

1 STATE OF OKLAHOMA

2 1st Session of the 57th Legislature (2019)

3 HOUSE BILL 2020

By: Lepak

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5  
6 AS INTRODUCED

7 An Act relating to the Oklahoma Health Care  
8 Authority; amending 56 O.S. 2011, Section 198.11a,  
9 which relates to the Oklahoma Consumer-Directed  
10 Personal Assistance and Support Services Act;  
11 modifying entities responsible for promulgation of  
12 rules; amending 56 O.S. 2011, Sections 198.16 and  
13 198.17, which relate to the Oklahoma Self-Directed  
14 Care Act; modifying entities responsible for  
15 promulgation of rules; amending 56 O.S. 2011,  
16 Sections 1010.2, 1010.4 and 1010.5, which relate to  
17 the Oklahoma Medicaid Program Reform Act of 2003;  
18 deleting definition; modifying definitions; modifying  
19 entity responsible for promulgation of rules;  
20 amending 56 O.S. 2011, Section 1011.11, which relates  
21 to the durable medical equipment retrieval program;  
22 modifying entity responsible for promulgation of  
23 rules; amending 56 O.S. 2011, Sections 1017.4 and  
24 1017.5, which relate to the Oklahoma Choices for  
Long-Term Care Act; modifying entity responsible for  
promulgation of rules; amending 63 O.S. 2011, Section  
3250.9, which relates to waivers authorizing Medicaid  
supplements to hospital districts; modifying who  
submits application; amending 63 O.S. 2011, Section  
5000.24, which relates to the Medicaid Buy-In Program  
for persons with disabilities; modifying entity  
responsible for promulgation of rules; amending 63  
O.S. 2011, Sections 5005, 5007, 5008 and 5015.1,  
which relate to the Oklahoma Health Care Authority  
Act; modifying definitions; making Board an advisory  
body; transferring duties to the Administrator of the  
Oklahoma Health Care Authority; transferring  
appointing authority for the Administrator to the  
Governor; requiring Senate confirmation; providing  
for determination of compensation; modifying powers  
and duties of the Administrator; transferring duties

1 of the Oklahoma Health Care Authority Board to the  
2 Administrator; amending 63 O.S. 2011, Section 5017,  
3 as amended by Section 524, Chapter 304, O.S.L. 2012  
4 (63 O.S. Supp. 2018, Section 5017), which relates to  
5 the Oklahoma Health Care Authority Federal  
6 Disallowance Fund; modifying administration of the  
7 fund; amending 63 O.S. 2011, Section 5020, as amended  
8 by Section 525, Chapter 304, O.S.L. 2012 (63 O.S.  
9 Supp. 2018, Section 5020), which relates to the  
10 Oklahoma Health Care Authority Medicaid Program Fund;  
11 modifying administration of the fund; amending 63  
12 O.S. 2011, Section 5024, which relates to elective  
13 income deferral programs; modifying entity  
14 responsible for promulgation of rules; amending 63  
15 O.S. 2011, Section 5026, which relates to the  
16 Medicaid prescription drug program; modifying entity  
17 responsible for administration of program; modifying  
18 entity responsible for promulgation of rules;  
19 amending 63 O.S. 2011, Section 5027, which relates to  
20 health care districts; modifying entity responsible  
21 for promulgation of rules; amending Section 1,  
22 Chapter 244, O.S.L. 2015 (63 O.S. Supp. 2018, Section  
23 5028), which relates to care coordination models for  
24 the aged, blind and disabled; modifying entity  
responsible for promulgation of rules; amending  
Section 1, Chapter 208, O.S.L. 2017 (63 O.S. Supp.  
2018, Section 5028.1), which relates to care  
coordination models for newborns through children 18  
years of age; modifying entity responsible for  
promulgation of rules; amending Section 1, Chapter  
324, O.S.L. 2015 (63 O.S. Supp. 2018, Section 5029),  
which relates to mailing information to victims of  
domestic violence; modifying entity responsible for  
promulgation of rules; amending 63 O.S. 2011,  
Sections 5030.1, 5030.3, 5030.4 and 5030.5, as last  
amended by Section 1, Chapter 306, O.S.L. 2015 (63  
O.S. Supp. 2018, Section 5030.5), which relate to the  
Medicaid Drug Utilization Review Board; modifying  
entity responsible for promulgation of rules;  
modifying the administrative hearing procedure;  
modifying duties of the Medicaid Drug Utilization  
Review Board; amending 63 O.S. 2011, Sections 5051.4  
and 5051.5, which relate to the recovery of expenses  
by the Oklahoma Health Care Authority; modifying  
entity responsible for promulgation of rules;  
amending 63 O.S. 2011, Section 5052, which relates to  
opportunity for hearing before the Oklahoma Health

1 Care Authority; modifying entity responsible for  
2 promulgation of rules; repealing 63 O.S. 2011,  
3 Section 5007.1, which relates to the Oklahoma  
4 Medicaid Accountability and Outcomes Act; providing  
5 an effective date; and declaring an emergency.

6 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

7 SECTION 1. AMENDATORY 56 O.S. 2011, Section 198.11a, is  
8 amended to read as follows:

9 Section 198.11a A. The Aging Services Division within the  
10 Department of Human Services, upon the approval of the Centers for  
11 Medicare and Medicaid Services, shall establish the Oklahoma  
12 Consumer-Directed Personal Assistance and Support Services (Oklahoma  
13 CD-PASS) Demonstration Program. The purpose of the Oklahoma  
14 Consumer-Directed Personal Assistance and Support Services  
15 Demonstration Program shall be to enhance the range of choices and  
16 options for Medicaid-eligible consumers, on a voluntary basis, who  
17 require long-term care support services, and to assist families with  
18 a Medicaid-eligible member who requires long-term care support  
19 services to arrange and purchase their own personal care and related  
20 services.

