

**NORTH CAROLINA GENERAL ASSEMBLY  
LEGISLATIVE ACTUARIAL NOTE**

**BILL NUMBER:** House Bill 1049

**SHORT TITLE:** Licensed Psychological Associates/Independent Practice

**SPONSOR(S):** Rep. Holliman

**SYSTEM OR PROGRAM AFFECTED:** Teachers' and State Employees' Comprehensive Major Medical Plan.

**FUNDS AFFECTED:** State General Fund, State Highway Fund, other State employer receipts, premium payments for dependents by active and retired teachers and State employees, premium payments for coverages selected by eligible former teachers and State employees and premium payments for coverages selected by firefighters, rescue squad workers, and members of the National Guard.

**BILL SUMMARY:** The bill allows psychological associates to provide mental health and chemical dependency benefits under the Teachers' and State Employees' Comprehensive Major Medical Plan without supervision from a licensed psychologist under certain conditions. Psychological associates must be licensed as independent licensed psychological associates with at least five years of experience consisting of at least 7,500 hours of post-licensure supervised practice with average or above supervisory performance ratings, a supervisory recommendation for independent practice, hold a health services provider certification, and pass a licensing qualifying examination for independent practice if licensed on and after January 1, 2004. The Plan is subject to the bill's requirements by virtue of being subject to the provisions of G.S. 58-50-30.

**EFFECTIVE DATE:** When the bill becomes law.

**ESTIMATED IMPACT ON STATE:** Aon Consulting, consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, projects that the bill will have a negligible cost impact upon the Plan. Hartman & Associates, consulting actuary for the General Assembly's Fiscal Research Division, estimates that the bill is not expected to have a significant financial impact on the Plan.

**ASSUMPTIONS AND METHODOLOGY:** The Comprehensive Major Medical Plan for Teachers and State Employees is divided into two programs. From October 1982, through June 1986, the Plan only had a self-funded indemnity type of program which covered all employees, retired employees, eligible dependents of employees and retired employees, and eligible former employees and their eligible dependents authorized to continue coverage past a termination of employment other than for retirement or disability purposes. A prepaid program of coverage by health maintenance organizations (HMOs) was offered in July 1986, as an alternative to the Plan's self-insured indemnity program. The benefits of the self-insured indemnity type of program are spelled out in Part 3 of Article 3 of Chapter 135 of the North Carolina General Statutes (i.e., \$350 annual deductible, 20% coinsurance up to \$1,500 annually, etc. paid by the program's members). HMOs are required to offer benefits that are comparable to those provided by the self-insured indemnity program. Beginning in July, 2000, firefighters, rescue squad workers, and members of the National Guard and their eligible dependents were allowed to voluntarily participate in the Plan on a fully contributory basis, provided they were ineligible for any other type of group health benefits and had been without such benefits for at least six months. Employer-paid non-contributory premiums are only authorized for the indemnity program's

coverage for employees and retired employees. All other types of premium in the indemnity program are fully contributory, except for job-sharing public school teachers who are authorized partially contributory premiums at 50% of non-contributory rates. The Plan's Executive Administrator has set the premium rates for firefighters, rescue squad workers, and members of the National Guard and their families at 20% more than the comparable rates charged for employees, retired employees, and their families. Premiums paid by employers to HMOs are limited to like amounts paid to the indemnity program with employees and retired employees paying any HMO amounts above the indemnity program's non-contributory rates. Both types of coverage continue to be available in the Plan; however none of the HMOs with certificates of authority to transact business in North Carolina have offered to participate in the Plan since September 30, 2001. The Plan's employees and retired employees select the type of program that they wish for themselves and their dependents during the months of August and September of each year for coverage beginning in October. The demographics of the Plan as of December 31, 2002, include:

