
HOUSE RESOLUTION

REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A
FEASIBILITY STUDY ON CONVERTING THE HAWAII EMPLOYER-UNION
HEALTH BENEFITS TRUST FUND FROM A FULLY INSURED MODEL TO A
SELF-INSURED MODEL TO PROVIDE HEALTH BENEFITS TO STATE AND
COUNTY EMPLOYEES AND RETIREES.

1 WHEREAS, the Hawaii Employer-Union Health Benefits Trust
2 Fund, more commonly known as the EUTF, is a fully insured trust
3 fund that provides medical, chiropractic, prescription drug,
4 dental, vision, and life insurance benefits to all eligible
5 State and county employees and retirees; and
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7 WHEREAS, the EUTF is responsible for designing health
8 benefit plans (e.g., coinsurance, copayments, and deductibles)
9 subject to federal and state regulations, contracting with
10 insurance carriers and pharmacy benefit managers to provide
11 services, and developing and negotiating premium rates; and
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13 WHEREAS, the EUTF currently provides insurance coverage for
14 approximately 70,000 active employees plus 60,000 of their
15 dependents, and 45,000 retirees plus 20,000 of their dependents;
16 and
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18 WHEREAS, health care insurance premiums for health benefit
19 plans designed by the EUTF have risen rapidly over the last
20 decade with premium costs rising from \$900,700,000 to over
21 \$1,000,000,000, during fiscal year 2015-2016 alone, an increase
22 of almost \$100,000,000; and
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24 WHEREAS, according to the National Conference of State
25 Legislatures, in 2010, forty-six states self-insured or self-
26 funded at least one of their employee health care plans, and at
27 least twenty states self-funded all of their employee health
28 care offerings; and



1 WHEREAS, self-insured or self-funded plans have a number of
2 potential advantages over fully insured plans, including:

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- 4 (1) Elimination of certain taxes and fees, including
5 premium taxes and market share fees under the federal
6 Patient Protection and Affordable Care Act;
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- 8 (2) Lower administration costs;
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- 10 (3) Savings from the elimination of profit margin and risk
11 charges by insurance carriers;
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- 13 (4) Lack of a need to pre-pay for coverage, which allows
14 for improved cash flow;
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- 16 (5) Greater control over health plan reserves, which
17 allows for higher investment returns on the reserves;
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- 19 (6) Greater flexibility with benefit design, provider
20 networks, and add-on services; and
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- 22 (7) Better data collection, which in turn allows for
23 better management of financials;
24

25 and

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27 WHEREAS, numerous jurisdictions that have chosen to
28 administer self-insured or self-funded employee health care
29 plans have been able to lower costs while still maintaining a
30 high level of health benefits for their employees, including:

- 31
- 32 (1) Mississippi, where the state and school employee's
33 life and health insurance plan has expanded benefits
34 and access to quality health care providers while
35 maintaining insurance premiums for active employees
36 for the past six years without any increases;
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- 38 (2) Utah, where its self-funded public employee health
39 program has benefitted from more than \$10,000,000 in
40 pharmacy rebates, which the state paid back into the
41 risk pools that earned the rebates;



1 (3) Wisconsin, where its group insurance board recently
2 voted to transition its employee trust fund from a
3 fully insured plan to a self-funded plan by January 1,
4 2018 because estimates have shown that doing so will
5 save more than \$60,000,000 over the 2017-2019
6 biennium, with similar savings predicted over
7 subsequent biennia; and
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9 (4) Philadelphia, which has saved over \$20,000,000 from
10 fiscal years 2008 through 2013 on the cost of health
11 benefits through a self-insured model;
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13 and
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15 WHEREAS, converting the EUTF from a fully insured to a
16 self-insured model may provide cost savings that could be
17 reinvested toward the State's large unfunded liability in the
18 other post-employment benefits trust fund, thus saving taxpayers
19 large sums of money in the long run; and
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21 WHEREAS, it would be prudent for the State to examine the
22 feasibility of converting the EUTF from a fully insured model to
23 a self-insured model and whether such a conversion will result
24 in any cost savings; now, therefore
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26 BE IT RESOLVED by the House of Representatives of the
27 Twenty-ninth Legislature of the State of Hawaii, Regular Session
28 of 2018, that the Legislative Reference Bureau is requested to
29 conduct a feasibility study on converting the EUTF from a fully
30 insured model to a self-insured model to provide health benefits
31 to state and county employees; and
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33 BE IT FURTHER RESOLVED that as part of the feasibility
34 study, the Legislative Reference Bureau is requested to
35 determine any costs that would be incurred in converting the
36 EUTF to a self-insured model and any financial or other
37 benefits, if any, conversion to a self-insured model would
38 produce; and
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40 BE IT FURTHER RESOLVED that in conducting the feasibility
41 study, the Legislative Reference Bureau is requested to also



BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2019; and

BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Director of the Legislative Reference Bureau and Chairperson of the Board of Trustees of the Hawaii Employer-Union Health Benefits Trust Fund.

OFFERED BY:

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

2. The second step is to gather relevant information and resources. This may involve researching the problem, consulting experts, or collecting data.

3. The third step is to develop a plan or strategy to solve the problem. This involves breaking down the problem into smaller, manageable parts and determining the best approach for each part.

4. The fourth step is to implement the plan. This involves carrying out the tasks and actions outlined in the plan, while monitoring progress and making adjustments as needed.

5. The fifth step is to evaluate the results. This involves comparing the outcomes of the implementation against the original goals and objectives, and identifying any areas for improvement.

6. The sixth step is to communicate the findings. This involves sharing the results of the process with the relevant stakeholders, and providing a clear and concise summary of the findings.

7. The seventh step is to reflect on the process. This involves thinking about what worked well, what didn't, and how the process could be improved for future tasks.

8. The eighth step is to document the process. This involves creating a record of the steps taken, the resources used, and the results achieved, which can be used as a reference for future tasks.

9. The ninth step is to review the process. This involves looking back at the entire process and identifying any key lessons learned or best practices that can be applied to other tasks.

10. The tenth step is to conclude the process. This involves finalizing the report or document, and ensuring that all necessary steps have been completed.

MAR 09 2018