Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1	INTERIM STUDY PROPOSAL 2009-020
2	State of Arkansas
3	87th General Assembly A Bill
4	Regular Session, 2009 HOUSE BILL 1891
5	
6	By: Representative Nickels
7	
8	Filed with: House Interim Committee on Public Health, Welfare and Labor
9	pursuant to A.C.A. §10-3-217.
10	
11	For An Act To Be Entitled
12	AN ACT TO ESTABLISH A UNIFIED HEALTH CARE BENEFIT
13	PROGRAM FOR ALL PUBLICLY FUNDED EMPLOYEES AND
14	RETIRED EMPLOYEES; AND FOR OTHER PURPOSES.
15	
16	Subtitle
17	TO ESTABLISH A UNIFIED HEALTH CARE
18	BENEFIT PROGRAM FOR ALL PUBLICLY FUNDED
19	EMPLOYEES AND RETIRED EMPLOYEES.
20	
21	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
23	DE II ENACIED DI THE GENERAL ASSEMBLI OF THE STATE OF ARRANSAS:
24	SECTION 1. Arkansas Code § 21-5-401 is amended to read as follows:
25	21-5-401. Legislative intent.
26	It is the purpose of this subchapter to:
27	(1) Create a single board to select health insurance and life
28	insurance plan coverages for state and public school publicly funded
29	employees and retirees;
30	(2) Develop self-funded health programs to enhance the ability
31	to control premiums and utilize managed care capabilities if feasible and in
32	the best interest of plan members; and
33	(3) Enable a single board to:
34	(A) Set and manage policies for the health insurance and
35	life insurance programs of state and public school publicly funded employees;
36	(B) Work in a concerted effort toward a common goal of

1	parity between public school and state publicly funded employee and retiree
2	insurance programs;
3	(C) Improve the quality of health care services under the
4	programs;
5	(D) Increase participants' understanding of program
6	features; and
7	(E) Slow the rate of growth in health care expenses under
8	the programs.
9	
10	SECTION 2. Arkansas Code § 21-5-403 is amended to read as follows:
11	21-5-403. Policy-making body only — Reports.
12	(a) The State and Public School Life and Health Insurance Board shall
13	be a policy-making body only.
14	(b) The executive director shall report upon request to the House
15	$\overline{\mbox{Interim}}$ Committee on Insurance and Commerce and the Senate $\overline{\mbox{Interim}}$ Committee
16	on Insurance and Commerce regarding the state and public school publicly
17	<u>funded</u> employees and retirees insurance program.
18	
19	SECTION 3. Arkansas Code § 21-5-404(3), concerning the powers, duties
20	and functions of the State and Public School Life and Health Insurance Board
21	is amended to read as follows:
22	(3) To prepare a comprehensive analysis of the various health
23	benefit plan options approved by the board to provide coverage to state and
24	public school publicly funded employees and retirees, including cost,
25	quality, and access differentials among the various plans as well as any
26	other comparisons of the plans;
27	
28	SECTION 4. Arkansas Code § 21-5-405(a), concerning the duties of the
29	State and Public School Life and Health Insurance Board, is amended to read
30	as follows:
31	(a) The State and Public School Life and Health Insurance Board and
32	the executive director shall take a risk management approach in designing the
33	state and public school publicly funded employees and retirees benefit
34	programs. The board shall ensure that the state and public school publicly
35	<u>funded</u> employees and retirees benefit programs are maintained on an
36	actuarially sound basis as determined by actuarial standards established by