	<u>Self-Insured Indemnity Program</u>	<u>Alternative HMOs</u>	<u>Plan Total</u>
<u>Number of Participants</u>			
Active Employees	280,065	-0-	280,065
Active Employee Dependents	137,841	-0-	137,841
Retired Employees	117,225	-0-	117,225
Retired Employee Dependents	18,999	-0-	18,999
Former Employees & Dependents with Continued Coverage	2,535	-0-	2,535
Firefighters, Rescue Squad Workers, National Guard Members & Dependents	7	-0-	7
Total Enrollments	556,672	-0-	556,672
<u>Number of Contracts</u>			
Employee Only	313,439	-0-	313,439
Employee & Child(ren)	40,978	-0-	40,978
Employee & Family	44,710	-0-	44,710
Total Contracts	399,127	-0-	399,127
<u>Percentage of Enrollment by Age</u>			
29 & Under	26.9%	-0-%	26.9%
30-44	20.9	-0-	20.9
45-54	20.9	-0-	20.9
55-64	16.2	-0-	16.2
65 & Over	15.1	-0-	15.1
<u>Percentage of Enrollment by Sex</u>			
Male	38.3%	-0-%	38.3%
Female	61.7	-0-	61.7

Assumptions for the Self-Insured Indemnity Program: For the fiscal year beginning July 1, 2002, the self-insured program started its operations with a beginning cash balance of \$91.6 million. Receipts for the year are estimated to be \$1.371 billion from premium collections and \$7 million from investment earnings for a total of \$1.378 billion in receipts for the year. Disbursements from the self-insured program are expected to be \$1.335 billion in claim payments and \$38 million in administration and claims processing expenses for a total of \$1.373 billion for the year beginning July 1, 2002. For the fiscal year beginning July 1, 2002, the self-insured indemnity program is expected to have a net operating gain of approximately \$5 million for the year. Without reserving an additional \$15 million for implementation of the claims data and privacy requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) that take effect on and after April 14, 2003, the Plan's self-insured indemnity program is expected to have an available beginning cash balance of \$96 million for the fiscal year beginning July 1, 2003. The self-insured indemnity program is nonetheless assumed to be unable to carry out its operations for the 2003-2005 biennium without increases in its current premium rates or a reduction in existing benefits or payments to health care providers or both. This assumption is further predicated upon the fact that the program's cost containment strategies (hospital DRG reimbursements, discounts on hospital outpatient services, pre-admission hospital testing, pre-admission hospital inpatient certification with length-of-stay approval, hospital bill audits, case and disease management for selected medical conditions, mental health case management, coordination of benefits with other payers, Medicare benefit "carve-outs", cost reduction contracts with participating physicians and other providers, a prescription drug benefit manager with manufacturer rebates from formularies, and fraud detection) are maintained and improved where possible. Current non-contributory premium rates are \$186.04 monthly for employees whose primary payer of health benefits is Medicare and \$244.38 per month for employees whose primary payer of health benefits is not Medicare. Fully contributory premium amounts for employee and child(ren) contracts are \$115.78 monthly for children whose primary payer of health benefits is Medicare and \$152.32 monthly for other covered children, and \$277.68 per month for family contracts whose dependents have Medicare as the primary payer of health benefits and \$365.36 per month for other family contract dependents. Claim cost trends are expected to increase 12% annually. Total enrollment in the program is expected to increase less than 1% annually over the next two years. The number of enrolled active employees is expected to show no increase over the next two years, whereas the growth in the number of retired employees is assumed to be 5% per year. The program is expected to have a 2% decrease in the number of active employee dependents per year whereas the number of retiree dependents is expected to increase 2% per year. Investment earnings are based upon a 4.5% return on available cash balances. The self-insured indemnity program maintains a claim stabilization reserve for claim cost fluctuations equal to 7.5% of annual claim payments without reserving additional funds for incurred but unreported claims.

Assumptions for the Self-Insured Indemnity Program's Mental Health and Chemical Dependency Benefits: The Teachers' and State Employees' Comprehensive Major Medical Plan pays for the mental health and chemical services of psychological associates with a masters degree in psychology if they are under the direct employment and supervision of a licensed psychiatrist or licensed or certified doctor of psychology.

During the last five fiscal years, the Plan's self-insured indemnity program made the following expenditures for mental health care.