21 B. The Oklahoma Consumer-Directed Personal Assistance and  
22 Support Services Demonstration Program includes, but is not limited  
23 to, the following types of services:  
24

- 1           1.    a.    Basic services, such as getting a recipient in and out  
2                    of a bed or in or out of a wheelchair or motorized  
3                    chair, or both,  
4            b.    Assisting with certain bodily functions, such as  
5                    bathing and personal hygiene, dressing and grooming,  
6                    and feeding including preparation and cleanup;  
7            2.    Ancillary services such as shopping and cleaning;  
8            3.    Companion-type services such as transportation, letter  
9    writing and reading; and  
10           4.    Any other service requested by the eligible recipient  
11    needing care and services.
- 12           C.    1.    In developing the Oklahoma Consumer-Directed Personal  
13    Assistance and Support Services Demonstration Program, the Aging  
14    Services Division shall develop guidelines, eligibility criteria,  
15    program performance standards, and techniques to evaluate the  
16    outcomes of the Oklahoma Consumer-Directed Personal Assistance and  
17    Support Services Demonstration Program.
- 18           2.    The Demonstration Program, at a minimum, shall have the  
19    following requirements:
- 20                   a.    the cost in the aggregate of the services offered  
21                            through the CD-PASS Program care plan shall be equal  
22                            to or less than the average cost of the Advantage  
23                            Waiver Program service or personal care plan as  
24                            applicable,

1           b.    the baseline level of consumer satisfaction shall be  
2                    measured by an independent third party prior to  
3                    initiation of the Demonstration Program,

4           c.    the scope of services offered within the CD-PASS  
5                    Program shall comply with current state statutes and  
6                    rules, and federal regulations, and

7           d.    program evaluation which shall include an indication  
8                    of whether:

9                    (1)   consumer satisfaction for CD-PASS Program  
10                        participants is higher than or equal to consumer  
11                        satisfaction for Advantage Waiver Program  
12                        clients, as measured by an independent third  
13                        party, and

14                   (2)   the percentage of delivered hours of the CD-PASS  
15                        Program client care plan are greater than or  
16                        equal to the percentage of delivered hours of the  
17                        Advantage Waiver Program service or personal care  
18                        plan.

19           D.    The Aging Services Division may:

20                    1.    Consult with various federal, state and local entities in  
21                    order to fulfill the purposes of the Oklahoma Consumer-Directed  
22                    Personal Assistance and Support Services Demonstration Program;

1           2. Contract with entities in fulfilling the purposes of the  
2 Oklahoma Consumer-Directed Personal Assistance and Support Services  
3 Demonstration Program; and

4           3. Upon the approval of the Centers for Medicare and Medicaid  
5 Services and the availability of funds, expand the Oklahoma  
6 Consumer-Directed Personal Assistance and Support Services  
7 Demonstration Program statewide if the evaluation provided for in  
8 subsection C of this section demonstrates consumer satisfaction with  
9 and cost effectiveness in the delivery of the Program.

10           E. ~~The Commission for~~ Department of Human Services and the  
11 Oklahoma Health Care Authority ~~Board~~ shall promulgate any rules  
12 necessary to implement the provisions of the Oklahoma Consumer-  
13 Directed Personal Assistance and Support Services Act.

14           SECTION 2.           AMENDATORY           56 O.S. 2011, Section 198.16, is  
15 amended to read as follows:

16           Section 198.16 A. In order to implement the Oklahoma Self-  
17 Directed Care Act:

18           1. The Oklahoma Health Care Authority ~~Board~~ and the ~~Commission~~  
19 ~~for~~ Department of Human Services are hereby authorized to promulgate  
20 rules necessary to enact the provisions of this act;

21           2. The Oklahoma Health Care Authority shall take all actions  
22 necessary to ensure state compliance with federal regulations;

23           3. The Authority shall apply for any necessary federal waivers  
24 or waiver amendments required to implement the program;

1 4. The Legislature intends that, as consumers relocate from  
2 institutional settings to community-based options, funds used to  
3 serve consumers in institutional settings shall follow consumers to  
4 cover the cost of community-based services; and

5 5. The Department of Human Services or other applicable state  
6 entity for the population served may develop an electronic benefit  
7 transfer feature for the provision of self-directed care services to  
8 consumers.

9 B. The Oklahoma Self-Directed Care Act, at a minimum, shall  
10 meet the following requirements:

11 1. The cost in the aggregate of the services offered through  
12 the self-directed care plan shall be equal to or less than the cost  
13 of a home- and community-based waiver or comparable waiver program;

14 2. The baseline level of consumer satisfaction shall be  
15 measured by a third party prior to initiation of the Oklahoma Self-  
16 Directed Care Act;

17 3. The scope of services offered within the Self-Directed Care  
18 Program shall comply with current state statutes and rules, and  
19 federal regulations; and

20 4. Program evaluation which shall include an indication of  
21 whether consumer satisfaction for Self-Directed Care Program  
22 consumers is higher than or equal to consumer satisfaction for  
23 home- and community-based waiver clients or other comparable waiver  
24 programs, as measured by a third party.

1 C. Upon the approval of the Centers for Medicare and Medicaid  
2 Services and the availability of funds, the Authority and the  
3 Department shall implement the Self-Directed Care Program statewide  
4 if the evaluation provided for in subsection B of this section  
5 demonstrates consumer satisfaction with and cost-effectiveness in  
6 the delivery of the program.

7 D. The Authority and the Department shall conduct a feasibility  
8 study on the future design and implementation of expanding the home-  
9 and community-based waiver program to include additional people with  
10 developmental disabilities, spinal cord injury or traumatic brain  
11 injury; provided, however, before allocating any new monies to such  
12 program, the Department and the Authority shall prepare and submit  
13 to the Legislature the results of the feasibility study and a fiscal  
14 impact statement.

