withdraw employee contributions from such public retirement system, who declines
799 coverage under this plan in order to be covered under a health benefit plan available to
800 federal employees, and who ceases to hold such position with the federal government
801 without having vested in any retirement system for federal employees may be permitted
802 to reestablish full coverage and participation, including coverage for the spouse and
803 dependent children of such person, in the health insurance plan by notifying the ~~board~~
804 department within 90 days of ceasing to be employed by the federal government or by
805 August 1, 1998, whichever is later, that he or she desires to resume coverage in the health
806 insurance plan and by paying to the ~~board~~ department the monthly premium which is paid
807 by an active state employee.

808 (c) Any other provision of this part to the contrary notwithstanding, any employee who is
809 injured by an act of inmate violence while he or she is employed as a correctional officer
810 in a correctional facility in this state and is five years or less from becoming eligible for
811 medicare medical coverage shall be exempt from the eight or more years of service
812 requirement and shall be entitled to continue full coverage and participation, including
813 coverage for his or her spouse and dependent children, in the health insurance plan upon
814 the payment of the monthly premium fixed by the ~~board~~ commissioner for active state
815 employees. The first monthly premium provided for in this subsection must be paid within
816 30 days following receipt of a notice of premium to be sent to such person by the
817 commissioner. If such premium is not paid within such time limit, such insurance coverage
818 shall be canceled and such person shall not again be eligible to participate in such plan.

819 45-18-11.

820 (a) Any benefits payable under the plan may be made either directly to the attending
821 physicians, hospitals, medical groups, or others furnishing the services upon which a claim
822 is based or to the covered employee, upon presentation of valid bills for such services,
823 subject to such provisions to facilitate payment as may be made by the ~~board~~
824 commissioner.

825 (b) The claims must be presented in writing to the ~~board~~ department or its designee within
826 two years from the date the service was rendered or else no benefits will be owed or paid.

827 (c) All drafts or checks issued by the ~~board or the board's~~ department or its designee shall
828 be void if not presented and accepted by the drawer's bank within six months of the date

829 the draft or check was drawn. If the payee or member does not present the draft or check
 830 for acceptance during the seven years following the date the draft or check was issued, the
 831 draft or check will be void, funds will be retained in the insurance fund, and further
 832 payments for such claim will not be owed or paid.

833 45-18-12.

834 (a) There is created a health insurance fund which shall be available without fiscal year
 835 limitations for premium, subscription charge, benefits, and administration costs. The
 836 amounts withheld from employees and retired employees under this part, all amounts
 837 contributed by the state or from federal funds to such health insurance fund, and all
 838 amounts contributed by any state authority pursuant to this part shall be credited to such
 839 health insurance fund. All other income, as well as the income derived from any dividends,
 840 premium rate adjustments, or other refunds under any contract or contracts, shall be
 841 credited to and constitute a part of such fund. Any amounts remaining in such fund after
 842 all premiums or subscription charges and other expenses have been paid shall be retained
 843 in such fund as a special reserve for adverse fluctuation. The commissioner of ~~community~~
 844 ~~health~~ shall be ~~executive officer of the Board of Community Health~~ responsible for the
 845 administration of this part, and shall be custodian of such health insurance fund, and shall
 846 be responsible under a properly approved bond for all moneys coming into said fund and
 847 paid out of said fund as may be required to be paid to any contracting corporation under
 848 any contract entered into pursuant to this part and to cover administrative costs.

849 (b) Notwithstanding any provision of law to the contrary, the commissioner may combine
 850 the fund provided for in this Code section with the funds provided for in Code ~~Section~~
 851 Sections 20-2-891 and ~~Code Section~~ 20-2-918.

852 45-18-13.

853 Any amounts held by the health insurance fund which are available for investment shall be
 854 paid over to the Office of the State Treasurer. The state treasurer shall deposit said funds
 855 in a trust account for credit only to the health insurance fund. The state treasurer shall
 856 invest these health insurance funds subject to the limitations of Code Section 50-5A-7 and
 857 Chapter 17 of Title 50. All income derived from said investments shall accrue to the health
 858 insurance fund. When moneys are paid over to the Office of the State Treasurer as
 859 provided in this Code section, the commissioner of ~~community health~~ shall submit an
 860 estimate of the date such funds shall no longer be available for investment. When the
 861 commissioner of ~~community health~~ wishes to withdraw funds from the trust account
 862 provided for in this Code section, he or she shall submit a request for such withdrawal in
 863 writing to the state treasurer.

864 45-18-14.

865 (a) During any period in which an employee is covered under this part prior to the date of
866 his or her retirement, there shall be withheld from each salary payment or other
867 compensation of such employee, as his or her share of the cost of coverage under this plan,
868 such portion of the premium or subscription charges under the terms of any contract or
869 contracts issued in accordance with this part as may be established by the ~~board~~
870 commissioner. During any month in which benefits are being paid by the Employees'
871 Retirement System of Georgia to an individual so covered under this program,
872 contributions in the amounts prescribed by the ~~board~~ commissioner shall be deducted from
873 such payments with the consent of the recipient. The various departments, boards, and
874 agencies of the executive and judicial branches of state government shall contribute to the
875 health insurance fund such portions of the cost of such benefits as may be established by
876 the ~~board~~ commissioner and the Governor as funds become available in each department,
877 board, and agency, in addition to an amount to be established by the ~~board~~ commissioner
878 to defray the cost of administration and the state's portion of the cost of benefits payable
879 for annuitants. The legislative fiscal officer shall contribute to the health insurance fund
880 as an employer payment for and on behalf of all members of the General Assembly and its
881 administrative and clerical personnel. The Prosecuting Attorneys' Council of the State of
882 Georgia shall contribute to the fund as an employer payment for and on behalf of district
883 attorneys, assistant district attorneys, and other paid state personnel appointed pursuant to
884 Article 1 of Chapter 18 of Title 15. The Council of Superior Court Judges of Georgia shall
885 contribute to the fund as an employer payment for and on behalf of secretaries and law
886 clerks of the superior courts of the state. The amount of such contributions shall be such
887 portions of the costs of such benefits as may be established by the ~~board~~ commissioner;
888 and, in addition thereto, an amount to be established by the ~~board~~ commissioner shall be
889 contributed to defray the costs of administration. The ~~board~~ commissioner shall determine
890 whether such employer portion shall be determined based upon a percentage of the total
891 outlay for personal services or determined on an amount per employee electing coverage
892 under the plan based on the coverage elected, in accordance with the appropriation of
893 funds.

894 (b) If an employee has been eligible for coverage under the state health insurance plan for
895 a period of ten years and is discharged from employment and the discharge is under appeal
896 to the State Personnel Board, such employee shall be entitled to continue coverage by
897 paying the employee contribution under the health insurance plan until the State Personnel
898 Board has rendered a decision or for a period of six months, whichever is less.

899 45-18-15.

900 (a) The ~~board commissioner~~ shall promulgate such rules and regulations as may be
 901 required for the effective administration of this part. Such rules and regulations shall
 902 include, but not be limited to, rules and regulations establishing the conditions under which
 903 employees who originally rejected coverage may acquire coverage at a later date. The
 904 commissioner of community health, ~~as executive officer of the board,~~ shall employ such
 905 personnel as may be needed to carry out this part and such employees shall be employees
 906 of the ~~Department of Community Health~~ department. The pro rata share of the costs of
 907 operating the ~~Department of Community Health~~ department in the manner prescribed by
 908 law shall be a part of the administrative costs of the employees' health insurance plan.

909 (b) The ~~board commissioner~~ shall investigate fees of hospitals, pharmacists, and
 910 practitioners of the healing arts and ~~present recommendations to the General Assembly by~~
 911 ~~not later than January 15, 1991, for~~ recommend a schedule of maximum fees for hospitals
 912 and practitioners of the healing arts. The recommended fees for hospitals shall be
 913 determined based upon a statistical analysis of the peer groups adjusted for the intensity of
 914 the case mix for hospitals of same licensure classification or subclassification (e.g., general,
 915 pediatric, psychiatric, rehabilitation, etc.) and of similar services in the same geographic
 916 area. The recommended fee schedule shall not be at the average of the usual and
 917 customary charges if the ~~board commissioner~~ determines that the average represents an
 918 unreasonably high or low charge.

919 (c) The recommended fees for practitioners of the healing arts and pharmacists shall be
 920 determined based upon a statistical analysis of the peer groups for such practitioners and
 921 pharmacists of the same licensure classification (e.g., internists, family practitioners,
 922 cardiologists, neurosurgeons, etc.) and of similar services in the same geographic area. The
 923 recommended fee schedule shall not be at the average of the usual and customary charges
 924 if the ~~board commissioner~~ determines that the average represents an unreasonably high or
 925 low charge.

926 (d) The recommendations shall include an analysis of all hospitals, pharmacists, and
 927 practitioners accepting assignment of benefits for such services not to exceed the amount
 928 authorized by the fee schedule. The ~~board~~ department shall publish in print or
 929 electronically a list of practitioners that accept assignment of benefits under the plan.

930 (e) The recommendations shall include an analysis of the impact of practitioners agreeing
 931 to provide medical or surgical services at a reduced rate for members of the health
 932 insurance plan and of pharmacists and hospitals agreeing to provide hospital services,
 933 medical equipment, or pharmaceuticals at a reduced rate for members of the health
 934 insurance plan. The ~~board~~ department shall publish in print or electronically a list of
 935 practitioners of the healing arts, pharmacists, and hospitals that offer a reduced rate for

936 members and the rate at which those services, equipment, or pharmaceuticals have been
 937 offered.

938 45-18-16.

939 Not less than 30 days prior to the commencement of the plan year, the commissioner of
 940 ~~community health~~ shall certify to the director or chief administrative officer of each state
 941 department, bureau, institution, board, commission, or authority having employees covered
 942 by this part the amount of percentage adopted by the ~~board~~ commissioner as employer
 943 payments for the ensuing fiscal year; and they shall, in their annual budget, make
 944 provisions for funds with which to pay the ~~board~~ department the required employer
 945 payments.

946 45-18-17.

947 (a) All persons who become state employees as defined in this part and who are eligible
 948 as specified in the rules and regulations of the ~~board~~ commissioner shall become members
 949 of this health insurance program unless the employee rejects or waives such coverage in
 950 writing.