<u>Fiscal Year</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total</u>	<u>Percent of Total Plan Claims</u>	<u>Claim Costs Per Member Per Month</u>
<u>2001-2002</u>					
Billed Charges	\$11,776,951	\$33,111,959	\$44,888,910		
Allowed Charges	\$10,873,408	\$30,010,260	\$40,883,668		
Claim Payments	\$8,336,191	\$15,082,340	\$23,418,531	1.9%	\$3.58

2000-2001

Billed Charges	\$10,268,718	\$22,526,676	\$32,795,394		
Allowed Charges	\$9,564,414	\$20,661,749	\$30,226,163		
Claim Payments	\$7,000,063	\$12,261,303	\$19,261,366	1.8%	\$3.27

1999-2000

Billed Charges	\$7,825,317	\$24,233,568	\$32,058,885		
Allowed Charges	\$7,446,010	\$22,372,349	\$29,818,359		
Claim Payments	\$5,635,658	\$15,234,099	\$20,869,757	2.5%	\$4.09

1998-99

Billed Charges	\$8,019,314	\$22,783,617	\$30,802,931		
Allowed Charges	\$7,628,063	\$21,239,082	\$28,867,145		
Claim Payments	\$5,543,950	\$14,451,854	\$19,995,804	2.8%	\$4.10

1997-98

Billed Charges	\$7,999,928	\$21,576,023	\$29,575,951		
Allowed Charges	\$7,627,455	\$20,232,147	\$27,859,602		
Claim Payments	\$5,584,108	\$13,678,255	\$19,262,363	3.0%	\$4.10

For the last five fiscal years, the Plan's self-insured indemnity program made the following expenditures for chemical dependency benefits.

<u>Fiscal Year</u>	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total</u>	<u>Percent of Total</u>	<u>Claim Costs Per Member Per Month</u>
<u>2001-2002</u>					
Billed Charges	\$2,907,890	\$1,379,237	\$4,287,127		
Allowed Charges	\$2,818,432	\$1,237,056	\$4,055,488		
Claim Payments	\$2,217,787	\$711,737	\$2,929,524	0.2%	\$0.45
<u>2000-2001</u>					
Billed Charges	\$2,218,931	\$1,081,336	\$3,300,267		
Allowed Charges	\$1,859,108	\$1,261,130	\$3,120,238		
Claim Payments	\$1,504,782	\$825,933	\$2,330,715	0.2%	\$0.40
<u>1999-2000</u>					
Billed Charges	\$1,907,960	\$1,078,662	\$2,986,622		
Allowed Charges	\$1,857,322	\$937,109	\$2,794,431		
Claim Payments	\$1,401,764	\$580,022	\$1,981,786	0.2%	\$0.39
<u>1998-99</u>					
Billed Charges	\$2,002,384	\$1,081,200	\$3,083,584		
Allowed Charges	\$1,961,204	\$957,444	\$2,918,648		
Claim Payments	\$1,471,812	\$575,990	\$2,047,802	0.3%	\$0.42

Average charge, allowed charge, and paid charge data provided by the Plan on the number of outpatient psychiatric visits by provider and selected procedures for the Plan's active, non-Medicare retired, and continuation groups for the last two calendar years follows. This data for calendar year 2002 is:

<b>Specialty</b>	<b>CPT Code</b>	<b>Number of Visits</b>	<b>Average Amount Billed</b>	<b>Average Amount Allowed</b>	<b>Average Amount Paid</b>
Psychiatrist	90801	4,147	\$167	\$147	\$68
Other Physicians	90801	3,042	\$148	\$124	\$59
Psychologist	90801	2,855	\$136	\$126	\$48
Clinical Social Worker	90801	1,246	\$107	\$103	\$41
Licensed Professional Counselor	90801	973	\$125	\$120	\$59
Pastoral Counselor	90801	141	\$104	\$97	\$46
Psychiatric Nurse	90801	105	\$116	\$113	\$43
Chemical Dependency Professional	90801	26	\$93	\$84	\$35
Marriage & Family Therapist	90801	3	\$123	\$123	\$94
Other Providers	90801	1	\$135	\$135	\$96
<b>Total</b>	<b>90801</b>	<b>12,539</b>	<b>\$145</b>	<b>\$129</b>	<b>\$58</b>
Psychiatrist	90805	11,949	\$92	\$83	\$39
Other Physicians	90805	1,375	\$81	\$78	\$37
Psychologist	90805	909	\$86	\$80	\$35
Clinical Social Worker	90805	17	\$95	\$90	\$39
Licensed Professional Counselor	90805	7	\$91	\$91	\$61
Pastoral Counselor	90805	7	\$91	\$78	\$25
Psychiatric Nurse	90805	3	\$128	\$97	\$22
<b>Total</b>	<b>90805</b>	<b>14,267</b>	<b>\$90</b>	<b>\$82</b>	<b>\$39</b>
Psychiatrist	90806	17,487	\$102	\$95	\$54
Other Physicians	90806	16,500	\$102	\$93	\$54
Psychologist	90806	53,571	\$106	\$100	\$58
Clinical Social Worker	90806	29,320	\$91	\$88	\$49
Licensed Professional Counselor	90806	16,296	\$93	\$90	\$51
Pastoral Counselor	90806	2,460	\$92	\$88	\$48
Psychiatric Nurse	90806	2,326	\$93	\$89	\$50
Chemical Dependency Professional	90806	59	\$75	\$73	\$35
Marriage & Family Therapist	90806	40	\$99	\$98	\$72
Other Providers	90806	15	102	\$101	66
<b>Total</b>	<b>90806</b>	<b>138,074</b>	<b>\$100</b>	<b>\$94</b>	<b>\$54</b>
Psychiatrist	90807	19,331	\$128	\$120	\$74
Other Physicians	90807	2,030	\$131	\$123	\$72
Psychologist	90807	1,295	\$126	\$118	\$74
Clinical Social Worker	90807	11	\$110	\$105	\$46
Licensed Professional Counselor	90807	29	\$94	\$93	\$50
Pastoral Counselor	90807	2	\$70	\$70	\$44
Psychiatric Nurse	90807	1	\$42	\$42	\$0
<b>Total</b>	<b>90807</b>	<b>22,699</b>	<b>\$128</b>	<b>\$120</b>	<b>\$74</b>
Psychiatrist	90853	1,022	\$73	\$68	\$38
Other Physicians	90853	1,881	\$67	\$54	\$27
Psychologist	90853	1,368	\$63	\$54	\$27
Clinical Social Worker	90853	606	\$58	\$57	\$31

Licensed Professional Counselor	90853	325	\$98	\$70	\$41
Pastoral Counselor	90853	13	\$50	\$49	\$25
Psychiatric Nurse	90853	96	\$32	\$32	\$12
Chemical Dependency Professional	90853	346	\$108	\$86	\$54
Total	90853	5,657	\$70	\$60	\$32
Psychiatrist	90862	20,528	\$70	\$61	\$26
Other Physicians	90862	5,564	\$70	\$62	\$27
Psychologist	90862	1,388	\$83	\$74	\$36
Clinical Social Worker	90862	3	\$68	\$63	\$39
Pastoral Counselor	90862	63	\$90	\$75	\$41
Psychiatric Nurse	90862	1	\$22	\$22	\$5
Chemical Dependency Professional	90862	2	\$125	\$85	\$56
Total	90862	27,549	\$71	\$62	\$26
Psychiatrist	99212	98	\$40	\$33	\$16
Other Physicians	99212	3,824	\$50	\$41	\$10
Psychologist	99212	1	\$30	\$30	\$12
Other Providers	99212	28	\$50	\$41	\$10
Total	99212	3,951	\$50	\$41	\$10
Psychiatrist	99213	550	\$96	\$60	\$27
Other Physicians	99213	15,555	\$67	\$54	\$15
Other Providers	99213	34	\$65	\$57	\$20
Total	99213	16,139	\$68	\$55	\$15
All Providers	All Other	25,387	\$119	\$102	\$54
All Providers	All	266,262	\$99	\$91	\$49

Calendar year 2001 data reveals:

<b>Specialty</b>	<b>CPT Code</b>	<b>Number of Visits</b>	<b>Average Amount Billed</b>	<b>Average Amount Allowed</b>	<b>Average Amount Paid</b>
Psychiatrist	90801	3,901	\$160	\$143	\$75
Other Physicians	90801	2,451	\$132	\$114	\$60
Psychologist	90801	2,653	\$132	\$122	\$59
Clinical Social Worker	90801	1,115	\$105	\$99	\$46
Licensed Professional Counselor	90801	646	\$124	\$118	\$63
Pastoral Counselor	90801	142	\$101	\$93	\$40
Psychiatric Nurse	90801	99	\$112	\$111	\$54
Chemical Dependency Professional	90801	22	\$90	\$73	\$29
Total	90801	11,029	\$138	\$124	\$63
Psychiatrist	90805	10,822	\$88	\$80	\$45
Other Physicians	90805	1,295	\$78	\$74	\$43
Psychologist	90805	586	\$82	\$78	\$43
Clinical Social Worker	90805	10	\$87	\$82	\$60

Pastoral Counselor	90805	29	\$75	\$75	\$26
Psychiatric Nurse	90805	2	\$109	\$93	\$35
Total	90805	12,744	\$87	\$79	\$45
Psychiatrist	90806	17,045	\$100	\$92	\$60
Other Physicians	90806	13,568	\$98	\$91	\$59
Psychologist	90806	52,151	\$103	\$97	\$64
Clinical Social Worker	90806	25,969	\$89	\$85	\$55
Licensed Professional Counselor	90806	13,987	\$90	\$87	\$56
Pastoral Counselor	90806	2,695	\$89	\$84	\$52
Psychiatric Nurse	90806	2,004	\$91	\$88	\$56
Chemical Dependency Professional	90806	140	\$81	\$79	\$46
Other Providers	90806	7	\$91	\$91	\$71
Total	90806	127,566	\$97	\$92	\$60
Psychiatrist	90807	18,164	\$125	\$117	\$80
Other Physicians	90807	2,056	\$127	\$120	\$79
Psychologist	90807	1,132	\$121	\$116	\$81
Clinical Social Worker	90807	10	\$92	\$86	\$48
Licensed Professional Counselor	90807	60	\$97	\$94	\$71
Pastoral Counselor	90807	1	\$70	\$70	\$48
Total	90807	21,423	\$125	\$117	\$80
Psychiatrist	90853	905	\$73	\$65	\$42
Other Physicians	90853	2,118	\$71	\$57	\$36
Psychologist	90853	1,123	\$60	\$53	\$32
Clinical Social Worker	90853	643	\$55	\$54	\$33
Licensed Professional Counselor	90853	128	\$51	\$49	\$25
Pastoral Counselor	90853	13	\$43	\$43	\$19
Psychiatric Nurse	90853	73	\$33	\$33	\$16
Chemical Dependency Professional	90853	370	\$103	\$80	\$54
Total	90853	5,373	\$68	\$58	\$37
Psychiatrist	90862	19,000	\$67	\$58	\$30
Other Physicians	90862	4,789	\$64	\$57	\$30
Psychologist	90862	1,015	\$84	\$75	\$44
Clinical Social Worker	90862	3	\$102	\$64	\$43
Pastoral Counselor	90862	64	\$74	\$74	\$40
Psychiatric Nurse	90862	1	\$22	\$22	\$9
Chemical Dependency Professional	90862	190	\$25	\$25	\$11
Total	90862	25,062	\$67	\$58	\$31
Psychiatrist	99212	34	\$29	\$27	\$12
Other Physicans	99212	3,646	\$47	\$39	\$18
Other Providers	99212	28	\$45	\$39	\$19
Total	99212	3,708	\$47	\$39	\$18
Psychiatrist	99213	180	\$45	\$39	\$24
Other Physicians	99213	12,664	\$62	\$51	\$23

Psychologist	99213	3	\$79	\$69	\$50
Chemical Dependency Professional	99213	1	\$55	\$54	\$0
Other Providers	99213	38	\$50	\$45	\$19
Total	99213	12,886	\$62	\$51	\$23
All Providers	All Other	24,558	\$112	\$96	\$61
All Providers	All	\$244,349	\$96	\$88	\$55

Current Procedural Terminology (CPT) code definitions used in the foregoing data are: psychiatric diagnostic interview (90801); individual psychotherapy with medical evaluation for 20-30 minutes (90805); individual psychotherapy for 45-50 minutes (90806); individual psychotherapy with medical evaluation for 45-50 minutes (90807); group psychotherapy (90853); pharmacologic psychiatric management (90862); office evaluation & management of an established patient (99212); expanded office evaluation & management of an established patient (99213).