15 E. The Authority and the Department of Human Services shall  
16 each, on an ongoing basis, review and assess the implementation of  
17 the Self-Directed Care Program. By January 15 of each year, the  
18 Authority shall submit a written report to the Governor and  
19 Legislature that includes each agency's review of the program.

20 F. The Department of Human Services shall appoint a committee  
21 to assist the Department in the development of waivers and rules  
22 related to self-directed services, including the functional needs  
23 assessment used for determination of eligibility for the Self-  
24 Directed Services program. The committee shall be composed of two



1 self advocates or adults with developmental disabilities; two  
2 parents or family members of consumers; two advocates; two  
3 representatives of an agency providing Developmental Disabilities  
4 Services Division waiver services; one representative from the  
5 Oklahoma Parent Center; and one representative from the University  
6 of Oklahoma Health Sciences Center for Learning and Leadership. The  
7 committee shall sunset no later than four (4) years after  
8 implementation of programs indicated in this act. The Governor,  
9 President Pro Tempore of the Senate and the Speaker of the House of  
10 Representatives shall each appoint an at-large representative to the  
11 Committee.

12 The Authority is hereby directed to modify the state Medicaid  
13 program Personal Care Program to allow any person to self-direct his  
14 or her own personal care services who:

- 15 1. Is eligible to receive Personal Care Program services;
- 16 2. Chooses to receive Personal Care Program services; and
- 17 3. Is able to direct his or her own care or to designate an  
18 eligible representative to assist in directing such care.

19 SECTION 3. AMENDATORY 56 O.S. 2011, Section 198.17, is  
20 amended to read as follows:

21 Section 198.17 A. The Oklahoma Health Care Authority, the  
22 Department of Human Services and the Department of Mental Health and  
23 Substance Abuse Services, in cooperation with community  
24 stakeholders, shall develop a prescreening process to be utilized

1 prior to an individual being admitted to a nursing facility or  
2 within twenty (20) days of admission to such a facility. The  
3 purpose of the screening process shall be to ensure that individuals  
4 who wish to avoid placement in a nursing facility have access to  
5 supports necessary to remain in the community. The prescreening  
6 process shall include, but not be limited to, the use of the  
7 following tools:

- 8 1. Resident Assessment Instrument - Minimum Data Set (RAI-MDS),  
9 as designated by the Centers for Medicare and Medicaid Services;
- 10 2. Universal Comprehensive Assessment Tool (UCAT);
- 11 3. Preadmission Screening and Annual Resident Review (PASARR);
- 12 4. Inventory for Client and Agency Planning (ICAP); and
- 13 5. Uniform Case Assessment Protocol (UCAP).

14 B. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
15 rules necessary to implement the prescreening process developed  
16 pursuant to this section, provided funding is made available to  
17 implement the process.

18 SECTION 4. AMENDATORY 56 O.S. 2011, Section 1010.2, is  
19 amended to read as follows:

20 Section 1010.2 ~~A.~~ As used in the Oklahoma Medicaid Program  
21 Reform Act of 2003:

- 22 1. "Authority" means the Oklahoma Health Care Authority;
- 23 2. ~~"Board" means the Oklahoma Health Care Authority Board;~~

24

1       ~~3.~~ "Administrator" means the chief executive officer of the  
2 Oklahoma Health Care Authority;

3       ~~4.~~ 3. "Eligible person" means any person who meets the minimum  
4 requirements established by:

5           a. rules promulgated by the Oklahoma Health Care  
6 Authority ~~Board~~ pursuant to the requirements of Title  
7 XIX of the federal Social Security Act, 42 U.S.C.,  
8 Section 1396 et seq.,

9           b. a waiver under the provisions of this act, or

10          c. any state law authorizing the purchase of small  
11 employer buy-in coverage;

12       ~~5.~~ 4. "Member" means an eligible person who enrolls in the  
13 Oklahoma Medicaid Healthcare Options System;

14       ~~6.~~ 5. "Nonparticipating provider" means a person who provides  
15 hospital or medical care pursuant to the Oklahoma Medicaid Program  
16 but does not have a managed care health services contract or  
17 subcontract within the Oklahoma Medicaid Healthcare Options System;

18       ~~7.~~ 6. "Prepaid capitated" means a mode of payment by which a  
19 health care provider directly delivers health care services for the  
20 duration of a contract to a maximum specified number of members  
21 based on a fixed rate per member, regardless of the actual number of  
22 members who receive care from the provider or the amount of health  
23 care services provided to any member;

24

1       ~~8.~~ 7. "Participating provider" means any person or organization  
2 who contracts with the Authority for the delivery of  
3 hospitalization, eye care, dental care, medical care and other  
4 medically related services to members or any subcontractor of such  
5 provider delivering services pursuant to the Oklahoma Medicaid  
6 Healthcare Options System; and

7       ~~9.~~ 8. "System" means the Oklahoma Medicaid Healthcare Options  
8 System established by the Oklahoma Medicaid Program Reform Act of  
9 2003.

10       SECTION 5.       AMENDATORY       56 O.S. 2011, Section 1010.4, is  
11 amended to read as follows:

12       Section 1010.4 A. The Oklahoma Health Care Authority shall  
13 take all steps necessary to implement the Oklahoma Medicaid  
14 Healthcare Options System as required by the Oklahoma Medicaid  
15 Program Reform Act of 2003.