951 (b) Any annuitant or person appointed to an emeritus position or any person eligible to be
 952 covered by the medical care for the aged program of the Social Security Administration,
 953 which person is included in the coverage of any health insurance plan established as
 954 provided in this part, may withdraw from such plan and discontinue his or her coverage
 955 thereunder in such manner as may be provided by rules and regulations promulgated and
 956 adopted by the ~~board~~ commissioner. In the event any such annuitant or person appointed
 957 to an emeritus position withdraws from such plan and discontinues his or her coverage
 958 thereunder, coverage of his or her spouse and dependent child or children shall likewise be
 959 withdrawn and coverage thereunder discontinued.

960 45-18-18.

961 (a) It is the purpose of this Code section to authorize a procedure whereby the
 962 commissioner of ~~community health~~ may administratively discharge a debt or obligation due
 963 the health insurance fund for employees of the state when the amount is \$400.00 or less
 964 and:

965 (1) It is manifest that the debt or obligation is uncollectable; or

966 (2) The costs of collecting the debt or obligation would be equal to or greater than the
 967 amount due the fund.

968 (b) In order to conserve the health insurance funds, the commissioner of ~~community health~~
 969 is authorized to develop a procedure that complies with the policies prescribed by the state

970 accounting officer for the administrative discharge of any debt or obligation due the
 971 insurance fund when such debt or obligation is \$400.00 or less. This provision shall not
 972 be construed to deny to the commissioner the authority to pursue the collection of any debt,
 973 obligation, or claim in any amount whatsoever when such pursuit is in the best interest of
 974 the insurance fund.

975 (c) Upon a formal determination that a debt or obligation to the insurance fund of \$400.00
 976 or less is uncollectable, or that the costs of collection would equal or exceed the amount
 977 due the fund, the commissioner of ~~community health~~ shall execute and transmit to the state
 978 accounting officer a certification which includes the following: a recapitulation of the
 979 efforts made to collect the debt or obligation; an estimate of the costs to pursue collection
 980 of the debt or obligation administratively or judicially; such other information as may be
 981 required by the procedure developed by the commissioner and the state accounting officer;
 982 and a statement that further collection effort would be detrimental to the financial interests
 983 of the fund. The certification shall be made under oath or affirmation and shall be sent to
 984 the state accounting officer at such times as shall be prescribed in the procedure developed
 985 by the commissioner and the state accounting officer. Upon receipt of the certification, the
 986 state accounting officer shall be authorized to approve the removal of such uncollectable
 987 amounts from the financial records of the fund.

988 45-18-19.

989 Claim forms and other records which would disclose the nature of the health services
 990 provided to an insured shall be maintained on a confidential basis by the health insurance
 991 plan. No person shall disclose such records or information to any other person except as
 992 necessary for the proper administration of the health insurance plan.

993 45-18-20.

994 Any bill prepared by the General Assembly which would impact the state employees'
 995 health insurance plan established under this part shall require a fiscal note in accordance
 996 with the procedures of Code Section 28-5-42.

997 ~~45-18-21.~~

998 ~~Notwithstanding any other provisions of this part, the board shall deposit into the Georgia~~
 999 ~~Retiree Health Benefit Fund created by Code Section 45-18-101 the individual~~
 1000 ~~contributions by retirees and the employer contributions respecting retirees provided for~~
 1001 ~~by this part.~~

Part 2

1002

1003 45-18-24.

1004 As used in this part, the term:

1005 (1) 'Actuarial accrued liability' means that portion, as determined by a particular actuarial
 1006 cost method, of the actuarial present value of fund obligations and administrative
 1007 expenses which is not provided for by future normal costs.

1008 (2) 'Actuarial assumptions' means assumptions regarding the occurrence of future events
 1009 affecting costs of the fund such as mortality, withdrawal, disability, and retirement;
 1010 changes in compensation and offered post-employment benefits; rates of investment
 1011 earnings and asset appreciation or depreciation; procedures used to determine the
 1012 actuarial value of assets; and other such relevant items.

1013 (3) 'Actuarial cost method' means a method for determining the actuarial present value
 1014 of the obligations and administrative expenses of the fund and for developing an
 1015 actuarially equivalent allocation of such value to time periods, usually in the form of a
 1016 normal cost and an actuarial accrued liability. Acceptable actuarial methods are the
 1017 aggregate, attained age, entry age, frozen attained age, frozen entry age, and projected
 1018 unit credit methods.

1019 (4) 'Actuarial valuation' means the determination, as of a valuation date, of the normal
 1020 cost, actuarial accrued liability, actuarial value of assets, and related actuarial present
 1021 values for the fund.

1022 (5) 'Actuarially sound' means that calculated contributions to the fund are sufficient to
 1023 pay the full actuarial cost of the fund. The full actuarial cost includes both the normal
 1024 cost of providing for fund obligations as they accrue in the future and the cost of
 1025 amortizing the unfunded actuarial accrued liability over a period of no more than 30
 1026 years.

1027 (6) 'Administrative expenses' means all expenses incurred in the operation of the fund,
 1028 including all investment expenses.

1029 (7) 'Annual required contribution' means the amount determined in accordance with
 1030 requirements of Governmental Accounting Standards Board Statement No. 43 or any
 1031 subsequent Governmental Accounting Standards Board statements that may be applicable
 1032 to the fund.

1033 (8) ~~'Board' means the Board of Community Health~~ Reserved.

1034 (9) 'Commissioner' means the commissioner of ~~community health~~ administrative
 1035 services.

1036 (10) 'Covered health care expenses' means all actual health care expenses incurred by the
 1037 health plan on behalf of fund beneficiaries. Actual health care expenses include claims

1038 incurred by fund beneficiaries and providers and premiums incurred by intermediary
1039 entities and health care providers by the health plan.

1040 (11) 'Department' means the Department of ~~Community Health~~ Administrative Services.

1041 (12) 'Eligible to participate' means employees of employers who are participating in the
1042 health plan and those employees of employers who qualify to participate in the health
1043 plan but choose not to do so.

1044 (13) 'Employer' means the entity with which the fund beneficiary had the direct, in the
1045 case of employees, or indirect, in the case of dependents, employment relationship that
1046 gave rise to the fund beneficiary's eligibility for post-employment health benefits under
1047 the health plan.

1048 (14) 'Fund' means the Georgia State Employees Post-employment Health Benefit Fund
1049 established under this part.

1050 (15) 'Fund beneficiaries' means all persons receiving post-employment health care
1051 benefits as retirees or derivatively through retirees through the health plan.

1052 (16) 'Health plan' means the state employees' health insurance plan established under
1053 Part 1 of this article.

1054 (17) 'Normal cost' means that portion of the actuarial present value of the fund
1055 obligations and expenses which is allocated to a valuation year by the actuarial cost
1056 method used for the fund.

1057 (18) 'Obligations' means the administrative expenses of the fund and the cost of covered
1058 health care expenses incurred on behalf of fund beneficiaries less any amounts received
1059 by or on behalf of fund beneficiaries.

1060 (19) 'State plan for other post-employment benefits' means the State of Georgia fiscal
1061 funding plan for retiree post-employment health care benefits as it relates to
1062 Governmental Accounting Standards Board Statement No. 43 or any subsequent
1063 Governmental Accounting Standards Board statements that may be applicable to the
1064 fund.

1065 (20) 'Unfunded actuarial accrued liability' means for any actuarial valuation the excess
1066 of the actuarial accrued liability over the actuarial value of the assets of the fund under
1067 an actuarial cost method utilized by the fund for funding purposes.

1068 45-18-25.

1069 (a) There is created the Georgia State Employees Post-employment Health Benefit Fund
1070 to provide for the costs of post-employment health insurance benefits. The fund shall be
1071 a trust fund of public funds; ~~the board in its official capacity shall be the fund's trustee;~~ and
1072 the commissioner in his or her official capacity shall be the fund's trustee and its
1073 administrator.

1074 (b) ~~On August 31, 2009, the board shall identify the funds held in the Georgia Retiree~~
 1075 ~~Health Benefit Fund created by Article 6 of this chapter for the payment of postretirement~~
 1076 ~~health benefits for state employees and shall on that date transfer such funds to the fund~~
 1077 ~~created by subsection (a) of this Code section.~~

1078 (c) The fund shall be available and dedicated without fiscal year limitations for covered
 1079 health care expenses and administration costs. All employer and fund beneficiary
 1080 contributions, appropriations, earnings, and reserves for the payment of obligations under
 1081 this part shall be irrevocably credited to the fund. The amounts remaining in the fund, if
 1082 any, after such health care expenses and administration costs have been paid shall be
 1083 retained in the fund as a special reserve for covered health care expenses and
 1084 administration costs. The ~~board~~ commissioner shall determine the time and amounts of
 1085 distributions from the special reserve for covered health care expenses and administration
 1086 costs. All assets of the fund shall be used solely for the payment of fund obligations and
 1087 for no other purpose and shall be protected from creditors of the state and the employers.

1088 45-18-25.1.

1089 (a) Responsibility for the proper operation of the fund is vested in the department.

1090 (b) The ~~board~~ commissioner shall adopt actuarial assumptions as it he or she deems
 1091 necessary and prudent.

1092 (c) The ~~board~~ commissioner may adopt any rules and regulations that it he or she finds
 1093 necessary to properly administer the fund.

1094 (d) The ~~board~~ commissioner shall adopt rules and regulations to account for employer
 1095 contributions and other assets separately.

1096 (e) The commissioner, ~~as executive officer of the board~~, shall employ such personnel as
 1097 may be needed to carry out the provisions of this part and such personnel shall be
 1098 employees of the department. The pro rata share of the costs of operating the department
 1099 in the manner prescribed by law shall be a part of the administrative costs of the fund.

1100 (f) The department may employ or contract for the services of actuaries and other
 1101 professionals as required to carry out the duties established by this part.

1102 (g) The department shall contract with the Division of Investment Services of the
 1103 Employees' Retirement System of Georgia for any necessary services with respect to fund
 1104 investments.

1105 (h) The department shall maintain all necessary records regarding the fund in accordance
 1106 with generally accepted accounting principles, as applicable to the fund.

1107 (i) The department shall collect all moneys due to the fund and shall pay any
 1108 administrative expenses necessary and appropriate for the operation of the fund from the
 1109 fund.

