

94TH GENERAL ASSEMBLY State of Illinois 2005 and 2006 HB3832

Introduced 2/25/2005, by Rep. Jay C. Hoffman

SYNOPSIS AS INTRODUCED:

5 ILCS 315/15 5 ILCS 375/5 from Ch. 48, par. 1615 from Ch. 127, par. 525

Amends the Public Labor Relations Act and the State Employees Group Insurance Act of 1971. Removes provisions that make the labor relations provisions subject to the group insurance provisions. Removes provisions that require proposed collective bargaining agreements to meet certain requirements of the group insurance provisions. Makes other changes. Effective immediately.

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FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning public employees.

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

- Section 5. The Illinois Public Labor Relations Act is amended by changing Section 15 as follows:
- 6 (5 ILCS 315/15) (from Ch. 48, par. 1615)
- 7 Sec. 15. Act Takes Precedence.
- (a) In case of any conflict between the provisions of this 8 Act and any other law (other than Section 5 of the State 9 Employees Group Insurance Act of 1971), executive order or 10 11 administrative regulation relating to wages, hours conditions of employment employment relations, 12 and the provisions of this Act or any collective bargaining agreement 13 14 negotiated thereunder shall prevail and control. Nothing in 15 this Act shall be construed to replace or diminish the rights of employees established by Sections 28 and 28a of the 16 17 Metropolitan Transit Authority Act, Sections 2.15 through 2.19 18 of the Regional Transportation Authority Act. The provisions of 19 this Act are subject to Section 5 of the State Employees Group Insurance Act of 1971. Nothing in this Act shall be construed 20 21 to replace the necessity of complaints against a sworn peace 22 officer, as defined in Section 2(a) of the Uniform Peace 23 Officer Disciplinary Act, from having a complaint supported by a sworn affidavit. 24
 - (b) Except as provided in subsection (a) above, any collective bargaining contract between a public employer and a labor organization executed pursuant to this Act shall supersede any contrary statutes, charters, ordinances, rules or regulations relating to wages, hours and conditions of employment and employment relations adopted by the public employer or its agents. Any collective bargaining agreement entered into prior to the effective date of this Act shall

- remain in full force during its duration.
- 2 (c) It is the public policy of this State, pursuant to
- 3 paragraphs (h) and (i) of Section 6 of Article VII of the
- 4 Illinois Constitution, that the provisions of this Act are the
- 5 exclusive exercise by the State of powers and functions which
- 6 might otherwise be exercised by home rule units. Such powers
- 7 and functions may not be exercised concurrently, either
- 8 directly or indirectly, by any unit of local government,
- 9 including any home rule unit, except as otherwise authorized by
- 10 this Act.
- 11 (Source: P.A. 93-839, eff. 7-30-04; 93-1006, eff. 8-24-04;
- 12 revised 10-25-04.)
- Section 10. The State Employees Group Insurance Act of 1971
- is amended by changing Section 5 as follows:
- 15 (5 ILCS 375/5) (from Ch. 127, par. 525)
- Sec. 5. Employee benefits; declaration of State policy. The
- 17 General Assembly declares that it is the policy of the State
- 18 and in the best interest of the State to assure quality
- 19 benefits to members and their dependents under this Act. The
- implementation of this policy depends upon, among other things,
- 21 stability and continuity of coverage, care, and services under
- 22 benefit programs for members and their dependents.
- 23 Specifically, but without limitation, members should have
- 24 continued access, on substantially similar terms and
- conditions, to trusted family health care providers with whom
- 26 they have developed long-term relationships through a benefit
- 27 program under this Act. Therefore, the Director must administer
- 28 this Act consistent with that State policy, but may consider
- 29 affordability, cost of coverage and care, and competition among
- 30 health insurers and providers. All contracts for provision of
- 31 employee benefits, including those portions of any proposed
- 32 collective bargaining agreement that would require
- 33 implementation through contracts entered into under this Act,
- 34 are subject to the following requirements:

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(i) By April 1 of each year, the Director must report and provide information to the Commission concerning the status of the employee benefits program to be offered for the next fiscal year. Information includes, but is not limited to, documents, reports of negotiations, bid invitations, requests for proposals, specifications, copies of proposed and final contracts, or final agreements, and any other materials concerning contracts or agreements for the employee benefits program. By the first of each month thereafter, the Director must provide updated, and any new, information to the Commission until the employee benefits program for the next fiscal year is determined. addition In to these monthly reporting requirements, at any time the Commission makes a written request, the Director must promptly, but in no event later than 5 business days after receipt of the request, provide to the Commission any additional requested information in possession of the Director concerning employee benefits programs. The Commission may waive any of the reporting requirements of this item (i) upon the written request by the Director. Any waiver granted under this item (i) must be in writing. Nothing in this item is intended to abrogate any attorney-client privilege.

(ii) Within 30 days after notice of the awarding or letting of a contract has appeared in the Illinois Procurement Bulletin in accordance with subsection (b) of Section 15-25 of the Illinois Procurement Code, the Commission may request in writing from the Director and the Director shall promptly, but in no event later than 5 business days after receipt of the request, provide to the Commission information in the possession of the Director concerning the proposed contract. Nothing in this item is intended to waive or abrogate any privilege or right of confidentiality authorized by law.

(iii) No contract subject to this Section may be entered into until the 30-day period described in item (ii)

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has expired, unless the Director requests in writing that the Commission waive the period and the Commission grants the waiver in writing.

- (iv) If the Director seeks to make any substantive modification to any provision of a proposed contract after it is submitted to the Commission in accordance with item (ii), the modified contract shall be subject to the requirements of items (ii) and (iii) unless the Commission agrees, in writing, to a waiver of those requirements with respect to the modified contract.
- (v) By the date of the beginning of the annual benefit choice period, the Director must transmit to the Commission a copy of each final contract or agreement for the employee benefits program to be offered for the next fiscal year. The annual benefit choice period for an employee benefits program must begin on May 1 of the fiscal year preceding the year for which the program is to be offered. If, however, in any such preceding fiscal year collective bargaining over employee benefit programs for the next fiscal year remains pending on April 15, the beginning date of the annual benefit choice period shall be not later than 15 days after ratification of the collective bargaining agreement.
- (vi) The Director must provide the reports, information, and contracts required under items (i), (ii), (iv), and (v) by electronic or other means satisfactory to the Commission. Reports, information, and contracts in the possession of the Commission pursuant to items (i), (ii), (iv), and (v) are exempt from disclosure by the Commission and its members and employees under the Freedom of Information Act. Reports, information, and contracts received by the Commission pursuant to items (i), (ii), (iv), and (v) must be kept confidential by and may not be disclosed or used by the Commission or its members or employees if such disclosure or use could compromise the fairness or integrity of the procurement, bidding, or

contract process. Commission meetings, or portions of Commission meetings, in which reports, information, and contracts received by the Commission pursuant to items (i), (ii), (iv), and (v) are discussed must be closed if disclosure or use of the report or information could compromise the fairness or integrity of the procurement, bidding, or contract process.

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

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

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

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

The term of any contract may not extend beyond 5 fiscal years. Upon recommendation of the Commission, the Director may exercise renewal options of the same contract for up to a period of 5 years. Any increases in premiums, fees or charges

- 1 requested by a contractor whose contract may be renewed
- 2 pursuant to a renewal option contained therein, must be
- 3 justified on the basis of (1) audited experience data, (2)
- 4 increases in the costs of health care services provided under
- 5 the contract, (3) contractor performance, (4) increases in
- 6 contractor responsibilities, or (5) any combination thereof.
- 7 Any contractor shall agree to abide by all requirements of
- 8 this Act and Rules and Regulations promulgated and adopted
- 9 thereto; to submit such information and data as may from time
- 10 to time be deemed necessary by the Director for effective
- 11 administration of the provisions of this Act and the programs
- 12 established hereunder, and to fully cooperate in any audit.
- 13 (Source: P.A. 93-839, eff. 7-30-04.)
- 14 Section 99. Effective date. This Act takes effect upon
- 15 becoming law.