16       B. The implementation of the System shall include, but not be  
17 limited to, the following:

18       1. Development of operations plans for the System which include  
19 reasonable access to hospitalization, eye care, dental care, medical  
20 care and other medically related services for members including, but  
21 not limited to, access to twenty-four-hour emergency care;

22       2. Contract administration and oversight of participating  
23 providers;

24

- 1        3. Technical assistance services to participating providers and  
2 potential providers;
- 3        4. Development of a complete plan of accounts and controls for  
4 the System including, but not limited to, provisions designed to  
5 ensure necessary and reasonable usage of covered health and medical  
6 services provided through the System;
- 7        5. Establishment of peer review and utilization study functions  
8 for all participating providers;
- 9        6. Technical assistance for the formation of medical care  
10 consortiums to provide covered health and medical services under the  
11 System. Development of service plans and consortiums may be on the  
12 basis of medical referral patterns;
- 13        7. Development and management of a provider payment system;
- 14        8. Establishment and management of a comprehensive plan for  
15 ensuring the quality of care delivered by the System;
- 16        9. Establishment and management of a comprehensive plan to  
17 prevent fraud against the System by members, eligible persons and  
18 participating providers;
- 19        10. Coordination of benefits provided under the Oklahoma  
20 Medicaid Program Reform Act of 2003 to any member;
- 21        11. Development of a health education and information program;
- 22        12. Development and management of a participant enrollment  
23 system;
- 24

- 1        13. Establishment and maintenance of a claims resolution  
2 procedure to ensure that a submitted claim is resolved within forty-  
3 five (45) days of the date the claim is correctly submitted;
- 4        14. Establishment of standards for the coordination of medical  
5 care and patient transfers;
- 6        15. Provision for the transition of patients between  
7 participating providers and nonparticipating providers;
- 8        16. Provision for the transfer of members and persons who have  
9 been determined eligible from hospitals which do not have contracts  
10 to care for such persons;
- 11       17. Specification of enrollment procedures including, but not  
12 limited to, notice to providers of enrollment. Such procedures may  
13 provide for varying time limits for enrollment in different  
14 situations;
- 15       18. Establishment of uniform forms and procedures to be used by  
16 all participating providers;
- 17       19. Methods of identification of members to be used for  
18 determining and reporting eligibility of members;
- 19       20. Establishment of a comprehensive eye care and dental care  
20 system which:
- 21            a. includes practitioners as participating providers,  
22            b. provides for quality care and reasonable and equal  
23            access to such practitioners, and  
24

1 c. provides for the development of service plans,  
2 referral plans and consortiums which result in  
3 referral practices that reflect timely, convenient and  
4 cost-effective access to such care for members in both  
5 rural and urban areas;

6 21. a. Development of a program for Medicaid eligibility and  
7 services for individuals who are in need of breast or  
8 cervical cancer treatment and who:

9 (1) have family incomes that are below one hundred  
10 eighty-five percent (185%) of the federal poverty  
11 level,

12 (2) have not attained the age of sixty-five (65)  
13 years,

14 (3) have no or have inadequate health insurance or  
15 health benefit coverage for treatment of breast  
16 and cervical cancer, and

17 (4) meet the requirements for treatment and have been  
18 screened for breast or cervical cancer.

19 b. The program shall include presumptive eligibility and  
20 shall provide for treatment throughout the period of  
21 time required for treatment of the individual's breast  
22 or cervical cancer,

23 c. On or before July 1, 2002, the Oklahoma Health Care  
24 Authority shall coordinate with the State Commissioner

1 of Health to develop procedures to implement the  
2 program, contingent upon funds becoming available; and

3 22. Establishment of co-payments, premiums and enrollment fees,  
4 and the establishment of policy for those members who do not pay co-  
5 payments, premiums or enrollment fees.

6 C. Except for reinsurance obtained by providers, the Authority  
7 shall coordinate benefits provided under the Oklahoma Medicaid  
8 Program Reform Act of 2003 to any eligible person who is covered by  
9 workers' compensation, disability insurance, a hospital and medical  
10 service corporation, a health care services organization or other  
11 health or medical or disability insurance plan, or who receives  
12 payments for accident-related injuries, so that any costs for  
13 hospitalization and medical care paid by the System are recovered  
14 first from any other available third party payors. The System shall  
15 be the payor of last resort for eligible persons.

16 D. Prior to the development of the plan of accounts and  
17 controls required by this section and periodically thereafter, the  
18 Authority shall compare the scope, utilization rates, utilization  
19 control methods and unit prices of major health and medical services  
20 provided in this state with health care services in other states to  
21 identify any unnecessary or unreasonable utilization within the  
22 System. The Authority shall periodically assess the cost  
23 effectiveness and health implications of alternate approaches to the  
24



1 provision of covered health and medical services through the System  
2 in order to reduce unnecessary or unreasonable utilization.

3 E. The Authority may contract distinct administrative functions  
4 to one or more persons or organizations who may be participating  
5 providers within the System.

6 F. Contracts for managed health care plans, authorized pursuant  
7 to paragraph 2 of subsection A of Section 1010.3 of this title and  
8 necessary to implement the System, and other contracts entered into  
9 prior to July 1, 1996, shall not be subject to the provisions of the  
10 Oklahoma Central Purchasing Act.

11 G. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
12 rules:

13 1. Establishing appropriate competitive bidding criteria and  
14 procedures for contracts awarded pursuant to the Oklahoma Medicaid  
15 Program Reform Act of 2003;

16 2. Which provide for the withholding or forfeiture of payments  
17 to be made to a participating provider by the Oklahoma Medicaid  
18 Healthcare Options System for the failure of the participating  
19 provider to comply with a provision of the participating provider's  
20 contract with the System or with the provisions of promulgated rules  
21 or law; and

22 3. Necessary to carry out the provisions of the Oklahoma  
23 Medicaid Program Reform Act of 2003. Such rules shall consider the  
24

1 differences between rural and urban conditions on the delivery of  
2 hospitalization services, eye care, dental care and medical care.