1110 (j) The department shall prepare an annual report of fund activities for the ~~board~~
 1111 commissioner, the House Committee on Appropriations, and the Senate Appropriations
 1112 Committee. Such reports shall include, but not be limited to, audited financial statements.
 1113 The reports shall contain the most recent information reasonably available to the
 1114 department reflecting the obligations of the fund, earnings on investments, and such other
 1115 information as the ~~board~~ commissioner deems necessary and appropriate. This report is
 1116 due September 30 and shall reflect activity on a state fiscal year basis.

1117 (k) Notwithstanding any other provision of law to the contrary, the department shall be
 1118 entitled to any information that it deems necessary and appropriate from a retirement
 1119 system in order that the provisions of Code Section 45-18-26 may be carried out.

1120 45-18-26.

1121 (a) The actuary employed or retained by the department shall provide technical advice to
 1122 the department and to the ~~board~~ commissioner regarding the operation of the fund.

1123 (b) Utilizing the actuarial assumptions most recently adopted by the ~~board~~ commissioner,
 1124 the actuary shall set annual actuarial valuations of normal cost, actuarial liability, actuarial
 1125 value of assets, and related actuarial present values for the state plan for other
 1126 post-employment benefits.

1127 45-18-27.

1128 (a) ~~Subject to the supervision of the board, the~~ The commissioner shall have control over
 1129 the fund established by this part. The obligations provided for in this part and all
 1130 administrative expenses shall be paid from the fund. The department may expend moneys
 1131 from the fund for any purpose authorized by this part.

1132 (b) ~~Subject to the supervision of the board, the~~ The commissioner shall have full power
 1133 to invest and reinvest ~~its~~ the fund's assets, subject to all of the terms, conditions, limitations,
 1134 and restrictions imposed by Article 7 of Chapter 20 of Title 47, the 'Public Retirement
 1135 Systems Investment Authority Law' for large retirement systems. Subject to such terms,
 1136 conditions, limitations, and restrictions, the commissioner shall have full power to hold,
 1137 purchase, sell, assign, transfer, and dispose of any securities and investments in which any
 1138 of the moneys are invested, including the proceeds of any investments and other moneys
 1139 belonging to the fund. The records maintained by the fund shall have the same exemption
 1140 from public inspection as that provided in Code Section 47-1-14.

1141 (c) Except as otherwise provided in this part, ~~no member of the board or~~ neither the
 1142 commissioner nor any employee of the department shall have any personal interest in the
 1143 gains or profits from any investment made by the ~~board~~ commissioner or use the assets of
 1144 the fund in any manner, directly or indirectly, except to make such payments as may be

1145 authorized ~~by the board or~~ by the commissioner as the executive officer of the board in
 1146 accordance with this part.

1147 45-18-28.

1148 (a) The ~~board~~ commissioner shall annually determine the minimum annual required
 1149 contributions sufficient to maintain the fund in an actuarially sound manner in accordance
 1150 with Governmental Accounting Standards Board Statement No. 43 or any subsequent
 1151 Governmental Accounting Standards Board statements that may be applicable to the fund.

1152 (b) The ~~board~~ commissioner may annually establish required employer contributions to
 1153 the fund which are supplemental to required employer contributions to the health plans as
 1154 set forth in Part 1 of this article.

1155 (c) It shall be the responsibility of state agencies to make contributions to the fund, subject
 1156 to appropriations, in accordance with the employer contribution rate established by the
 1157 ~~board~~ commissioner.

1158 (d) It shall be the responsibility of all other employers to make contributions to the fund
 1159 in accordance with the employer contribution rates established by the ~~board~~ commissioner."

1160

PART IV

1161

SECTION 4-1.

1162 Article 17 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to
 1163 teachers and other school personnel, is amended by revising Part 6, relating to health
 1164 insurance plans, as follows:

1165

"Part 6

1166

Subpart 1

1167 20-2-874.

1168 As used in this subpart, the term:

1169 (1) 'Actuarial accrued liability' means that portion, as determined by a particular actuarial
 1170 cost method, of the actuarial present value of fund obligations and administrative
 1171 expenses which is not provided for by future normal costs.

1172 (2) 'Actuarial assumptions' means assumptions regarding the occurrence of future events
 1173 affecting costs of the fund such as mortality, withdrawal, disability, and retirement;
 1174 changes in compensation and offered post-employment benefits; rates of investment
 1175 earnings and asset appreciation or depreciation; procedures used to determine the
 1176 actuarial value of assets; and other such relevant items.

- 1177 (3) 'Actuarial cost method' means a method for determining the actuarial present value
 1178 of the obligations and administrative expenses of the fund and for developing an
 1179 actuarially equivalent allocation of such value to time periods, usually in the form of a
 1180 normal cost and an actuarial accrued liability. Acceptable actuarial methods are the
 1181 aggregate, attained age, entry age, frozen attained age, frozen entry age, and projected
 1182 unit credit methods.
- 1183 (4) 'Actuarial valuation' means the determination, as of a valuation date, of the normal
 1184 cost, actuarial accrued liability, actuarial value of assets, and related actuarial present
 1185 values for the fund.
- 1186 (5) 'Actuarially sound' means that calculated contributions to the fund are sufficient to
 1187 pay the full actuarial cost of the fund. The full actuarial cost includes both the normal
 1188 cost of providing for fund obligations as they accrue in the future and the cost of
 1189 amortizing the unfunded actuarial accrued liability over a period of no more than 30
 1190 years.
- 1191 (6) 'Administrative expenses' means all expenses incurred in the operation of the fund,
 1192 including all investment expenses.
- 1193 (7) 'Annual required contribution' means the amount determined in accordance with
 1194 requirements of Governmental Accounting Standards Board Statement No. 43 or any
 1195 subsequent Governmental Accounting Standards Board statements that may be applicable
 1196 to the fund.
- 1197 (8) ~~'Board' means the Board of Community Health Reserved.~~
- 1198 (9) 'Commissioner' means the commissioner of ~~community health~~ administrative
 1199 services.
- 1200 (10) 'Covered health care expenses' means all actual health care expenses incurred by the
 1201 health plans on behalf of fund beneficiaries. Actual health care expenses include claims
 1202 incurred by fund beneficiaries and providers and premiums incurred by intermediary
 1203 entities and health care providers by the health plans.
- 1204 (11) 'Department' means the Department of ~~Community Health~~ Administrative Services.
- 1205 (12) 'Eligible to participate' means employees of employers who are participating in one
 1206 of the health plans and those employees of employers who qualify to participate in the
 1207 health plan but choose not to do so.
- 1208 (13) 'Employer' means the entity with which the fund beneficiary had the direct, in the
 1209 case of employees, or indirect, in the case of dependents, employment relationship that
 1210 gave rise to the fund beneficiary's eligibility for post-employment health benefits under
 1211 the health plan.
- 1212 (14) 'Fund' means the Georgia School Personnel Post-employment Health Benefit Fund
 1213 established under this subpart.

1214 (15) 'Fund beneficiaries' means all persons receiving post-employment health care
1215 benefits through the health plans.

1216 (16) 'Health plans' means the health insurance plan for public school teachers established
1217 under Subpart 2 of this part and the health insurance plan for public school employees
1218 established under Subpart 3 of this part.

1219 (17) 'Normal cost' means that portion of the actuarial present value of the fund
1220 obligations and expenses which is allocated to a valuation year by the actuarial cost
1221 method used for the fund.

1222 (18) 'Obligations' means the administrative expenses of the fund and the cost of covered
1223 health care expenses incurred on behalf of fund beneficiaries less any amounts received
1224 by or on behalf of fund beneficiaries.

1225 (19) 'State plan for other post-employment benefits' means the State of Georgia fiscal
1226 funding plan for retiree post-employment health care benefits as it relates to
1227 Governmental Accounting Standards Board Statement No. 43 or any subsequent
1228 Governmental Accounting Standards Board statements that may be applicable to the
1229 fund.

1230 (20) 'Unfunded actuarial accrued liability' means for any actuarial valuation the excess
1231 of the actuarial accrued liability over the actuarial value of the assets of the fund under
1232 an actuarial cost method utilized by the fund for funding purposes.

1233 20-2-875.

1234 (a) There is created the Georgia School Personnel Post-employment Health Benefit Fund
1235 to provide for the costs of post-employment health insurance benefits. The fund shall be
1236 a trust fund of public funds; ~~the board in its official capacity shall be the fund's trustee;~~ and
1237 the commissioner in his or her official capacity shall be the fund's trustee and its
1238 administrator.

1239 ~~(b) On August 31, 2009, the board shall identify the funds held in the Georgia Retiree~~
1240 ~~Health Benefit Fund created by Article 6 of Chapter 18 of Title 45 for the payment of~~
1241 ~~postretirement health benefits for public school teachers and public school employees and~~
1242 ~~shall on that date transfer such funds to the fund created by subsection (a) of this Code~~
1243 ~~section.~~

1244 (c) The fund shall be available and dedicated without fiscal year limitations for covered
1245 health care expenses and administration costs. All employer and fund beneficiary
1246 contributions, appropriations, earnings, and reserves for the payment of obligations under
1247 this subpart shall be irrevocably credited to the fund. The amounts remaining in the fund,
1248 if any, after such health care expenses and administration costs have been paid shall be
1249 retained in the fund as a special reserve for covered health care expenses and

1250 administration costs. The ~~board~~ commissioner shall determine the time and amounts of
1251 distributions from the special reserve for covered health care expenses and administration
1252 costs. All assets of the fund shall be used solely for the payment of fund obligations and
1253 for no other purpose and shall be protected from creditors of the state and the employers.

1254 20-2-876.

1255 (a) Responsibility for the proper operation of the fund is vested in the department.

1256 (b) The ~~board~~ commissioner shall adopt actuarial assumptions as it he or she deems
1257 necessary and prudent.

1258 (c) The ~~board~~ commissioner may adopt any rules and regulations that it he or she finds
1259 necessary to properly administer the fund.

1260 (d) The ~~board~~ commissioner shall adopt rules and regulations to account for employer
1261 contributions and other assets separately.

1262 (e) The commissioner, ~~as executive officer of the board~~, shall employ such personnel as
1263 may be needed to carry out the provisions of this subpart and such personnel shall be
1264 employees of the department. The pro rata share of the costs of operating the department
1265 in the manner prescribed by law shall be a part of the administrative costs of the fund.