1	the board.
2	
3	SECTION 5. Arkansas Code § 21-5-405(b)(4), concerning the duties of
4	the State and Public School Life and Health Insurance Board, is amended to
5	read as follows:
6	(4)(A) Utilize the combined purchasing power of the state
7	employee and public school employee, retiree, participating entity, and
8	participating institution personnel programs to foster competition among
9	vendors and providers for the programs.
10	(B) Any state agency or school district employee, retiree,
11	participating entity, and participating institution that accepts state funds
12	intended to partially defray the cost of health and life insurance for $\frac{1}{2}$
13	employees of the state and public schools an employee, retiree, participating
14	entity, or participating institution shall:
15	(i) Use those funds only for the state and public
16	school employees health benefit plans sponsored by the board; and
17	(ii) Agree to rules of participation as stated in
18	the policies adopted by the board and as defined in the regulations and
19	procedures issued by the Executive Director of the Employee Benefits
20	Division, including, but not limited to, timely eligibility reporting,
21	prepayment of insurance premiums, actuarial adjustment for new enrollees, and
22	any other requirements deemed necessary by the board;
23	
24	SECTION 6. Arkansas Code § 21-5-406(e)(3)(A), concerning the
25	implementation of benefit programs, is amended to read as follows:
26	(3)(A) The executive director shall have the authority to
27	supervise the implementation and day-to-day management of the health
28	insurance programs and other employee benefit programs, plans, and individual
29	and group policies made available to state and public school employees, if
30	applicable.
31	
32	SECTION 7. Arkansas Code § 21-5-406(e)(3)(E), concerning the exemption
33	of the Arkansas State Police Employee Health Plan from mandatory
34	participation, is repealed.
35	(E) The Arkansas State Police Employee Health Plan shall

be exempt from any mandatory participation required by this section.

1	
2	SECTION 8. Arkansas Code § 21-5-407 is amended to read as follows:
3	21-5-407. Definitions.
4	As used in this subchapter:
5	(1) "Aggregate performance information" means a report or other
6	means of communication about the measurement of accomplishment of the
7	execution of certain tasks, achievement of certain results, or occurrence of
8	certain events related to all patients or to a class or group of patients
9	identifiable by certain criteria;
10	(2) "Alternate retirement plan retiree" means a retiree of
11	certain institutions whose employer does not contribute to the State or
12	Public School Health Insurance Plan during his or her active employment as
13	defined in § 24-7-801. Further, an "alternate retirement plan", for the
14	purposes of this section, is a defined contribution plan allowed under the
15	Internal Revenue Service regulations and allowed but not created by Arkansas
16	state law;
17	(3) "Dependent" means any member of an employee's or retiree's
18	family who meets the eligibility for coverage under the health benefit plans
19	approved by the State and Public School Life and Health Insurance Board;
20	(4) "Dual eligibility" means simultaneous participation as an
21	employee, dependent, or retiree in the multiple programs offered by the
22	Employee Benefits Division;
23	(5) "Eligible inactive retiree" means a former member of the
24	General Assembly or a state-elected constitutional officer who has served a
25	sufficient number of years of credited service to be eligible for retirement
26	benefits but who has not yet reached retirement age. Eligible inactive
27	retirees who enroll in the plan must pay the entire premium cost as set by
28	the board;
29	(6) "Employee" means a state employee or a public school
30	district employee; an employee who is paid all or part of his or her salary
31	by public funds, including without limitation an employee of:
32	(A) The State of Arkansas;
33	(B) A public school district;
34	(C) A county;
35	(D) A municipality;
36	(E) An incorporated or unincorporated town;

1	(F) A constitutional branch of government, office,
2	officer, agency, department, commission, or institution;
3	(G) An institution of higher education; and
4	(H) An agency, instrumentally, board, commission, or
5	political subdivision of:
6	(i) The State of Arkansas;
7	(ii) A public school district;
8	(iii) A county;
9	(iv) A municipality;
10	(v) An incorporated or unincorporated town;
11	(vi) A constitutional branch of government, office,
12	officer, agency, department, commission, or institution; or
13	(vii) An institution of higher education;
14	(7) "Health insurance representative" means an individual
15	appointed by a participating entity to act as an agent for the Employee
16	Benefits Division;
17	(8) "Ineligible inactive retiree" means a terminated employee
18	who has worked a sufficient number of years to be considered vested but who
19	has not yet reached the age to qualify to receive a retirement benefit;
20	(9) "Internal Revenue Service" means the United States
21	government agency responsible for tax collection and tax law enforcement;
22	(10) "Member" means any enrolled state or public school
23	employee, retiree, or covered dependent;
24	(11) "Participating entity" means an organization authorized to
25	participate in a plan offered under this subchapter;
26	(12) "Participating institution" means any two-year, or four-
27	year, or graduate college that is participating in a plan offered under this
28	subchapter;
29	(13) "Prepayment" means collection of medical or life insurance
30	premiums or both medical and life insurance premiums from the employee and
31	employer one (1) month in advance;
32	(14) "Publicly funded" means at least partially paid for by
33	federal, state, county, municipal, or other funds received from any taxing
34	unit;
35	$\frac{(14)(15)}{(15)}$ "Qualifying event" means a change in an employee's
36	personal life that may impact his or her eligibility or a dependent's