3 SECTION 6. AMENDATORY 56 O.S. 2011, Section 1010.5, is  
4 amended to read as follows:

5 Section 1010.5 As a condition of the contract with any proposed  
6 or potential participating provider pursuant to the Oklahoma  
7 Medicaid Program Reform Act of 2003, the Oklahoma Health Care  
8 Authority shall require such contract terms as are necessary, in its  
9 judgment, to ensure adequate performance by a participating provider  
10 of the provisions of each contract executed pursuant to the Oklahoma  
11 Medicaid Program Reform Act of 2003. Required contract provisions  
12 shall include, but are not limited to:

13 1. The maintenance of deposits, performance bonds, financial  
14 reserves or other financial providers which have posted other  
15 security, equal to or greater than that required by the System, with  
16 a state agency for the performance of managed care contracts if  
17 funds would be available from such security for the System upon  
18 default by the participating provider;

19 2. A requirement that whenever the state appropriates funds for  
20 specific purposes, including, but not limited to, increases in  
21 reimbursement rates, a participating provider and any subcontractor  
22 shall apportion such funds pursuant to legislative directive;

23 3. Requirements that all records relating to contract  
24 compliance shall be available for inspection by the Authority or are

1 submitted in accordance with rules promulgated by the Oklahoma  
2 Health Care Authority ~~Board~~ and that such records be maintained by  
3 the participating provider for five (5) years. Such records shall  
4 also be made available by a participating provider on request of the  
5 secretary of the United States Department of Health and Human  
6 Services, or its successor agency;

7 4. Authorization for the Authority to directly assume the  
8 operations of a participating provider under circumstances specified  
9 in the contract. Operations of the participating provider shall be  
10 assumed only as long as it is necessary to ensure delivery of  
11 uninterrupted care to members enrolled with the participating  
12 provider and accomplish the orderly transition of those members to  
13 other providers participating in the System, or until the  
14 participating provider reorganizes or otherwise corrects the  
15 contract performance failure. The operations of a participating  
16 provider shall not be assumed unless, prior to that action, notice  
17 is delivered to the provider and an opportunity for a hearing is  
18 provided; and

19 5. A requirement that, if the Authority finds that the public  
20 health, safety or welfare requires emergency action, it may assume  
21 the operations of the participating provider on notice to the  
22 participating provider and pending an administrative hearing which  
23 it shall promptly institute. Notice, hearings and actions pursuant  
24

1 to this subsection shall be in accordance with Article II of the  
2 Administrative Procedures Act.

3 SECTION 7. AMENDATORY 56 O.S. 2011, Section 1011.11, is  
4 amended to read as follows:

5 Section 1011.11 A. The Oklahoma Health Care Authority shall  
6 develop and implement, as funds become available, a durable medical  
7 equipment retrieval program that will allow the Authority to:

8 1. Retrieve durable medical equipment, purchased with Medicaid  
9 funds, from the Medicaid consumers who no longer utilize the  
10 equipment; and

11 2. Donate such equipment to community-based programs that will  
12 distribute the equipment to individuals who are disabled or elderly.

13 B. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
14 rules and establish procedures necessary to implement the program  
15 established in this section.

16 C. For the purpose of this section, "durable medical equipment"  
17 means equipment that is primarily and customarily used to serve a  
18 medical purpose, can withstand repeated use and is appropriate for  
19 use in the home.

20 SECTION 8. AMENDATORY 56 O.S. 2011, Section 1017.4, is  
21 amended to read as follows:

22 Section 1017.4 A. The Oklahoma Health Care Authority is  
23 directed to create a system of enrollment, Medicaid eligibility, and  
24 certification for home- and community-based services provided by the

1 ADvantage Waiver Program that provides for presumptive Medicaid  
2 eligibility and certification that is the same as that which exists  
3 for nursing facilities as provided for in administrative rules  
4 promulgated by the Oklahoma Health Care Authority ~~Board~~. The system  
5 shall facilitate the provision of home- and community-based services  
6 to persons at risk of placement in a nursing facility but who elect  
7 to be served in a home- and community-based setting in lieu of  
8 nursing facility services.

9 B. The Department of Human Services is directed to make such  
10 changes in its regulations, policies and procedures as are necessary  
11 to implement the enrollment, Medicaid eligibility, and certification  
12 requirements established pursuant to subsection A of this section.

13 C. The Oklahoma Health Care Authority shall develop and submit  
14 for approval no later than November 1, 2011, applications for  
15 waivers or amendments to waivers of applicable federal laws and  
16 regulations as necessary to implement the provisions of the Oklahoma  
17 Choices for Long-Term Care Act. Copies of all waivers submitted to  
18 the United States Centers for Medicare and Medicaid Services shall  
19 be provided to the Governor, the Speaker of the Oklahoma House of  
20 Representatives and the President Pro Tempore of the Oklahoma State  
21 Senate within ten (10) days of their submissions. Waivers and  
22 amendments to waivers approved by the United States Centers for  
23 Medicare and Medicaid Services as provided in this section shall be  
24 provided to the Governor, the Speaker of the Oklahoma House of

1 Representatives and the President Pro Tempore of the Oklahoma State  
2 Senate within ten (10) days of their approval. The Oklahoma Health  
3 Care Authority shall implement any waivers and amendments to waivers  
4 approved by the United States Centers for Medicare and Medicaid  
5 Services no later than January 1, 2012, or within sixty (60) days of  
6 their approval. The Oklahoma Health Care Authority shall report the  
7 savings as the result of the Oklahoma Choices for Long-Term Care Act  
8 each year in its annual report.

