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Current and previously issued FIRs are available on the NM Legislative Website (<u>www.nmlegis.gov</u>) and may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

SPONSOR	Salazar, T.E./Roch		ORIGINAL DATE LAST UPDATED	01/22/15	HB	58
SHORT TITLE Retiree Health Car			e Contribution Rates		SB	

ANALYST Hanika-Ortiz

REVENUE (dollars in thousands)

	E	stimated Reve	Recurring	Fund	
	FY18	FY19	FY20	or Nonrecurring	Affected
From teachers and other public employee contribution increases	\$5,000.0	\$10,000.0	\$15,000.0		
From schools and other public employer contribution increases	\$10,000.0	\$20,000.0	\$30,000.0	Recurring	RHCA Fund
Total	\$15,000.0	\$30,000.0	\$45,000.0		

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

FY18	FY19	FY20	Recurring or Nonrecurring	Funds Affected
\$3,560.0	\$7,120.0	\$10,680.0		GF (schools)
\$280.0	\$560.0	\$840.0		GF (universities)
\$1,400.0	\$2,800.0	\$4,200.0	Recurring	GF (state agencies)
\$270.0	\$540.0	\$810.0		Road Fund (NMDOT)
\$2,500.0	\$5,000.0	\$7,500.0		Local Governments

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

<u>Responses Received From</u> New Mexico Retiree Health Care Authority (NMRHCA) New Mexico Department of Transportation (NMDOT) New Mexico Municipal League (NMML)

House Bill 58 – Page 2

SUMMARY

Synopsis of Bill

House Bill 58 amends the Retiree Health Care Act by increasing employee and employer contributions paid to the Retiree Health Care Authority (RHCA) Fund. The employee contribution rate increases from 1 percent to 1.375 percent of salary over 3 years, starting FY18. The employer contribution increases from 2 percent to 2.75 percent over this same time period.

For employees part of an enhanced retirement plan, the employer's contribution rate would increase from 2.5 percent of each public safety employee's salary to 3.438 percent by FY20.

FISCAL IMPLICATIONS

As reflected in the tables on page 1, the contribution increases in this bill from schools, state agencies and local government employers would result in an additional \$30 million by FY20. The additional General Fund impact is \$5.2 million for FY18, \$10.5 million for FY19, and \$15.7 million for FY20 and future years with the remainder coming from federal and other state funds.

The contribution increases from teachers and other public employees would result in an additional \$15 million by FY20. Presently, a public employee earning \$40 thousand pays \$15.39 and the employer \$30.77 for a total of \$46.16 per pay period. Under the bill, the same employee will pay \$21.15 and employer \$42.31 for a total of \$63.46. Overall, net take home pay will be reduced \$1.92 per pay period in the first year, \$3.84 the second year, and \$5.76 in the third year.

SIGNIFICANT ISSUES

As of the most recent valuation dated June 30, 2014, the RHCA's unfunded actuarial accrued liability (UAAL) totaled \$3.4 billion, a decrease of \$324 million from 2012; the ratio of assets to liabilities totaled 10 percent, up from 6 percent; and the annual required contribution totaled \$293 million, down from \$354 million. An updated actuarial valuation will be performed at the end of FY16. The program has \$430 million in invested assets and a positive trust fund balance until 2035 at which time expenditures will begin to exceed projected revenues by \$300 million. The program reports that HB 58 will ensure the financial viability of the program through 2040.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Duplicates Senate Bill 35

OTHER SUBSTANTIVE ISSUES

NMRHCA serves almost 60,000 retirees, spouses and their eligible dependents with one-third participating in a non-Medicare eligible plan. In addition, 100,000 teachers and other state and local public employees from public schools, universities, state agencies and local governments continue to make payroll contributions for an expected health insurance benefit when they retire.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

NMRHCA may need to reconsider eligibility, reduce subsidies further or migrate to a DC plan.

AHO/jle