1266 (f) The department may employ or contract for the services of actuaries and other
1267 professionals as required to carry out the duties established by this subpart.

1268 (g) The department shall contract with the Division of Investment Services of the Teachers
1269 Retirement System of Georgia for any necessary services with respect to fund investments.

1270 (h) The department shall maintain all necessary records regarding the fund in accordance
1271 with generally accepted accounting principles, as applicable to the fund.

1272 (i) The department shall collect all moneys due to the fund and shall pay any
1273 administrative expenses necessary and appropriate for the operation of the fund from the
1274 fund.

1275 (j) The department shall prepare an annual report of fund activities for the ~~board~~
1276 commissioner, the House Committee on Appropriations, and the Senate Appropriations
1277 Committee. Such reports shall include, but not be limited to, audited financial statements.
1278 The reports shall contain the most recent information reasonably available to the
1279 department reflecting the obligations of the fund, earnings on investments, and such other
1280 information as the ~~board~~ commissioner deems necessary and appropriate. This report is
1281 due September 30 and shall reflect activity on a state fiscal year basis.

1282 (k) Notwithstanding any other provision of law to the contrary, the department shall be
1283 entitled to any information that it deems necessary and appropriate from a retirement
1284 system in order that the provisions of Code Section 20-2-877 may be carried out.

1285 20-2-877.

1286 (a) The actuary employed or retained by the department shall provide technical advice to
1287 the department and to the ~~board~~ commissioner regarding the operation of the fund.

1288 (b) Utilizing the actuarial assumptions most recently adopted by the ~~board~~ commissioner,
1289 the actuary shall set annual actuarial valuations of normal cost, actuarial liability, actuarial
1290 value of assets, and related actuarial present values for the state plan for other
1291 post-employment benefits.

1292 20-2-878.

1293 (a) ~~Subject to the supervision of the board, the~~ The commissioner shall have control over
1294 the fund established by this subpart. The obligations provided for in this subpart and all
1295 administrative expenses shall be paid from the fund. The department may expend moneys
1296 from the fund for any purpose authorized by this subpart.

1297 (b) ~~Subject to the supervision of the board, the~~ The commissioner shall have full power
1298 to invest and reinvest its the fund's assets, subject to all of the terms, conditions, limitations,
1299 and restrictions imposed by Article 7 of Chapter 20 of Title 47, the 'Public Retirement
1300 Systems Investment Authority Law' for large retirement systems. Subject to such terms,
1301 conditions, limitations, and restrictions, the commissioner shall have full power to hold,
1302 purchase, sell, assign, transfer, and dispose of any securities and investments in which any
1303 of the moneys are invested, including the proceeds of any investments and other moneys
1304 belonging to the fund. The records maintained by the fund shall have the same exemption
1305 from public inspection as that provided in Code Section 47-1-14.

1306 (c) Except as otherwise provided in this subpart, ~~no member of the board or~~ neither the
1307 commissioner nor any employee of the department shall have any personal interest in the
1308 gains or profits from any investment made by the ~~board~~ commissioner or use the assets of
1309 the fund in any manner, directly or indirectly, except to make such payments as may be
1310 authorized ~~by the board or~~ by the commissioner ~~as the executive officer of the board~~ in
1311 accordance with this subpart.

1312 20-2-879.

1313 (a) The ~~board~~ commissioner shall annually determine the minimum annual required
1314 contributions sufficient to maintain the fund in an actuarially sound manner in accordance
1315 with Governmental Accounting Standards Board Statement No. 43 or any subsequent
1316 Governmental Accounting Standards Board statements that may be applicable to the fund.

1317 (b) The ~~board~~ commissioner may annually establish required employer contributions to
1318 the fund which are supplemental to required employer contributions to the health plans as
1319 set forth in Subparts 2 and 3 of this part.

1320 (c) It shall be the responsibility of employers to make contributions to the fund in
 1321 accordance with the employer contribution rates established by the ~~board~~ commissioner.

1322 Subpart 2

1323 20-2-880.

1324 As used in this subpart, the term or terms:

1325 (1) ~~'Board' means the Board of Community Health established under Chapter 2 of Title~~
 1326 ~~31.~~

1327 ~~(2) 'Commissioner' means the commissioner of community health established under~~
 1328 ~~Chapter 2 of Title 31~~ administrative services.

1329 (2) 'Department' means the Department of Administrative Services.

1330 (3) 'Local employer' means the county or independent board of education, a charter
 1331 school, regional and county libraries, and the governing authority of Georgia Military
 1332 College.

1333 (4) 'Public school teacher,' 'teacher,' and 'employee' mean any person employed not less
 1334 than half time in a professionally certificated capacity or position in the public school
 1335 systems of this state. 'Public school teacher,' 'teacher,' and 'employee' also mean
 1336 librarians and other personnel employed not less than 30 hours per week by regional and
 1337 county libraries. 'Public school teacher,' 'teacher,' and 'employee' also mean personnel
 1338 employed by the high school program of Georgia Military College. 'Public school
 1339 teacher,' 'teacher,' and 'employee' also mean any professionally certificated person who
 1340 has acquired ten years or more of creditable service and who is being paid retirement
 1341 benefits by the Teachers Retirement System of Georgia, Chapter 3 of Title 47, or by any
 1342 other public school teacher retirement system in this state. 'Public school teacher,'
 1343 'teacher,' and 'employee' also mean any person employed not less than half time and
 1344 compensated in a professionally certificated capacity or position in a charter school in
 1345 this state established pursuant to Article 31 of ~~Chapter 2 of Title 20~~ this chapter if such
 1346 charter school elects upon initial approval of its charter or, if such charter school is an
 1347 existing charter school, elects upon notice by the health insurance plan provided in this
 1348 part or upon the expiration of its current health care plan or by no later than December
 1349 31, 2009, to participate in the health insurance plan established pursuant to this subpart.
 1350 'Public school teacher,' 'teacher,' and 'employee' shall not be deemed to include any
 1351 emergency or temporary employee. Notwithstanding this definition or any other
 1352 provision of this subpart, the ~~board~~ commissioner may, by regulation, make available to
 1353 employees who work 17 1/2 hours or more per week such benefits as are required to be

1354 made available to such employees by regulations of the United States Internal Revenue
1355 Service or any other federal authority.

1356 (5) 'Qualified entity' means any person, association, corporation, or other legal entity
1357 with which the board department is authorized under Article 1 of Chapter 18 of Title 45,
1358 relating to state employees' health insurance, to enter into contract.

1359 20-2-881.

1360 (a) The board commissioner is authorized to establish a health insurance plan for public
1361 school teachers of this state and to adopt and promulgate rules and regulations for its
1362 administration, subject to the limitations contained in this subpart, which plan may provide
1363 for group hospitalization, surgical, and medical insurance against the financial costs of
1364 hospitalization, surgery, and medical treatment and care and may also include, among other
1365 things, prescribed drugs, medicines, prosthetic appliances, hospital inpatient and outpatient
1366 service benefits, dental benefits, vision care benefits, and medical expense indemnity
1367 benefits, including major medical benefits.

1368 (b) The board commissioner shall investigate fees of hospitals, pharmacists, and
1369 practitioners of the healing arts and ~~present recommendations to the General Assembly by~~
1370 ~~not later than January 15, 1991, for~~ recommend a schedule of maximum fees for hospitals
1371 and practitioners of the healing arts. The recommended fees for hospitals shall be
1372 determined based upon a statistical analysis of the peer groups adjusted for the intensity of
1373 the case mix for hospitals of same licensure classification or subclassification (e.g., general,
1374 pediatric, psychiatric, rehabilitation, etc.) and of similar services in the same geographic
1375 area. The recommended fee schedule shall not be at the average of the usual and
1376 customary charges if the board commissioner determines that the average represents an
1377 unreasonably high or low charge.

1378 (c) The recommended fees for practitioners of the healing arts and pharmacists shall be
1379 determined based upon a statistical analysis of the peer groups for such practitioners and
1380 pharmacists of the same licensure classification (e.g., internists, family practitioners,
1381 cardiologists, neurosurgeons, etc.) and of similar services in the same geographic area. The
1382 recommended fee schedule shall not be at the average of the usual and customary charges
1383 if the board commissioner determines that the average represents an unreasonably high or
1384 low charge.

1385 (d) The recommendations shall include an analysis of all hospitals, pharmacists, and
1386 practitioners accepting assignment of benefits for such services not to exceed the amount
1387 authorized by the fee schedule. The board commissioner shall publish in print or
1388 electronically a list of practitioners who accept assignment of benefits under the plan.

1389 (e) The recommendations shall include an analysis of the impact of practitioners agreeing
 1390 to provide medical or surgical services at a reduced rate for members of the health
 1391 insurance plan and of pharmacists and hospitals agreeing to provide hospital services,
 1392 medical equipment, or pharmaceuticals at a reduced rate for members of the health
 1393 insurance plan. The ~~board~~ commissioner shall publish in print or electronically a list of
 1394 practitioners of the healing arts, pharmacists, and hospitals that offer a reduced rate for
 1395 members and the rate at which those services, equipment, or pharmaceuticals have been
 1396 offered.

1397 20-2-882.

1398 Such health insurance plan shall not include expenses incurred by, or on account of, an
 1399 individual prior to the effective date of the plan as to him or her; services received for
 1400 injury or sickness due to war or any act of war, whether declared or undeclared, which war
 1401 or act of war shall have occurred after the effective date of this plan; expenses for which
 1402 the individual is not required to make payment; expenses to the extent of benefits provided
 1403 under any employer group plan other than this plan in the cost of which the state
 1404 participates; and such other expenses as may be excluded by the regulations of the ~~board~~
 1405 commissioner.

1406 20-2-883.

1407 The health insurance plan shall be designed by the ~~board~~ commissioner to:

1408 (1) Provide a reasonable relationship between the hospital, surgical, and medical benefits
 1409 to be included and the expected distribution of expenses of each such type to be incurred
 1410 by the covered employees and dependents; and

1411 (2) Include reasonable controls, which may include deductible and coinsurance
 1412 provisions applicable to some or all of the benefits, to reduce unnecessary utilization of
 1413 the various hospital, surgical, and medical services to be provided and to provide
 1414 reasonable assurance of stability in future years of the plan.