1	eligibility for benefits, as defined by Internal Revenue Service guidelines;
2	$\frac{(15)}{(16)}$ "Quality-of-care information" means the contents of
3	medical records, member claims, patient surveys, pharmacy data, lab data, and
4	other records of or reports about systems, networks, hospitals, and clinical
5	providers to be gathered for assessment of the quality and costs of health
6	care provided by systems, networks, hospitals, and clinical providers;
7	(16)(17) "Quality performance indicator" means a specific
8	inquiry or standard that, when applied to quality-of-care information,
9	reveals a quantifiable measure of success or failure in system, network,
10	hospital, or clinical provider care;
11	(17)(18) "Retiree" means a retired employee who is eligible
12	under the provisions of § 21-5-411 or any other publicly funded retirement
13	<pre>system;</pre>
14	(18)(19) "State" means the State of Arkansas; and
15	(19)(20) "Vendor" means:
16	(A) A corporation, partnership, or other organization
17	licensed to do business and in good standing with the State of Arkansas; and
18	(B) A corporation, partnership, or other organization
19	licensed to do business and in good standing with the State of Arkansas that
20	is lawfully engaged in administering employer- <u>funded</u> or employee-funded
21	benefit plans for employer groups in consideration of an administration fee
22	payable to the vendor.
23	
24	SECTION 9. Arkansas Code § 21-5-410 is amended to read as follows:
25	21-5-410. Employees — Eligibility.
26	(a) Eligible employees shall include:
27	(1) All actively employed, eligible employees of participating
28	agencies, boards, commissions, institutions, and constitutional offices whose
29	actual performance of duty requires one thousand (\$1,000) or more working
30	hours per year;
31	(2) Members of the General Assembly;
32	(3) Elected constitutional officers;
33	(4) Appointed or elected board and commission members who are on
34	a full-time salaried basis; and
35	$\frac{(5)(A)(2)(A)}{(2)(A)}$ Those state contract employees hired by the
36	Arkansas National Guard on a full-time basis in accordance with the

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1
     provisions of 10 U.S.C. § 2304.
 2
                       (B) Membership of the contract employees of the Arkansas
 3
     National Guard is conditioned upon the United States Government contributing
 4
     the employer's share to the Employee Benefits Division of the Department of
 5
     Finance and Administration.
 6
           (b) Membership of a state employee is conditioned upon the employee
 7
     being in a budgeted state employee position or a position authorized by the
 8
     General Assembly.
9
           (c) Employees whose actual performance of duty requires one thousand
10
     (1,000) or more working hours per year.
11
           (d) If a participating institution discontinues its participation in
12
     the group health and life insurance program instituted pursuant to the
13
     provisions of this subchapter, then the institution may not re-participate in
14
     the program for two (2) years after the institution's final date of
15
     participation in the program unless the executive director of the Employee
16
     Benefits Division of the Department of Finance and Administration gives his
17
     or her consent to an earlier date.
18
           (e)(c) Members are not allowed dual eligibility in either the state
19
     insurance plan or the public school an insurance plan offered under this
20
     subchapter.
21
           (f) The Arkansas State Police Employee Health Plan shall be exempt
22
     from any mandatory participation required by this section.
23
24
           SECTION 10. Arkansas Code § 21-5-411 is amended to read as follows:
2.5
           21-5-411. Eligibility of certain retired employees.
26
           (a)(1) State and public school employees A retiree shall be allowed to
27
     continue coverage and, if qualified, to participate in the group health
28
     insurance program instituted pursuant to the provisions of this subchapter
     and other laws enacted to implement the program who are:
29
30
                       (A) Participating members of:
31
                             (i) The Arkansas Public Employees' Retirement
32
     System, including the members of the legislative division and the contract
33
     personnel of the Arkansas National Guard;
34
                             (ii) The Arkansas Teacher Retirement System;
35
                             (iii) The Arkansas State Highway Employees'
36
     Retirement System;
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1 (iv) The Arkansas Judicial Retirement System; or 2 (v) An alternate retirement plan of a qualifying 3 institution under § 24-7-801; and 4 (B) Retired retired and drawing benefits under the systems 5 publicly funded retirement systems. 6 (2)(A)(i) If members of these retirement systems receive 7 retirement benefits, thereby becoming active retirees, the active retirees 8 shall elect to enroll in the health benefit program sponsored by the State 9 and Public School Life and Health Insurance Board. 10 The election to enroll in the retiree insurance (ii) 11 program shall be made within thirty-one (31) days of the member's becoming an 12 active retiree and shall be made in writing to the Employee Benefits Division on forms required by the Employee Benefits Division. 13 14 (B)(i) To be eligible to continue coverage or to qualify 15 for coverage after electing to decline participation, the member must have 16 been covered on the last day of the member's employment. 17 (ii) If a retiree declines coverage at the time of retirement due to other employer-sponsored group health insurance coverage, 18 19 the retiree may make a one-time election to return to the retiree insurance program with proof of continued insurance coverage if the retiree experiences 20 21 a qualifying event. 22 (C)(i) Except as provided in subdivision (a)(2)(C)(ii) of 23 this section, an active retiree's failure to make an election during the 24 thirty-one-day election period or an active retiree's election to decline 25 participation in the health program is final. 26 (ii) If an active retiree declining coverage 27 specifies in writing and provides a letter of creditable employer group 28 coverage to show that the reason for the declination is because the active 29 retiree has coverage through another employer group health plan and the 30 active retiree's coverage is subsequently terminated because of a loss of eligibility, as defined by Internal Revenue Service regulations, and provides 31 32 information from the former insurance company of the loss of eligibility, 33 then the active retiree and any dependents shall qualify for coverage in the 34 health benefit program under this subsection upon payment of the appropriate 35 premium as established by the board, provided the active retiree applies for 36 coverage within thirty (30) days of the loss of eligibility. Loss of coverage