9 SECTION 9. AMENDATORY 56 O.S. 2011, Section 1017.5, is  
10 amended to read as follows:

11 Section 1017.5 A. On or before January 1, 2012, the Oklahoma  
12 Health Care Authority shall initiate a Request for Proposal (RFP)  
13 which shall outline specific expectations and requirements of  
14 suppliers to competitively bid on administrative agent services for  
15 the ADvantage Waiver Program. The RFP shall comply with all  
16 requirements of The Oklahoma Central Purchasing Act related to state  
17 procurement.

18 The RFP shall:

- 19 1. Require outsourcing of administrative agent services for a  
20 period of one (1) year;
- 21 2. Outline minimum requirements;
- 22 3. Direct the Oklahoma Central Purchasing Office to award a  
23 contract for administrative agent services;
- 24 4. Have a submission deadline of April 1, 2012;

1 5. Provide that the administrative agent contract award be  
2 announced on May 15, 2012; and

3 6. Provide that the administrative agent contract awarded begin  
4 July 1, 2012.

5 B. The State of Oklahoma shall not discriminate against  
6 suppliers from states or nations outside Oklahoma and shall  
7 reciprocate the bidding preference given by other states or nations  
8 to suppliers domiciled in their jurisdictions for acquisitions  
9 pursuant to The Oklahoma Central Purchasing Act. The state shall  
10 give preference to a resident bidder over other state or foreign  
11 bidders if goods or services provided in this state are equal in  
12 price, fitness, availability or quality.

13 C. Suppliers shall be required to have comprehensive experience  
14 in the administration of a Medicaid home- and community-based  
15 service delivery system for elders in frail health and adults with  
16 disabilities. The administrative agent contract shall be awarded to  
17 one supplier based on qualification, merit and cost competitiveness  
18 and evaluation criteria that include:

19 1. Qualifications and experience in providing similar services;

20 2. Knowledge and technical competence;

21 3. Management, key personnel and other professional  
22 certifications;

23 4. Timeliness and responsiveness of services;

24 5. Detailed budget/costs; and

1           6. Proposal for management and administration with detailed  
2 description of:

- 3           a. administrative structures that shall be in place prior  
4           to contract implementation to support the scope of  
5           services,
- 6           b. processes and procedures for daily operations,
- 7           c. expected outcomes along with the performance measures  
8           used to measure the effectiveness of each function,
- 9           d. description of data collection methods and reporting  
10           mechanisms,
- 11           e. methods used to collaborate and communicate with  
12           members, service providers, local and state health and  
13           human service agencies, regulatory agencies, and other  
14           stakeholders, and
- 15           f. detailed description and supporting documentation of  
16           how each waiver assurance will be met.

17           D. State employees currently performing such function shall be  
18 allowed to compete by submitting a bid to perform the administrative  
19 agency functions required in the day-to-day operations of the  
20 ADvantage Waiver Program; provided, however, that any and all such  
21 bids shall be submitted to and certified by the Oklahoma Health Care  
22 Authority, who shall for purposes of this section constitute the  
23 "agency" as such term is defined in the Oklahoma Privatization of  
24 State Functions Act.



1 E. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
2 rules and establish procedures necessary to implement the request  
3 for proposals and for the administration of the ADvantage Waiver  
4 Program pursuant to this section.

5 SECTION 10. AMENDATORY 63 O.S. 2011, Section 3250.9, is  
6 amended to read as follows:

7 Section 3250.9 The Administrator of the Oklahoma Health Care  
8 Authority ~~Board~~ shall submit an application for any waiver necessary  
9 to authorize Medicaid supplements to hospital districts to the  
10 extent permitted by federal law and pursuant to the Oklahoma  
11 Community Hospitals Public Trust Authorities Act.

12 SECTION 11. AMENDATORY 63 O.S. 2011, Section 5000.24, is  
13 amended to read as follows:

14 Section 5000.24 A. The Oklahoma Health Care Authority,  
15 following directives of and upon approval of the Health Care  
16 Financing Administration, is directed to implement a Medicaid Buy-In  
17 Program for persons with disabilities, if funds become available.  
18 Components of such program shall include, but not be limited to:

19 1. Allowing individuals with disabilities who are sixteen (16)  
20 years of age and over, but under sixty-five (65) years of age, and  
21 who, except for earned income, would be eligible to receive  
22 Supplemental Security Income (SSI) benefits, regardless of whether  
23 they have ever received Supplemental Security Income (SSI) cash  
24 benefits, the option of purchasing Medicaid coverage that will

1 enable individuals with disabilities to gain and/or maintain  
2 employment and reduce their dependency on existing cash benefit  
3 programs;

4 2. Removing work disincentives that inhibit individuals with  
5 disabilities from engaging in work that is commensurate with their  
6 abilities and capabilities;

7 3. Developing an infrastructure within and outside state  
8 government that supports efforts to enhance employment opportunities  
9 for individuals with disabilities; and

10 4. Ensuring meaningful input in the design, implementation, and  
11 evaluation of programs, policies, and procedures developed under  
12 such program by individuals with disabilities and other interested  
13 parties.

14 B. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
15 any rules necessary to implement provisions of the Oklahoma Ticket  
16 to Work and Work Incentives Improvement Act regarding the Medicaid  
17 Buy-In Program.