1415 20-2-884.

1416 (a) The ~~board~~ department is authorized to execute a contract or contracts to provide the
 1417 benefits determined upon under the health insurance plan in accordance with this subpart,
 1418 or the ~~board~~ commissioner may, in ~~its~~ his or her discretion, establish a self-insured plan in
 1419 whole or in part. All of the benefits to be provided under the plan may be included in one
 1420 or more similar contracts, or the benefits may be classified into different types with each
 1421 type included in one or more contracts issued by the same or different qualified entities or
 1422 covered under a self-insured plan. A reasonable time before entering into any insurance

1423 contract under this subpart, the board department shall invite proposals from such qualified
1424 entities as, in the opinion of the board department, would desire to accept any part of the
1425 insurance coverage authorized by this subpart; provided, however, that the board
1426 commissioner may, in its his or her discretion, establish a self-insured plan in whole or in
1427 part.

1428 (b) The board department may contract with any health maintenance organization qualified
1429 to conduct business in this state pursuant to Chapter 21 of Title 33, relating to health
1430 maintenance organizations, as it now exists or may hereafter be amended, which provides
1431 evidence that it is qualified to operate as a health maintenance organization in accordance
1432 with the rules and regulations issued by the secretary of the health and human services and
1433 the secretary of the Department of Education of the United States or may contract with any
1434 other corporation licensed under Title 33 which is authorized by law to provide the same
1435 types of benefits which are provided by such health maintenance organizations.

1436 (c) The board department may arrange with any qualified entity to reinsure portions of
1437 such contract with any other entity which elects to be a reinsurer and is legally competent
1438 to enter into a reinsurance agreement. The board department may designate one or more
1439 of such entities as the administering entity or entities.

1440 (d) Each employee who is covered under any such contract or contracts shall receive a
1441 certificate setting forth the benefits to which the employee and his or her dependents are
1442 entitled thereunder, to whom such benefits shall be payable, to whom claims should be
1443 submitted, and summarizing the provisions of the contract principally affecting the
1444 employee and his or her dependents. Such certificate shall be in lieu of the certificate
1445 which the entity or entities issuing such contract or contracts would otherwise issue.

1446 (e) The entities eligible to participate as reinsurers and the amount of coverage under the
1447 contract or contracts to be allocated to each issuing entity or reinsurer may be redetermined
1448 by the board department for and in advance of any contract year after the first year and with
1449 any modifications thereof it deems appropriate to carry out the intent of such subdivision,
1450 subject to such limitations as set forth in this subpart. The board department may, at the
1451 end of any contract year, discontinue any contract or contracts it has executed with any
1452 entity or entities and replace it or them with a contract or contracts in any other entity or
1453 entities meeting the requirements of this subpart or may in its discretion establish a
1454 self-insured plan in whole or in part.

1455 20-2-885.

1456 (a) The contract or contracts shall provide for health insurance for retiring public school
1457 teachers and their spouses and dependent children, as defined by the regulations of the
1458 board commissioner, under such terms as the board commissioner may deem appropriate.

1459 The ~~board~~ commissioner shall adopt regulations prescribing the conditions under which a
 1460 retiring public school teacher may elect to participate in or withdraw from the plan.

1461 (b) The contract or contracts shall provide for health insurance for retired public school
 1462 teachers who retired prior to January 1, 1979, and their spouses and dependent children,
 1463 as defined by the regulations of the ~~board~~ commissioner, under such terms as the ~~board~~
 1464 commissioner may deem appropriate. The costs of employer contributions and the
 1465 administration of providing such insurance may be assessed against such retired teachers
 1466 or may be appropriated to the Department of Education. The ~~board~~ commissioner shall
 1467 adopt regulations prescribing the conditions under which a retired employee may elect to
 1468 participate in or withdraw from the plan.

1469 (c) If a retiring or retired public school teacher or the beneficiary of such retiring or retired
 1470 public school teacher exercises eligibility under ~~board~~ commissioner regulations to
 1471 continue coverage under the plan and the retiring or retired public school teacher or the
 1472 beneficiary is eligible to participate in the insurance program operated by or on behalf of
 1473 the federal government under the provisions of 42 U.S.C.A. Section 1395, as amended, the
 1474 coverage available under the public school teachers' health insurance plan shall be
 1475 subordinated to the coverage available under such federal program. The ~~board~~
 1476 commissioner is authorized to promulgate regulations to establish the premium paid by the
 1477 retiring or retired public school teacher or beneficiary to reflect the subordination of
 1478 coverage.

1479 20-2-886.

1480 Each employee shall be entitled to have his or her spouse and dependent children, as
 1481 defined by the regulations of the ~~board~~ commissioner, included in the coverage, upon
 1482 agreeing to pay his or her contributions to the cost of such coverage for such dependents.
 1483 The ~~board~~ commissioner shall adopt regulations governing the discontinuance and
 1484 resumption by employees of coverage for dependents.

1485 20-2-887.

1486 (a) In the situation where both husband and wife are eligible to be insured under this
 1487 subpart as either a retired public school teacher, a retiring public school teacher, or an
 1488 employee, each may enroll for dependent coverage so that the benefits provided by this
 1489 program will be coordinated; provided, however, that the sum of the total benefits provided
 1490 by this program will not exceed the reasonable charges for covered services.

1491 ~~(b) The board shall by July 1, 1980, develop and contract for a plan of health insurance~~
 1492 ~~which provides for the coordination of benefits coverage specified in subsection (a) of this~~
 1493 ~~Code section. Those persons who elect to enroll in such plan and who are presently insured~~

1494 ~~under this subpart shall have six months from the effective date of the plan to enroll~~
1495 ~~without furnishing a satisfactory health statement, after which anyone electing such~~
1496 ~~coordination of benefits coverage must furnish such health statement.~~

1497 20-2-888.

1498 Notwithstanding any other provisions of this subpart to the contrary, the ~~board~~
1499 commissioner shall offer coverage to the surviving spouse of any teacher who died prior
1500 to January 1, 1979, and to any teacher with eight or more years of creditable service who
1501 is not presently eligible to receive retirement benefits. The surviving spouse or teacher
1502 shall pay in monthly installments both the employer and employee premiums for such
1503 insurance coverage. The amount of the monthly premiums shall be equal to the rate of
1504 employer and employee contributions in effect during the existence of the coverage.

1505 20-2-889.

1506 Any local employer may provide for the coverage of other personnel who are not included
1507 in paragraph (4) of Code Section 20-2-880 by a separate contract with the ~~board~~
1508 department.

1509 20-2-890.

1510 (a) Any benefits payable under the health insurance plan may be made either directly to
1511 the attending physicians, hospitals, medical groups, or others furnishing the services upon
1512 which a claim is based or to the covered employee upon presentation of valid bills for such
1513 services, subject to such provisions to facilitate payment as may be made by the ~~board~~
1514 commissioner.

1515 (b) Such claims must be presented in writing to the ~~board~~ commissioner or ~~its~~ his or her
1516 designee within two years from the date the service was rendered, or else no benefits will
1517 be owed or paid.

1518 (c) All drafts or checks issued by the ~~board~~ commissioner or ~~its~~ his or her designee shall
1519 be void if not presented and accepted by the drawer's bank within six months of the date
1520 the draft or check was drawn. If the payee or member does not present the draft or check
1521 for acceptance during the seven years following the date the draft or check was issued, the
1522 draft or check will be void, funds will be retained in the insurance fund, and further
1523 payments for such claim will not be owed or paid.

1524 20-2-891.

1525 (a) A health insurance fund is created for public school teachers. The fund shall be
1526 available without fiscal year limitations for premiums, subscription charges, benefits, and

1527 administration costs. The amounts contributed by the state or from federal funds pursuant
 1528 to this subpart shall be credited to such health insurance fund. All other income, including
 1529 the income derived from dividends, premium rate adjustments, or other refunds under any
 1530 such contract or contracts, shall be credited to and constitute a part of such fund. Any
 1531 amounts remaining in such fund after all premiums or subscription charges and other
 1532 expenses have been paid shall be retained in such fund as a special reserve for adverse
 1533 fluctuation. The commissioner shall be the custodian of such health insurance fund and
 1534 shall be responsible under a properly approved bond for all moneys coming into the fund
 1535 and paid out of the fund as may be required to be paid to any contracting corporation under
 1536 any contract entered into pursuant to this subpart and to cover administrative costs.

1537 (b) Any amounts held by the health insurance fund which are available for investment
 1538 shall be paid over to the Office of the State Treasurer. The state treasurer shall deposit
 1539 such funds in a trust account for credit only to the health insurance fund. The state
 1540 treasurer shall invest these health insurance funds subject to the limitations of Code
 1541 Section 50-5A-7 and Chapter 17 of Title 50. All income derived from such investment
 1542 shall accrue to the health insurance fund. When moneys are paid over to the Office of the
 1543 State Treasurer as provided in this subsection, the commissioner shall submit an estimate
 1544 of the date such funds shall no longer be available for investment. When the commissioner
 1545 wishes to withdraw funds from the trust account provided for in this subsection, he or she
 1546 shall submit a request for such withdrawal, in writing, to the state treasurer.

1547 (c) Notwithstanding any provision of law to the contrary, the commissioner may combine
 1548 the fund provided for in this Code section with the funds provided for in Code
 1549 Section 20-2-918 and Code Section 45-18-12.

1550 20-2-892.

1551 (a) During any period in which an employee is covered under the health insurance plan
 1552 authorized by this subpart prior to the date of his or her retirement, there shall be withheld
 1553 from each salary payment of such employee, as his or her share of the costs of coverage
 1554 under this plan, such portion of the premium or subscription charges under the terms of any
 1555 contract or contracts issued in accordance with this subpart as may be established by the
 1556 ~~board~~ commissioner. During any month in which the benefits are being paid by the
 1557 Teachers Retirement System of Georgia to an individual so covered under this program,
 1558 contributions shall be deducted from such payments in the amounts prescribed by the ~~board~~
 1559 commissioner with consent of the recipient.