- is defined by Internal Revenue Service and Health Insurance Portability and Accountability Act (HIPPA) guidelines for special enrollment periods.
- 3 (3)(A) Notwithstanding any other provision to the contrary in 4 this section, an employee with ten (10) or more years of creditable service
- 5 under the terms of a retirement plan listed in this section shall qualify for
- 6 continuation of health insurance coverage offered by the board if that
- 7 employee is separated from employment because of the expiration of a fixed
- 8 period of employment.
- 9 (B)(i) An employee qualifying for continuation of coverage
- 10 under this subsection shall be considered is an "inactive retiree" and shall
- 11 have thirty-one (31) days from the effective date of termination to elect to
- 12 continue health insurance coverage under this section by notifying the
- 13 Employee Benefits Division.
- 14 (ii) The election shall be made in writing on forms
- 15 required by the Employee Benefits Division.
- 16 (C)(i) Except as provided in subdivision (a)(3)(C)(ii) of
- 17 this section, an inactive retiree's failure to make an election during the
- 18 thirty-one-day election period or an inactive retiree's election to decline
- 19 participation in the health program is final.
- 20 (ii) If an inactive retiree as defined in $\S 21-5-407$
- 21 declining coverage specifies in writing that the reason for the declination
- 22 is because the inactive retiree has coverage through another group health
- 23 plan and the inactive retiree's coverage is subsequently terminated because
- 24 of a loss of eligibility, then the inactive retiree and any dependents shall
- 25 qualify for coverage in a board-sponsored health benefit program upon payment
- 26 of the appropriate premium as established by the board, provided the inactive
- 27 retiree applies for coverage within thirty-one (31) days of the loss of
- 28 eligibility.
- 29 (D) An eligible inactive retiree shall be reclassified as
- 30 an "active retiree" upon electing to receive a retirement benefit by a
- 31 retirement system listed within this section and shall be charged the premium
- 32 rate appropriate for his or her rating category as an active retiree.
- 33 (4)(A) As used in this subsection, "loss of eligibility" means a
- 34 loss of coverage as a result of a legal separation, divorce, death of the
- 35 insured, termination of employment, or a reduction in the number of hours of
- 36 employment.

- 1 (B) "Loss of eligibility" shall not include a loss of 2 coverage from a failure to pay premiums on a timely basis, voluntary 3 termination of coverage, or a termination of coverage for cause, such as 4 making a fraudulent claim.
- (b)(1) Persons who draw retirement benefits under the Arkansas Public

 Employees' Retirement System, the Arkansas Teacher Retirement System, or the

 Arkansas State Highway Employees' Retirement System, a publicly funded

 retirement system and retired contract employees of the Arkansas National

 Guard who wish to participate in the group insurance program provided for in

 this subchapter shall pay the retiree amount of the premium or the cost of

 the policy issued to the retired participant.