18 SECTION 12. AMENDATORY 63 O.S. 2011, Section 5005, is  
19 amended to read as follows:

20 Section 5005. For purposes of the Oklahoma Health Care  
21 Authority Act:

22 1. "Administrator" means the chief executive officer of the  
23 Authority;

24 2. "Authority" means the Oklahoma Health Care Authority;

1 3. ~~"Board" means the Oklahoma Health Care Authority Board;~~

2 4. "Health services provider" means health insurance carriers,  
3 pre-paid health plans, hospitals, physicians and other health care  
4 professionals, and other entities who contract with the Authority  
5 for the delivery of health care services to state and education  
6 employees and persons covered by the state Medicaid program; and

7 ~~5.~~ 4. "State-purchased health care" or "state-subsidized health  
8 care" means medical and health care, pharmaceuticals and medical  
9 equipment purchased with or supported by state and federal funds  
10 through the Oklahoma Health Care Authority, the Department of Mental  
11 Health and Substance Abuse Services, the State Department of Health,  
12 the Department of Human Services, the Department of Corrections, the  
13 Department of Veterans Affairs, other state agencies administering  
14 state-purchased or state-subsidized health care programs, the  
15 Oklahoma State Regents for Higher Education, the State Board of  
16 Education and local school districts.

17 SECTION 13. AMENDATORY 63 O.S. 2011, Section 5007, is  
18 amended to read as follows:

19 Section 5007. A. There is hereby created the Oklahoma Health  
20 Care Authority Board which shall be an advisory body to the  
21 Administrator of the Oklahoma Health Care Authority. All duties and  
22 powers of the Board shall be transferred to the Administrator. Any  
23 provision in statute that provides to the Board authority that is  
24 not advisory in nature shall be deemed to grant the duty or power to

1 the Administrator. On and after July 1, 1994, as the terms of the  
2 initially appointed members expire, the Board shall be composed of  
3 seven (7) appointed members who shall serve for terms of four (4)  
4 years and shall be appointed as follows:

5 1. Two members shall be appointed by the President Pro Tempore  
6 of the Senate;

7 2. Two members shall be appointed by the Speaker of the House  
8 of Representatives; and

9 3. Three members shall be appointed by the Governor. Two of  
10 the members appointed by the Governor shall be consumers.

11 B. Members appointed pursuant to this paragraph, with the  
12 exception of the consumer members, shall include persons having  
13 experience in medical care, health care services, health care  
14 delivery, health care finance, health insurance and managed health  
15 care. Consumer members shall have no financial or professional  
16 interest in medical care, health care services, health care  
17 delivery, health finance, health insurance or managed care. In  
18 making the appointments, the appointing authority shall also give  
19 consideration to urban, rural, gender and minority representation.

20 C. 1. As the terms of office of members appointed before July  
21 1, 1995, expire, appointments made on or after July 1, 1995, shall  
22 be subject to the following requirements:

23 a. One member appointed by the Governor shall be a  
24 resident of the First Congressional District. The

1 term of office of the member appointed by the Governor  
2 and serving as of the effective date of this act shall  
3 expire on September 1, 2003~~+~~L

4 b. One member appointed by the President Pro Tempore of  
5 the Senate shall be a resident of the Second  
6 Congressional District and a consumer. The term of  
7 office of the member appointed by the President Pro  
8 Tempore of the Senate and serving as of the effective  
9 date of this act shall expire on September 1, 1999~~+~~L

10 c. One member appointed by the President Pro Tempore of  
11 the Senate shall be a resident of the Third  
12 Congressional District. The term of office of the  
13 member appointed by the President Pro Tempore of the  
14 Senate and serving as of the effective date of this  
15 act shall expire on September 1, 2004~~+~~L

16 d. One member appointed by the Speaker of the House of  
17 Representatives shall be a resident of the Fourth  
18 Congressional District. The term of office of the  
19 member appointed by the Speaker of the House of  
20 Representatives and serving as of the effective date  
21 of this act shall expire on September 1, 2001~~+~~L

22 e. One member appointed by the Speaker of the House of  
23 Representatives shall be a resident of the Fifth  
24 Congressional District and a consumer. The term of

1 office of the member appointed by the Speaker of the  
2 House of Representatives and serving as of the  
3 effective date of this act shall expire on September  
4 1, 1998~~7~~1

5 f. One member appointed by the Governor shall be a  
6 resident of the Sixth Congressional District and a  
7 consumer. The term of office of the member appointed  
8 by the Governor and serving as of the effective date  
9 of this act shall expire on September 1, 2000~~7~~1 and

10 g. The second consumer member appointed by the Governor  
11 shall be appointed at large. The term of office of  
12 the member appointed by the Governor and serving as of  
13 the effective date of this act shall expire on  
14 September 1, 2002.

15 2. Appointments made subsequent to the effective date of this  
16 act shall not be restricted to any particular congressional  
17 district. Appointments made after July 1 of the year in which a  
18 redrawing of a congressional district becomes effective shall be  
19 from the state at large. However, no appointments may be made after  
20 July 1 of the year in which such modification becomes effective if  
21 such appointment would result in more than two members serving from  
22 the same modified district.

23 D. The terms of the members serving on the Board as of the  
24 effective date of this act shall expire on September 1 of the year

1 in which the respective terms expire. Thereafter, as new terms  
2 begin, members shall be appointed to four-year staggered terms which  
3 shall expire on September 1. Should a member serve less than a  
4 four-year term, the term of office of the member subsequently  
5 appointed shall be for the remainder of the four-year term.

6 ~~E. On and after July 1, 1994, any subsequently appointed~~  
7 ~~administrator of the Authority shall be appointed by the Board. The~~  
8 ~~administrator shall have the training and experience necessary for~~  
9 ~~the administration of the Authority, as determined by the Board,~~  
10 ~~including, but not limited to, prior experience in the~~  
11 ~~administration of managed health care. The administrator shall~~  
12 ~~serve at the pleasure of the Board.~~

13 ~~F.~~ The Board Administrator shall have the power and duty to:

14 1. Establish the policies of the Oklahoma Health Care  
15 Authority;

16 2. ~~Appoint the Administrator of the Authority;~~

17 3. Adopt and promulgate rules as necessary and appropriate to  
18 carry out the duties and responsibilities of the Authority. The  
19 ~~Board~~ Administrator shall be the rulemaking body for the Authority;  
20 and

21 4. ~~3.~~ Adopt, publish and submit by January 1 of each year to  
22 the Governor, the President Pro Tempore of the Senate, and the  
23 Speaker of the House of Representatives appropriate administrative  
24 policies and the business plan for that year. All actions governed

1 by said administrative policies and annual business plan shall be  
2 examined annually in an independent audit.

