## HOUSE BILL No. 2750

By Committee on Appropriations

5-5

AN ACT concerning the state health care benefits program; relating to subrogation rights and coordination of benefits thereunder; amending K.S.A. 75-6504 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) All third parties shall provide, with respect to participants, and such participants' spouses and dependents, who are eligible for, or are provided, health benefits under the state health care benefits program, upon the request of the state, or the state's contracted vendor, information to determine during what period participants or their spouses or their dependents may be, or may have been, covered by a health insurer and the nature of the coverage that is, or was provided, by the health insurer, including the name, address and identifying number of the plan, in a manner prescribed by the state.

- (b) As used in this section,
- (1) "participant" means a participant under the state health care benefits program;
- (2) "state health care benefits program" means the state health care benefits program established under K.S.A. 75-6501 et seq., and amendments thereto; and
- (3) "third parties" means all third parties, including health insurers, self-insured plans, group health plans as defined in section 607(1) of the employee retirement income security act of 1974, service benefit plans, managed care organizations, pharmacy benefit managers or other parties that are, by statute, contract or agreement, legally responsible for payment of a claim for a health care item or service to pay for care and services available under the plan.

New Sec. 2. (a) Where benefits have been paid by the state health care benefits program and a third party has a legal obligation to pay such benefits to or on behalf of the participant, or the participant's spouse or the participant's dependents, the state health care benefits program may recover the same from the participant, or the participant's spouse or the participant's dependents, or from the third party and shall be in all respects subrogated to the rights of the participant, or the participant's spouse or the participant's dependents, in such cases. The state health

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care benefits program shall have the right to first recovery on any amounts so recovered, whether recovered by litigation, arbitration, mediation, set-2 3 tlement or otherwise. Payment for benefits under the state health care benefits program shall be secondary to any other insurance coverage or third party with a legal obligation to pay such medical expenses to or on behalf of the participant, or the participant's spouse or the participant's 6 dependents.

- (b) Pursuant to this section unless otherwise agreed, the court shall fix attorney fees, which shall be paid proportionately by the state health care benefits program and the injured person, or such person's dependents or personal representatives, in the amounts determined by the court. Attorney fees to be paid by the state health care benefits program shall be fixed by the court in an amount not to exceed 1/3 of the benefits recovered pursuant to subsection (a) for cases settled prior to trial, or in an amount not to exceed 1/5 of the benefits recovered pursuant to subsection (a) in cases when a trial is convened.
- In the event of a recovery pursuant to K.S.A. 60-258a, and amendments thereto, the state health care benefits program's right of subrogation shall be reduced by the percentage of negligence attributable to the injured person.
- (d) As used in this section, "participant" means a participant under the state health care benefits program; and "state health care benefits program" means the state health care benefits program established under K.S.A. 75-6501 et seq., and amendments thereto.
- Sec. 3. K.S.A. 75-6504 is hereby amended to read as follows: 75-6504. (a) Subject to the provisions of appropriation acts relating thereto, in developing and providing for the implementation of a state health care benefits program the Kansas state employees health care commission may:
- Enter into one or more group insurance contracts to provide cov-(1)erage for all or part of the state health care benefits program;
- establish a self-funded program on an actuarially sound basis to provide coverage for all or part of the state health care benefits program and administer the self-funded program or contract for all or part of the administration of the self-funded program;
- (3) provide for the self-administration of all or part of the state health care benefits program;
- (4) enter into contracts with one or more health care providers for the provision of health care services;
  - (5) enter into contracts in accordance with the provisions of K.S.A. 75-6505, and amendments thereto, with one or more health maintenance organizations for the provision of health care services; or
  - (6) include provisions under the state health care benefits program

 for the coordination of benefits payable by the terms of the program, or any plan or contract thereunder, with the benefits to which the participant, or the participant's spouse or the participant's dependents, may be entitled by the provisions of any other group hospital, surgical, medical, major medical or prescription drug insurance, or any combination thereof; or

- (7) any combination of the authority granted under this subsection (a).
- (b) The Kansas state employees health care commission is hereby authorized to negotiate and enter into contracts with qualified insurers, health maintenance organizations and other contracting parties for the purpose of establishing the state health care benefits program, including the acquisition of consulting and other services necessary therefor. The commission shall advertise for proposals, shall negotiate with not less than three firms or other parties submitting proposals, and shall select from among those submitting proposals the firm or other contracting party to contract with for the purpose of entering into contracts for services related to the state health care benefits program.
- (c) The provisions of K.S.A. 75-4317 through 75-4320a, and amendments thereto, shall not apply to meetings of the Kansas state employees health care commission when the commission meets solely for the purpose of:
- $(1) \quad \mbox{Discussing and preparing strategies for negotiations for such plans and contracts; and}$
- (2) considering health care matters relating to individually identifiable plan participants.
- (d) Contracts entered into pursuant to this section, K.S.A. 75-6505 or 75-6510, and amendments thereto, shall not be subject to the provisions of K.S.A. 75-3738 to 75-3740, inclusive, and amendments thereto. Such contracts may be for terms of not more than three years and may be renegotiated and renewed. All such contracts shall be subject to the limits of appropriations made or available therefor and subject to the provisions of appropriations acts relating thereto.
- Sec. 4. K.S.A. 75-6504 is hereby repealed.
- Sec. 5. This act shall take effect and be in force from and after its publication in the Kansas register.