- (2) The retiree portion of the premium or cost shall be deducted from the retirement benefit checks of the retired participants. If the retirement benefit is not large enough for the premium deduction, the premium shall be paid by monthly bank draft on a designated date prescribed by the Employee Benefits Division.
- (c) Members of the Arkansas Public Employees' Retirement System and the Arkansas State Highway Employees' Retirement System who retire before January 2, 1988, under the provisions of the Incentives for Early Retirement Act, §§ 24-4-732, 24-5-122, and 24-6-102, shall not have to pay the full amount of the premium and shall pay a portion of the cost of the policy as set forth by the Incentives for Early Retirement Act, §§ 24-4-732, 24-5-122, and 24-6-102.
 - (d) Any future change in coverage other than cancellation shall be extended only to newly acquired dependents, except that if an active or inactive retiree declined dependent coverage at the time of election to be an active or inactive retiree and specified in writing that the reason for the declination was that the dependent had other coverage, and if subsequently the dependent involuntarily loses such coverage, except for fraud or voluntary cessation of premium payment while the active or inactive retiree is covered by the plan, then the dependent may be added within thirty-one (31) days of the involuntary termination to the active or inactive retiree's health insurance coverage for payment of the appropriate premium as established by the board.
 - (e) If a retiree dies and has covered dependents at the time of death, the dependents have the right to continue coverage under the plan. Dependent

children may be covered until marriage or until the maximum age limit for a dependent child has been reached. A surviving spouse may continue coverage under the plan. If a surviving spouse or dependent declines coverage or cancels existing coverage, then the surviving spouse or dependent has no

further privileges under the plan.

SECTION 11. Arkansas Code § 21-5-414 is amended to read as follows: 21-5-414. State contributions generally — Partial state contribution of employees' premiums.

- (a) The Department of Finance and Administration shall seek the advice of the Legislative Council and the House Interim Committee on Insurance and Commerce and the Senate Interim Committee on Insurance and Commerce before additional contributions ean may be made.
- (b)(1) The State of Arkansas, on behalf of agencies an employee, retiree, participating entity, or participating institution participating in the plans adopted by the state a plan adopted under this subchapter, is authorized to may make a monthly contribution equal to the number of budgeted state employee positions multiplied by the monthly contribution authorized by the Chief Fiscal Officer of the State, not to exceed four hundred twenty-five dollars (\$425) monthly for each state employee budgeted position into a fund designated for state employee health benefits, to partially defray the cost of life and health insurance for employees of the state participating in the plan sponsored by the State and Public School Life and Health Insurance Board.
- (2) The department may make a monthly contribution to partially defray the cost of health insurance for state employee retirees, utilizing funds made available for that purpose, not to exceed the amount authorized by the Chief Fiscal Officer of the State.

- SECTION 12. Arkansas Code § 21-5-415 is amended to read as follows:

 21-5-415. Nonpayment of premiums and failure to file reports by agency
 or school district.
 - (a)(1) If any participating agency or school district employee,
 retiree, participating entity, or participating institution does not remit
 insurance premiums and required monthly reports to the Employee Benefits
 Division of the Department of Finance and Administration by the last calendar