1560 (b) As the local employer's share, the local employer shall contribute to the health
 1561 insurance fund such portion of the cost of such benefits as may be established by the
 1562 Governor and the ~~board~~ commissioner and, in addition thereto, an amount to be established

1563 by the ~~board~~ commissioner to defray the cost of administration. The ~~board~~ commissioner
 1564 shall determine whether such portion shall be determined based upon a percentage of the
 1565 total outlay for the salaries of teachers employed by the local employer or determined on
 1566 an amount per employee electing coverage under the plan based on the coverage elected,
 1567 in accordance with the appropriation of funds. If a local employer fails to remit the
 1568 employer's share as calculated by the commissioner, as provided in this Code section, it
 1569 shall be the duty of the commissioner to notify the State Board of Education of such failure
 1570 and it shall be the duty of the State Board of Education to, with reasonable promptness,
 1571 withhold from the employer which has failed to comply sufficient state funds as calculated
 1572 by the commissioner to fully satisfy the outstanding obligation of the local employer to the
 1573 health insurance fund. Such withheld funds shall be promptly transmitted by the state
 1574 board to the ~~Department of Community Health~~ department.

1575 20-2-893.

1576 At an appropriate time during each year, the commissioner shall certify to the State School
 1577 Superintendent the amount of funds that will need to be paid to the ~~board~~ department by
 1578 the Department of Education for the costs of employer contributions and the administration
 1579 of providing such insurance for retired teachers as provided for by Code Section 20-2-885;
 1580 and in his or her annual budget for the Department of Education, the State School
 1581 Superintendent shall make provision for funds sufficient to pay the ~~board~~ department such
 1582 payment.

1583 20-2-894.

1584 (a) On July 1, 1977, or on a date as soon thereafter as practicable, as determined by the
 1585 ~~board~~ commissioner, which is defined as the 'employer commencement date' the
 1586 commissioner shall notify the State School Superintendent that the employer payments
 1587 shall commence on such date. The Superintendent shall notify the employees that
 1588 employee payments will commence on a date, as determined by the ~~board~~ commissioner,
 1589 which shall not be less than three calendar months following the employer commencement
 1590 date. The date as established by the ~~board~~ commissioner with reference to the employee
 1591 payments is defined as the 'employee commencement date.' Upon establishment of the
 1592 employer commencement date, the provisions of this subpart with reference to such
 1593 payments shall go into effect. In determining the commencement dates as provided in this
 1594 subsection, the ~~board~~ commissioner shall be governed by the money made available by the
 1595 state to implement this subpart.

1596 (b) All persons who become employees as defined in this subpart on or after the employer
 1597 commencement date and who are eligible as specified by rules and regulations of the ~~board~~

1598 commissioner shall become members of this health insurance plan authorized by this
1599 subpart, unless the employee rejects or waives such coverage in writing.

1600 20-2-895.

1601 The board department is authorized to contract with local employers for the inclusion of
1602 the teachers or employees of local employers within any health insurance plan or plans
1603 established under this subpart. Local employers are authorized to contract with the board
1604 department as provided in this Code section. In the event that any contract is entered into,
1605 it shall be the duty of any local employers so contracting to deduct from the salary or other
1606 compensation of their teachers or employees such payment as may be required under any
1607 health insurance plan and to remit the funds to the board department for inclusion in the
1608 health insurance fund. In addition, it shall be the duty of such local employers to make the
1609 employer contributions required for the operation of such plan or plans. For the purposes
1610 of this Code section, the term 'teachers' shall mean certificated personnel and the term
1611 'employees' shall mean all other personnel.

1612 20-2-896.

1613 (a) It is the purpose of this Code section to authorize a procedure whereby the
1614 commissioner of ~~community health~~ may administratively discharge a debt or obligation due
1615 the health insurance fund for public school teachers when the amount is \$400.00 or less
1616 and:

1617 (1) It is manifest that the debt or obligation is uncollectable; or

1618 (2) The costs of collecting the debt or obligation would be equal to or greater than the
1619 amount due the fund.

1620 (b) In order to conserve the health insurance funds, the commissioner of ~~community health~~
1621 is authorized to develop a procedure that complies with the policies prescribed by the state
1622 accounting officer for the administrative discharge of any debt or obligation due the
1623 insurance fund when such debt or obligation is \$400.00 or less. This provision shall not
1624 be construed to deny to the commissioner the authority to pursue the collection of any debt,
1625 obligation, or claim in any amount whatsoever when such pursuit is in the best interest of
1626 the insurance fund.

1627 (c) Upon a formal determination that a debt or obligation to the insurance fund of \$400.00
1628 or less is uncollectable, or that the costs of collection would equal or exceed the amount
1629 due the fund, the commissioner of ~~community health~~ shall execute and transmit to the state
1630 accounting officer a certification which includes the following: a recapitulation of the
1631 efforts made to collect the debt or obligation; an estimate of the costs to pursue collection
1632 of the debt or obligation administratively or judicially; such other information as may be

1633 required by the procedure developed by the commissioner and the state accounting officer;
 1634 and a statement that further collection effort would be detrimental to the financial interests
 1635 of the fund. The certification shall be made under oath or affirmation and shall be sent to
 1636 the state accounting officer at such times as shall be prescribed in the procedure developed
 1637 by the commissioner and the state accounting officer. Upon receipt of the certification, the
 1638 state accounting officer shall be authorized to approve the removal of such uncollectable
 1639 amounts from the financial records of the fund.

1640 20-2-897.

1641 Claim forms and other records which would disclose the nature of the health services
 1642 provided to an insured shall be maintained on a confidential basis by the health insurance
 1643 plan. No person shall disclose such records or information to any other person except as
 1644 necessary for the proper administration of the health insurance plan.

1645 ~~20-2-898.~~

1646 ~~Notwithstanding any other provisions of this subpart, the board shall deposit into the~~
 1647 ~~Georgia Retiree Health Benefit Fund created by Code Section 45-18-101 the individual~~
 1648 ~~contributions by retirees and the employer contributions respecting retirees provided for~~
 1649 ~~by this subpart.~~

1650 Subpart 3

1651 20-2-910.

1652 As used in this subpart, the term:

1653 (1) ~~'Board' means the Board of Community Health established under Chapter 2 of Title~~
 1654 ~~31.~~

1655 ~~(2) 'Commissioner' means the commissioner of community health established under~~
 1656 ~~Chapter 2 of Title 31~~ administrative services.

1657 (2) 'Department' means the Department of Administrative Services.

1658 (3) 'Public school employee' means an 'employee' as defined in paragraph (20) of Code
 1659 Section 47-4-2. 'Public school employee' also means classroom aides, paraprofessionals,
 1660 and noncertified administrative and clerical personnel. It is specifically provided,
 1661 however, that the term 'public school employee' shall not include any emergency or
 1662 temporary employee or any other employee who works in a position otherwise covered
 1663 by such term less than 60 percent of the time required to carry out the duties of such
 1664 position. 'Public school employee' also means any person, other than an employee in a
 1665 professionally certificated capacity or position, employed not less than half time and

1666 compensated in a charter school in this state established pursuant to Article 31 of
 1667 Chapter 2 of Title 20 if such charter school elects upon initial approval of its charter or,
 1668 if such charter school is an existing charter school, elects upon notice by the health
 1669 insurance plan provided in this part or upon the expiration of its current health care plan
 1670 to participate in the health insurance plan established pursuant to this subpart.
 1671 Notwithstanding this definition or any other provision of this subpart, the ~~board~~
 1672 commissioner may, by regulation, make available to employees who work 17 1/2 hours
 1673 or more per week such benefits as are required to be made available to such employees
 1674 by regulations of the United States Internal Revenue Service or any other federal
 1675 authority.

1676 (4) 'Qualified entity' means any person, association, corporation, or other legal entity
 1677 with which the ~~board~~ department is authorized under Chapter 18 of Title 45 to contract.

1678 20-2-911.

1679 (a) The ~~board~~ commissioner is authorized to establish a health insurance plan for public
 1680 school employees of this state and to adopt and promulgate rules and regulations for its
 1681 administration, subject to the limitations contained in this subpart. Such plan may provide
 1682 for group hospitalization, surgical, and medical insurance against the financial costs of
 1683 hospitalization, surgery, and medical treatment and care and may also include, among other
 1684 things, prescribed drugs, medicines, prosthetic appliances, hospital inpatient and outpatient
 1685 service benefits, and medical expense indemnity benefits, including major medical benefits.

1686 (b) The ~~board~~ commissioner shall investigate fees of hospitals, pharmacists, and
 1687 practitioners of the healing arts and ~~present recommendations to the General Assembly by~~
 1688 ~~not later than January 15, 1991, for~~ recommend a schedule of maximum fees for hospitals
 1689 and practitioners of the healing arts. The recommended fees for hospitals shall be
 1690 determined based upon a statistical analysis of the peer groups adjusted for the intensity of
 1691 the case mix for hospitals of same licensure classification or subclassification (e.g., general,
 1692 pediatric, psychiatric, rehabilitation, etc.) and of similar services in the same geographic
 1693 area. The recommended fee schedule shall not be at the average of the usual and
 1694 customary charges if the ~~board~~ commissioner determines that the average represents an
 1695 unreasonably high or low charge.

1696 (c) The recommended fees for practitioners of the healing arts and pharmacists shall be
 1697 determined based upon a statistical analysis of the peer groups for such practitioners and
 1698 pharmacists of the same licensure classification (e.g., internists, family practitioners,
 1699 cardiologists, neurosurgeons, etc.) and of similar services in the same geographic area. The
 1700 recommended fee schedule shall not be at the average of the usual and customary charges

1701 if the ~~board~~ commissioner determines that the average represents an unreasonably high or
1702 low charge.

1703 (d) The recommendations shall include an analysis of all hospitals, pharmacists, and
1704 practitioners accepting assignment of benefits for such services not to exceed the amount
1705 authorized by the fee schedule. The ~~board~~ department shall publish in print or
1706 electronically a list of practitioners who accept assignment of benefits under the plan.

1707 (e) The recommendations shall include an analysis of the impact of practitioners agreeing
1708 to provide medical or surgical services at a reduced rate for members of the health
1709 insurance plan and of pharmacists and hospitals agreeing to provide hospital services,
1710 medical equipment, or pharmaceuticals at a reduced rate for members of the health
1711 insurance plan. The ~~board~~ department shall publish in print or electronically a list of
1712 practitioners of the healing arts, pharmacists, and hospitals that offer a reduced rate for
1713 members and the rate at which those services, equipment, or pharmaceuticals have been
1714 offered.