Data provided by the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, shows the number of psychological associates active in each of North Carolina's counties.

County	1993	1994	1995	1996	1997	1998	1999	2000	2001
<b>State Total</b>	<b>817</b>	<b>850</b>	<b>942</b>	<b>939</b>	<b>942</b>	<b>938</b>	<b>969</b>	<b>927</b>	<b>946</b>
Alamance	6	3	4	4	4	3	5	5	4
Alexander	1	1	1	1	2	1	1	0	0
Alleghany	0	0	0	0	0	0	0	0	0
Anson	4	4	4	5	5	5	5	5	3
Ashe	0	0	2	2	2	1	2	2	2
Avery	4	4	4	5	4	4	4	3	3
Beaufort	4	5	4	3	5	4	3	4	4
Bertie	0	0	0	0	0	0	0	1	1
Bladen	1	1	1	1	1	1	1	1	1
Brunswick	1	2	1	4	7	6	4	3	4
Buncombe	39	44	53	49	53	53	55	57	57
Burke	37	38	42	44	43	42	39	40	46
Cabarrus	10	11	12	13	18	18	18	21	24
Caldwell	9	8	7	7	7	7	9	6	7
Camden	1	0	0	1	1	0	0	0	0
Carteret	2	3	3	4	4	2	2	1	1
Caswell	0	0	1	2	2	3	3	5	1
Catawba	12	12	17	17	16	22	24	19	19
Chatham	6	6	6	5	6	5	5	5	6
Cherokee	5	5	5	5	4	3	2	3	3
Chowan	0	1	1	1	1	1	1	1	1
Clay	2	2	2	2	2	2	2	2	2
Cleveland	11	11	15	16	16	15	13	10	9
Columbus	2	2	1	4	4	2	3	2	1
Craven	8	11	13	13	17	19	16	14	18



<b>Cumberland</b>	29	38	41	38	39	32	30	34	32
<b>Currituck</b>	2	2	2	1	1	1	1	1	2
<b>Dare</b>	1	1	1	2	2	2	2	2	2
<b>Davidson</b>	7	8	9	8	8	7	7	7	8
<b>Davie</b>	0	0	0	1	1	0	1	2	1
<b>Duplin</b>	2	2	2	1	2	1	2	3	2
<b>Durham</b>	26	25	29	30	29	26	31	25	20
<b>Edgecombe</b>	4	5	5	6	7	5	4	4	4
<b>Forsyth</b>	35	36	33	39	33	34	31	29	30
<b>Franklin</b>	3	3	2	2	2	2	3	2	1
<b>Gaston</b>	14	15	14	16	14	15	17	13	14
<b>Gates</b>	0	0	0	0	0	0	0	0	0
<b>Graham</b>	1	1	1	0	1	0	0	0	0
<b>Granville</b>	21	21	29	25	21	28	29	23	24
<b>Greene</b>	2	3	5	3	3	4	4	4	3
<b>Guilford</b>	51	61	60	58	57	51	52	52	56
<b>Halifax</b>	5	6	4	5	5	7	6	3	2
<b>Harnett</b>	4	4	5	5	5	6	7	6	6
<b>Haywood</b>	6	5	5	5	5	4	4	7	8
<b>Henderson</b>	6	7	8	9	8	9	9	6	5
<b>Hertford</b>	2	2	2	2	2	2	3	6	7
<b>Hoke</b>	5	6	8	4	5	4	4	3	4
<b>Hyde</b>	0	0	0	0	1	1	1	0	0
<b>Iredell</b>	9	11	12	11	9	13	15	12	12
<b>Jackson</b>	16	10	10	15	15	14	14	13	15
<b>Johnston</b>	11	11	13	12	9	11	14	15	13
<b>Jones</b>	0	0	0	0	0	0	0	0	0
<b>Lee</b>	1	3	3	2	2	2	2	4	4
<b>Lenoir</b>	14	14	17	14	14	15	12	10	14
<b>Lincoln</b>	3	3	4	3	3	2	2	3	3
<b>McDowell</b>	3	3	4	4	4	3	4	5	4
<b>Macon</b>	3	3	4	3	3	2	2	2	2
<b>Madison</b>	1	1	1	1	1	0	0	0	0
<b>Martin</b>	1	1	1	1	1	1	1	1	1
<b>Mecklenburg</b>	65	63	69	76	75	79	84	81	84
<b>Mitchell</b>	0	0	0	0	1	1	1	1	3
<b>Montgomery</b>	4	2	2	2	3	4	7	7	6
<b>Moore</b>	7	6	6	10	8	6	5	7	8
<b>Nash</b>	19	19	21	17	16	18	20	19	19
<b>New Hanover</b>	24	25	29	29	30	33	39	37	40
<b>Northampton</b>	0	0	0	0	0	0	1	0	0
<b>Onslow</b>	7	8	8	9	7	6	7	8	8
<b>Orange</b>	24	18	23	17	16	16	17	18	23
<b>Pamlico</b>	0	0	0	0	1	1	1	2	1