- l day of each billing month, the division shall impose a penalty of two dollars
- 2 (\$2.00) per insured member or one hundred dollars (\$100), whichever is
- 3 greater.
- 4 (2) Penalties will be assessed and invoiced based on the actual
- 5 number of members included on the monthly billing report that is past due.
- 6 Invoices will be processed at the beginning of the month following the
- 7 infraction.
- 8 (3) Penalties shall be are payable to the Employee Benefits
- 9 Division and must shall be received by the division no later than the last
- 10 calendar day of the month following invoicing.
- 11 (4) If payment is not received by the division by the due date,
- 12 the following collection methods may be used:
- 13 (A)(i) The Chief Fiscal Officer of the State may cause the
- 14 amount sought to be transferred to the division from:
- 15 (a) Funds the agency or school district
- 16 employee, retiree, participating entity, or participating institution has on
- 17 deposit with the Treasurer of State; or
- 18 (b) Any funds the agency or school district
- 19 employee, retiree, participating entity, or participating institution is due
- 20 from the state.
- 21 (ii) If a transfer must be made, a transfer penalty
- 22 of twenty dollars (\$20.00) per transfer shall be assessed each agency or
- 23 school district employee, retiree, participating entity, or participating
- 24 <u>institution</u> fund and included in the transfer;
- 25 (B) The agency director or school district superintendent
- 26 employee, retiree, or head of the participating entity or participating
- 27 institution may be required to appear before the State and Public School Life
- 28 and Health Insurance Board to report the reasons for nonpayment or incorrect
- 29 reporting; and
- 30 (C) The Chief Fiscal Officer of the State may use his or
- 31 her powers $\frac{\text{outlined in } \text{under}}{\text{outlined in }}$ \(\text{19-4-301} \) et seq. to aid in collection.
- 32 (5) Nonpayment of premiums could also result in a lapse of
- 33 health and life insurance coverage for an employee or retiree or the
- 34 employees of the school district, agency, or the agency an employee, retiree,
- 35 participating entity, or participating institution assuming responsibility
- 36 for paying health and life claims for its employees.

- 1 (b)(1) If any participating agency or school district employee, 2 retiree, participating entity, or participating institution fails to follow established policy and procedures set by the executive director, including 3 4 but not limited to notifying the division of an insured's leave without pay, 5 family medical leave, or military leave status or if any participating agency 6 or school district employee, retiree, participating entity, or participating 7 institution provides incorrect benefit information or processes unauthorized 8 benefit changes, including system entries that result in unreimbursed 9 expenses to the State Employees Benefits Trust Fund or Public School 10 Employees Insurance Trust Fund, the division shall have the right to: 11 (A) Require the agency employee, retiree, participating 12 entity, or participating institution to pay the total amount of the insured's premium; and 13 14 (B) Impose a penalty of fifty dollars (\$50.00) per 15 insured. 16 (2) Penalties will shall be assessed and invoiced based on the actual number of violations. Invoices will shall be processed at the 17 beginning of the month following discovery of the infraction. 18 19 (3) Penalties shall be are payable to the Employee Benefits Division and must shall be received by the last calendar day of the month 20 21 following invoicing. 22 (4) The Chief Fiscal Officer of the State may cause the amount 23 sought to be transferred from: (A) Funds the agency or school district employee, retiree, 24 participating entity, or participating institution has on deposit with the 25 26 Treasurer of State; or 27 (B) Any funds the agency or school district employee, 28 retiree, participating entity, or participating institution is due from the 29 state. 30 (5) If a transfer is made, a transfer penalty of twenty dollars (\$20.00) per transfer shall be assessed each agency or school district 31 32 employee, retiree, participating entity, or participating institution fund 33 and included in the transfer.
- 34 (c) The division may correct any error regarding an insured's benefits 35 according to existing documentation without authorization or prior 36 notification to the agency or school district employee, retiree,

1	participating entity, or participating institution.
2	
3	SECTION 13. Arkansas Code § 21-5-417 is amended to read as follows:
4	21-5-417. State contribution for employee receiving workers'
5	compensation.
6	Notwithstanding any other provisions of the law, a state agency an
7	employee, retiree, participating entity, or participating institution shall
8	remit the employer's contribution to the Employee Benefits Division for state
9	employees when the employee is in a leave-without-pay status because of a
10	work-related injury and is receiving benefits from workers' compensation.
11	
12	SECTION 14. Arkansas Code Title 21, chapter 5, subchapter 4 is amended
13	to add an additional section to read as follows:
14	21-5-418. Unified health care program.
15	(a) The State and Public School Life and Health Insurance Board shall
16	establish and the Employee Benefits Division shall administer an expanded
17	health care program under this subchapter to make benefits available to all
18	eligible publicly funded employees and retirees.
19	(b) If an entity or institution has an employee or retiree that is
20	eligible for benefits under this subchapter, the entity or institution shall
21	offer health insurance benefits to its employees and retirees exclusively
22	under this subchapter.
23	
24	SECTION 15. Effective date.
25	This act becomes effective January 1, 2010.
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36	Filed Date: 04/02/2009 By: DLP\VJF