1715 20-2-912.

1716 Such health insurance plan shall not include expenses incurred by, or on account of, an
1717 individual prior to the effective date of the plan as to him or her; services received for
1718 injury or sickness due to war or any act of war, whether declared or undeclared, which war
1719 or act of war shall have occurred after the effective date of this plan; expenses for which
1720 the individual is not required to make payment; expenses to the extent of benefits provided
1721 under any employer group plan other than this plan in the cost of which the state
1722 participates; and such other expenses as may be excluded by the regulations of the ~~board~~
1723 commissioner.

1724 20-2-913.

1725 The health insurance plan shall be designed by the ~~board~~ commissioner to:

1726 (1) Provide a reasonable relationship between the hospital, surgical, and medical benefits
1727 to be included and the expected distribution of expenses of each such type to be incurred
1728 by the covered employees and dependents; and

1729 (2) Include reasonable controls, which may include deductible and coinsurance
1730 provisions applicable to some or all of the benefits, to reduce unnecessary utilization of
1731 the various hospital, surgical, and medical services to be provided, and to provide
1732 reasonable assurance of stability in future years of the plan.

1733 20-2-914.

1734 (a) The ~~board~~ department is authorized to execute a contract or contracts to provide the
1735 benefits determined upon under the health insurance plan in accordance with this subpart,
1736 or the ~~board~~ commissioner may, in ~~its~~ his or her discretion, establish a self-insured plan in
1737 whole or in part. All of the benefits to be provided under the plan may be included in one
1738 or more similar contracts, or the benefits may be classified into different types with each
1739 type included in one or more contracts issued by the same or different qualified entities or
1740 covered under a self-insured plan. A reasonable time before entering into any insurance
1741 contract under this subpart, the ~~board~~ commissioner shall invite proposals from such
1742 qualified entities as, in the opinion of the ~~board~~ commissioner, would desire to accept any
1743 part of the insurance coverage authorized by this subpart; provided, however, that the ~~board~~
1744 commissioner may, in ~~its~~ his or her discretion, establish a self-insured plan in whole or in
1745 part.

1746 (b) The ~~board~~ commissioner may arrange with any qualified entity issuing any such
1747 contract to reinsure portions of such contract with any other such qualified entity which
1748 elects to be a reinsurer and is legally competent to enter into a reinsurance agreement. The
1749 ~~board~~ commissioner may designate one or more of such qualified entities as the
1750 administering qualified entity or entities.

1751 (c) Each employee who is covered under any such contract or contracts shall receive a
1752 certificate setting forth the benefits to which the employee and his or her dependents are
1753 entitled thereunder, to whom such benefits shall be payable, to whom claims should be
1754 submitted, and summarizing the provisions of the contract principally affecting the
1755 employee and his or her dependents. Such certificate shall be in lieu of the certificate
1756 which the corporation or corporations issuing such contract or contracts would otherwise
1757 issue.

1758 (d) The qualified entities eligible to participate as reinsurers and the amount of coverage
1759 under the contract or contracts to be allocated to each issuing qualified entity or reinsurer
1760 may be redetermined by the ~~board~~ commissioner for and in advance of any contract year
1761 after the first year and with any modifications thereof it he or she deems appropriate to
1762 carry out the intent of such subdivision, subject to such limitations as set forth in this
1763 subpart. The ~~board~~ department may, at the end of any contract year, discontinue any
1764 contract or contracts it has executed with any qualified entity or entities and replace it or
1765 them with a contract or contracts in any other qualified entity or entities meeting the
1766 requirements of this Code section or may, in its discretion, establish a self-insured plan in
1767 whole or in part.

1768 20-2-915.

1769 (a) The contract or contracts shall provide for health insurance for retiring public school
1770 employees and their spouses and dependent children, as defined by the regulations of the
1771 board commissioner, under such terms as the board commissioner may deem appropriate.
1772 The board commissioner shall adopt regulations prescribing the conditions under which an
1773 employee or retiring employee may elect to participate in or withdraw from the health
1774 insurance plan; provided, however, that any such persons who are eligible to receive a
1775 benefit under Chapter 3 or 4 of Title 47 shall be entitled to continue health benefit coverage
1776 from active service by authorizing deductions from the retiree's retirement benefit or by
1777 paying a premium directly to the board department as provided by the rules and regulations
1778 of the board commissioner. For retirees who pay directly, the participation rate shall be the
1779 same as the rate charged to other retired direct payees. Surviving spouses of direct paying
1780 retirees shall be eligible to continue coverage at the death of the retiree under the same
1781 conditions as the retiree but shall not be eligible to include additional persons in the
1782 contract after the retiree's death. The board commissioner may limit the choices of direct
1783 paying retirees to the level of coverage supported by the employer contribution authorized
1784 under this Code section.

1785 (b) The contract or contracts shall provide for health insurance for retired former public
1786 school employees and retired former employees of a community college operated and
1787 funded by a local school system and their spouses and dependent children, as defined by
1788 the regulations of the board commissioner, under such terms as the board commissioner
1789 may deem appropriate. The former retired employees shall include individuals who retired
1790 prior to January 1, 1985, who were covered by an employer group health plan at the time
1791 of retirement and who receive benefits from one of the retirement systems operated by the
1792 state or by a local school system. The costs of employer contributions and the
1793 administration of providing such insurance may be assessed against such retired former
1794 employees or may be appropriated to the Department of Education. Such retired former
1795 employees shall pay premiums for such health insurance in an amount set by the board
1796 commissioner after consideration of the amount appropriated to the Department of
1797 Education. The board commissioner shall adopt regulations prescribing the conditions
1798 under which a retired former employee may elect to participate in or withdraw from the
1799 plan.

1800 (c) If a retiring or retired public school employee or the beneficiary of such retiring or
1801 retired public school employee exercises eligibility under board commissioner regulations
1802 to continue coverage under the plan and the retiring or retired public school employee or
1803 the beneficiary is eligible to participate in the insurance program operated by or on behalf
1804 of the federal government under the provisions of 42 U.S.C.A. Section 1395, as amended,

1805 the coverage available under the public school employees' health insurance plan shall be
1806 subordinated to the coverage available under such federal program. The ~~board~~
1807 commissioner is authorized to promulgate regulations to establish the premium paid by the
1808 retiring or retired public school employee or beneficiary to reflect the subordination of
1809 coverage.

1810 20-2-915.1.

1811 (a) Notwithstanding any other provisions of this subpart to the contrary, the ~~board~~
1812 commissioner shall offer continuous coverage to any public school employee with eight
1813 or more years of creditable service who is not eligible to receive retirement benefits
1814 because of age. The public school employee shall pay both the employer and employee
1815 premiums for such insurance coverage.

1816 (b) Notwithstanding any other provisions of this subpart to the contrary, any public school
1817 employee eligible to elect continuous coverage pursuant to subsection (a) of this Code
1818 section shall pay the employer and employee premiums for such coverage in monthly
1819 installments. The amount of the monthly premiums shall be equal to the rate of employer
1820 and employee contributions in effect during the existence of the coverage.

1821 20-2-915.2.

1822 At the time of death of any employee, annuitant, or other person who has elected coverage
1823 under said contract or contracts for health insurance and who dies having the required
1824 creditable service for receiving a benefit from a retirement system of this state which is
1825 operated for teachers or public school employees, any spouse or dependent child or
1826 children included in the coverage of the contract or contracts for health insurance as
1827 provided in this subpart may be entitled to continue such coverage upon agreeing to pay
1828 contributions to the cost of such coverage as may be provided by rules and regulations of
1829 the ~~board~~ commissioner. The ~~board~~ commissioner shall be authorized to promulgate and
1830 adopt rules and regulations governing the continuance, discontinuance, and resumption of
1831 coverage by any such spouse or dependent child or children. The ~~board~~ commissioner shall
1832 be authorized to promulgate rules and regulations governing the continuance of coverage
1833 by a spouse and dependent children of a retired employee when retirement benefits are
1834 insufficient for payment of the health insurance premium.

1835 20-2-916.

1836 Each employee shall be entitled to have his or her spouse and dependent children, as
1837 defined by the regulations of the ~~board~~ commissioner, included in the coverage, upon
1838 agreeing to pay his or her contributions to the cost of such coverage for such dependents.

1839 The ~~board~~ commissioner shall adopt regulations governing the discontinuance and
1840 resumption by employees of coverage for dependents.

1841 20-2-917.

1842 (a) Any benefits payable under the health insurance plan may be made either directly to
1843 the attending physicians, hospitals, medical groups, or others furnishing the services upon
1844 which a claim is based or to the covered employee upon presentation of valid bills for such
1845 services, subject to such provisions to facilitate payment as may be made by the ~~board~~
1846 commissioner.

1847 (b) Such claims must be presented in writing to the ~~board~~ commissioner or ~~its~~ his or her
1848 designee within two years from the date the service was rendered, or else no benefits will
1849 be owed or paid.

1850 (c) All drafts or checks issued by the ~~board or its designee~~ department shall be void if not
1851 presented and accepted by the drawer's bank within six months of the date the draft or
1852 check was drawn. If the payee or member does not present the draft or check for
1853 acceptance during the seven years following the date the draft or check was issued, the
1854 draft or check will be void, funds will be retained in the insurance fund, and further
1855 payments for such claim will not be owed or paid.

1856 20-2-918.

1857 (a) There is created a health insurance fund for public school employees. The fund shall
1858 be available without fiscal year limitations for premiums, subscription charges, benefits,
1859 and administration costs. The amounts contributed by the state or from federal funds
1860 pursuant to this subpart shall be credited to such health insurance fund. All other income,
1861 including the income derived from dividends, premium rate adjustments, or other refunds
1862 under any such contract or contracts, shall be credited to and constitute a part of such fund.
1863 Any amounts remaining in such fund after all premiums or subscription charges and other
1864 expenses have been paid shall be retained in such fund as a special reserve for adverse
1865 fluctuation. The commissioner shall be the custodian of such health insurance fund and
1866 shall be responsible under a properly approved bond for all moneys coming into the fund
1867 and paid out of the fund as may be required to be paid to any contracting qualified entity
1868 under any contract entered into pursuant to this subpart and to cover administrative costs.