Pasquotank	2	4	4	6	4	9	8	4	2
Pender	3	2	3	2	3	2	3	3	4
Perquimans	0	0	0	0	0	0	0	1	0
Person	1	1	2	1	1	0	0	0	1
Pitt	32	30	33	31	34	35	37	40	34
Polk	2	2	2	2	2	1	1	3	3
Randolph	5	5	5	6	9	7	7	8	8
Richmond	2	5	4	3	5	9	8	8	6
Robeson	8	5	5	9	8	7	7	5	6
Rockingham	1	1	1	1	2	2	2	2	2
Rowan	10	13	13	10	15	13	15	10	12
Rutherford	7	9	9	9	8	8	8	7	6
Sampson	1	1	2	2	3	3	2	2	2
Scotland	1	1	2	1	1	1	2	1	1
Stanly	3	3	5	5	3	6	4	6	5
Stokes	1	1	1	0	0	1	1	4	3
Surry	5	4	7	4	5	4	3	3	2
Swain	2	5	5	3	3	3	3	2	1
Transylvania	3	3	3	3	3	2	2	1	1
Tyrrell	0	0	0	0	0	0	0	0	0
Union	4	3	5	5	5	5	5	4	6
Vance	2	2	3	5	5	6	4	2	2
Wake	69	74	83	78	73	68	73	73	77
Warren	0	0	0	0	0	1	2	0	0
Washington	0	0	0	0	0	0	0	0	0
Watauga	12	10	10	12	10	8	9	6	7
Wayne	26	25	28	31	30	35	35	31	31
Wilkes	6	5	6	7	8	7	7	6	6
Wilson	4	5	5	5	4	5	5	5	8
Yadkin	0	3	3	3	4	2	2	2	1
Yancey	2	2	2	1	1	1	1	1	1

**SOURCES OF DATA:**

-Actuarial Note, Hartman & Associates, House Bill 1049, May 14, 2003, original of which is on file in the General Assembly's Fiscal Research Division.

-Actuarial Note, Aon Consulting, House Bill 1049, May 16, 2003, original of which is on file with the Comprehensive Major Medical Plan for Teachers and State Employees and the General Assembly's Fiscal Research Division.

**TECHNICAL CONSIDERATIONS:** Conforming changes need to be made in the enabling legislation of the Comprehensive Major Medical Plan for Teachers and State Employees. Specifically, G.S. 135-40.7B(c)(6), G.S. 135-40.7B(c1)(1)e., and G.S. 135-40.7B(c1)(2)e. need conforming changes.

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**PREPARED BY:** Sam Byrd

**APPROVED BY:** James D. Johnson, Director Fiscal Research Division

**DATE:** May 27, 2003



**Signed Copy Located in the NCGA Principal Clerk's Offices**