1869 (b) Notwithstanding any provision of law to the contrary, the commissioner may combine
1870 the fund provided for in this Code section with the funds provided for in Code Section
1871 20-2-891 and Code Section 45-18-12.

1872 20-2-919.

1873 Any amounts held by the health insurance fund which are available for investment shall be
 1874 paid over to the Office of the State Treasurer. The state treasurer shall deposit such funds
 1875 in a trust account for credit only to the health insurance fund. The state treasurer shall
 1876 invest these health insurance funds subject to the limitations of Code Section 50-5A-7 and
 1877 Chapter 17 of Title 50. All income derived from such investments shall accrue to the
 1878 health insurance fund. When moneys are paid over to the Office of the State Treasurer, as
 1879 provided in this Code section, the commissioner shall submit an estimate of the date such
 1880 funds shall no longer be available for investment. When the commissioner wishes to
 1881 withdraw funds from the trust account provided for in this Code section, he or she shall
 1882 submit a request for such withdrawal, in writing, to the state treasurer.

1883 20-2-920.

1884 (a) During any period in which an employee is covered under the health insurance plan
 1885 authorized by this subpart prior to the date of the employee's retirement, there shall be
 1886 withheld from each salary payment of such employee, as the employee's share of the cost
 1887 of coverage under this plan, such portion of the premium or subscription charges under the
 1888 terms of any contract or contracts issued in accordance with this subpart as may be
 1889 established by the ~~board~~ commissioner. During any month in which benefits are being paid
 1890 by a public school employees' retirement system to an individual so covered under this
 1891 program, contributions shall be deducted from such payments in the amounts prescribed
 1892 by the ~~board~~ commissioner with the consent of the recipient.

1893 (b) The Department of Education and local school systems shall contribute to the health
 1894 insurance fund such portion of the costs of such benefits as may be established by the ~~board~~
 1895 commissioner to maintain the employee contributions consistent with other health
 1896 insurance plans administered by the ~~board~~ commissioner. In the event that the
 1897 commissioner shall determine that a local employer has failed to contribute the full amount
 1898 of such portion, as calculated by the commissioner, it shall be the duty of the commissioner
 1899 to notify the State Board of Education of such failure and it shall be the duty of the State
 1900 Board of Education to, with reasonable promptness, withhold from the employer which has
 1901 failed to comply sufficient state funds as calculated by the commissioner to fully satisfy the
 1902 outstanding obligation of the local employer to the health insurance fund. Such withheld
 1903 funds shall be promptly transmitted by the state board to the ~~Department of Community~~
 1904 Health department.

1905 (c) If a local school system elects not to participate in the health insurance plan, the ~~board~~
 1906 commissioner may establish regulations by which the employees of such local school

1907 system may enroll as a group, provided that an adequate participation percentage is
 1908 maintained to assure a sound policy of shared risk.

1909 20-2-921.

1910 At an appropriate time during each year, the commissioner shall certify to the State School
 1911 Superintendent the amount of funds determined by the ~~board~~ commissioner as employer
 1912 payments for the ensuing fiscal year and, in his or her annual budget for the Department
 1913 of Education, the Superintendent shall have provision for funds sufficient to pay the ~~board~~
 1914 department such required employer payments.

1915 20-2-922.

1916 (a) On a date as soon as practicable, as determined by the ~~board~~ commissioner, which is
 1917 defined as the 'employer commencement date,' the commissioner shall notify the State
 1918 School Superintendent and local school superintendents that the employer payments shall
 1919 commence on such date. The State School Superintendent shall notify the employees that
 1920 employee payments will commence on a date following the employer commencement date,
 1921 which will be determined by the ~~board~~ commissioner. The date as established by the ~~board~~
 1922 commissioner with reference to the employee payments is defined as the 'employee
 1923 commencement date.'

1924 (b) Any employee who is otherwise eligible in accordance with rules and regulations of
 1925 the ~~board~~ commissioner shall have an option to elect coverage in this program, and, in the
 1926 event an employee rejects coverage, such employee shall be authorized to obtain coverage
 1927 at a later date upon compliance with the rules and regulations promulgated by the ~~board~~
 1928 commissioner relative thereto.

1929 20-2-923.

1930 Local school boards shall have the option to determine whether or not the public school
 1931 employees within their respective systems shall be covered under this subpart.

1932 20-2-924.

1933 (a) It is the purpose of this Code section to authorize a procedure whereby the
 1934 commissioner ~~of community health~~ may administratively discharge a debt or obligation due
 1935 the health insurance fund for public school employees when the amount is \$400.00 or less
 1936 and:

1937 (1) It is manifest that the debt or obligation is uncollectable; or

1938 (2) The costs of collecting the debt or obligation would be equal to or greater than the
 1939 amount due the fund.

1940 (b) In order to conserve the health insurance funds, the commissioner of community health
 1941 is authorized to develop a procedure that complies with the policies prescribed by the state
 1942 accounting officer for the administrative discharge of any debt or obligation due the
 1943 insurance fund when such debt or obligation is \$400.00 or less. This provision shall not
 1944 be construed to deny to the commissioner the authority to pursue the collection of any debt,
 1945 obligation, or claim in any amount whatsoever when such pursuit is in the best interest of
 1946 the insurance fund.

1947 (c) Upon a formal determination that a debt or obligation to the insurance fund of \$400.00
 1948 or less is uncollectable, or that the costs of collection would equal or exceed the amount
 1949 due the fund, the commissioner of community health shall execute and transmit to the state
 1950 accounting officer a certification which includes the following: a recapitulation of the
 1951 efforts made to collect the debt or obligation; an estimate of the costs to pursue collection
 1952 of the debt or obligation administratively or judicially; such other information as may be
 1953 required by the procedure developed by the commissioner and the state accounting officer;
 1954 and a statement that further collection effort would be detrimental to the financial interests
 1955 of the fund. The certification shall be made under oath or affirmation and shall be sent to
 1956 the state accounting officer at such times as shall be prescribed in the procedure developed
 1957 by the commissioner and the state accounting officer. Upon receipt of the certification, the
 1958 state accounting officer shall be authorized to approve the removal of such uncollectable
 1959 amounts from the financial records of the fund.

1960 20-2-925.

1961 Claim forms and other records which would disclose the nature of the health services
 1962 provided to an insured shall be maintained on a confidential basis by the health insurance
 1963 plan. No person shall disclose such records or information to any other person except as
 1964 necessary for the proper administration of the health insurance plan.

1965 ~~20-2-926.~~

1966 ~~Notwithstanding any other provisions of this subpart, the board shall deposit into the~~
 1967 ~~Georgia Retiree Health Benefit Fund created by Code Section 45-18-101 the individual~~
 1968 ~~contributions by retirees and the employer contributions respecting retirees provided for~~
 1969 ~~by this subpart."~~

1970 **PART V**

1971 **SECTION 5-1.**

1972 Chapter 20C of Title 33 of the Official Code of Georgia Annotated, relating to accurate
1973 provider directories, is amended by revising Code Section 33-20C-6, relating to required and
1974 accurate information in directories, reporting, and reimbursement for reliance, as follows:

1975 "33-20C-6.

1976 This chapter shall not apply to the provision of health care services pursuant to a contract
1977 entered into by an insurer and the Department of Community Health for recipients of
1978 Medicaid or PeachCare for Kids ~~and~~ or a contract entered into by an insurer and the
1979 Department of Administrative Services for recipients of the state health benefit plan under
1980 Article 1 of Chapter 18 of Title 45."

1981 **SECTION 5-2.**

1982 Code Section 33-24-56.3 of the Official Code of Georgia Annotated, relating to insurance
1983 relating to colorectal cancer screening and testing, is amended by revising paragraph (1) of
1984 subsection (a) as follows:

1985 "(1) 'Health benefit policy' means any individual or group plan, policy, or contract for
1986 health care services issued, delivered, issued for delivery, executed, or renewed by an
1987 insurer in this state on or after July 1, 2002, including, but not limited to, those contracts
1988 executed by the Department of ~~Community Health~~ Administrative Services pursuant to
1989 ~~paragraph (1) of subsection (d) of Code Section 31-2-4~~ subsection (b) of Code Section
1990 50-5-31. The term 'health benefit policy' does not include the following limited benefit
1991 insurance policies: accident only, CHAMPUS supplement, dental, disability income,
1992 fixed indemnity, long-term care, medicare supplement, specified disease, vision, and
1993 nonrenewable individual policies written for a period of less than six months."

1994 **SECTION 5-3.**

1995 Code Section 33-30-13 of the Official Code of Georgia Annotated, relating to notices of
1996 premium increases to be mailed or delivered to group policyholder and notification of impact
1997 of federal Patient Protection and Affordable Care Act, is amended by revising subsection (b)
1998 as follows:

1999 "(b) The commissioner of ~~community health~~ administrative services shall also provide
2000 notice to each person covered under the health insurance plans established pursuant to
2001 Article 1 of Chapter 18 of Title 45 when any premium increase occurs of how much of
2002 such increase is attributable to the federal Patient Protection and Affordable Care Act."

2003 **SECTION 5-4.**

2004 Code Section 50-13-42 of the Official Code of Georgia Annotated, relating to the
 2005 applicability of the "Administrative Procedure Act," is amended by revising subsection (a)
 2006 as follows:

2007 "(a) In addition to those agencies expressly exempted from the operation of this chapter
 2008 under paragraph (1) of Code Section 50-13-2, this article shall not apply to the
 2009 Commissioner of Agriculture, the Public Service Commission, the Certificate of Need
 2010 Appeal Panel, ~~or~~ the Department of Community Health, or the Department of
 2011 Administrative Services, unless specifically provided otherwise for certain programs or in
 2012 relation to specific laws, or to the Department of Labor with respect to unemployment
 2013 insurance benefit hearings conducted under the authority of Chapter 8 of Title 34. Such
 2014 exclusion does not prohibit such office or agencies from contracting with the Office of
 2015 State Administrative Hearings on a case-by-case basis."

2016 **PART VI**

2017 **SECTION 6-1.**

2018 This Act shall become effective upon its approval by the Governor or upon its becoming law
 2019 without such approval.

2020 **SECTION 6-2.**

2021 All laws and parts of laws in conflict with this Act are repealed.