3 ~~G.~~ 1. F. A vacancy in a position shall be filled in the same  
4 manner as provided in subsection A of this section.

5 ~~2.~~ A majority of the members of the Board shall constitute a  
6 quorum for the transaction of business and for taking any official  
7 action. Official action of the Board must have a favorable vote by  
8 a majority of the members present.

9 ~~3.~~ Members appointed pursuant to subsection A of this section  
10 shall serve without compensation but shall be reimbursed for  
11 expenses incurred in the performance of their duties in accordance  
12 with the State Travel Reimbursement Act.

13 ~~H.~~ G. The Board and the Authority shall act in accordance with  
14 the provisions of the Oklahoma Open Meeting Act, the Oklahoma Open  
15 Records Act and the Administrative Procedures Act.

16 SECTION 14. AMENDATORY 63 O.S. 2011, Section 5008, is  
17 amended to read as follows:

18 Section 5008. A. The Administrator of the Oklahoma Health Care  
19 Authority shall have the training and experience necessary for the  
20 administration of the Authority, ~~as determined by the Oklahoma~~  
21 ~~Health Care Authority Board, including, but not limited to, prior~~  
22 ~~experience in the administration of managed health care.~~ The  
23 Administrator shall be appointed by the Governor, with the advice  
24 and consent of the Senate, and shall serve at the pleasure of the



1 ~~Board~~ Governor and may be removed or replaced without cause.

2 Compensation for the Administrator shall be determined pursuant to  
3 Section 3601.2 of Title 74 of the Oklahoma Statutes.

4 B. The Administrator of the Oklahoma Health Care Authority  
5 shall be the chief executive officer of the Authority and shall act  
6 for the Authority in all matters except as may be otherwise provided  
7 by law. The powers and duties of the Administrator shall include  
8 but not be limited to:

9 1. Supervision of the activities of the Authority;

10 2. Formulation and recommendation of rules for approval or  
11 rejection ~~by the Oklahoma Health Care Authority Board~~ and  
12 enforcement of rules and standards promulgated by the ~~Board~~  
13 Authority;

14 3. Preparation of the plans, reports and proposals required by  
15 the Oklahoma Health Care Authority Act, Section 5003 et seq. of this  
16 title, other reports as necessary and appropriate, and an annual  
17 budget for the review and approval of the ~~Board~~ Authority;

18 4. Employment of such staff as may be necessary to perform the  
19 duties of the Authority including but not limited to an attorney to  
20 provide legal assistance to the Authority for the state Medicaid  
21 program; and

22 5. Establishment of a contract bidding process which:

23 a. encourages competition among entities contracting with  
24 the Authority for state-purchased and state-subsidized

1 health care; provided, however, the Authority may make  
2 patient volume adjustments to any managed care plan  
3 whose prime contractor is a state-sponsored,  
4 nationally accredited medical school. The Authority  
5 may also make education or research supplemental  
6 payments to state-sponsored, nationally accredited  
7 medical schools based on the level of participation in  
8 any managed care plan by managed care plan  
9 participants,

10 b. coincides with the state budgetary process, and

11 c. specifies conditions for awarding contracts to any  
12 insuring entity.

13 C. The Administrator may appoint advisory committees as  
14 necessary to assist the Authority with the performance of its duties  
15 or to provide the Authority with expertise in technical matters.

16 SECTION 15. AMENDATORY 63 O.S. 2011, Section 5015.1, is  
17 amended to read as follows:

18 Section 5015.1 A. The Administrator of the Oklahoma Health  
19 Care Authority ~~Board~~ shall establish a legal division or unit in the  
20 Oklahoma Health Care Authority. The Administrator ~~of the Oklahoma~~  
21 ~~Health Care Authority~~ may employ attorneys as needed, which may be  
22 on full-time and part-time basis. Provided the Oklahoma Health Care  
23 Authority shall not exceed the authorized full-time equivalent limit  
24 for attorneys as specified by the Legislature in the appropriations

1 bill for the Authority. Except as otherwise provided by this  
2 section, such attorneys, in addition to advising the ~~Board,~~  
3 Administrator and Authority personnel on legal matters, may appear  
4 for and represent the ~~Board,~~ Administrator and Authority in legal  
5 actions and proceedings.

6 B. The Legislature shall establish full-time-equivalent limits  
7 for attorneys employed by the Oklahoma Health Care Authority.

8 C. It shall continue to be the duty of the Attorney General to  
9 give official opinions to the ~~Board,~~ Administrator and Authority,  
10 and to prosecute and defend actions therefor, if requested to do so.  
11 The Attorney General may levy and collect costs, expenses of  
12 litigation and a reasonable attorney fee for such legal services  
13 from the Authority. The Attorney General is authorized to levy and  
14 collect costs, expenses and fees which exceed the costs associated  
15 with the salary and benefits of one attorney FTE position per fiscal  
16 year.

17 D. The ~~Board,~~ Administrator or Authority shall not contract for  
18 representation by private legal counsel unless approved by the  
19 Attorney General. Such contract for private legal counsel shall be  
20 in the best interests of the state.

21 E. 1. The Attorney General shall be notified by the ~~Board~~  
22 Administrator or ~~its~~ counsel for the Administrator of all lawsuits  
23 against the Authority, its officers or employees that seek  
24 injunctive relief which would impose obligations requiring the

1 expenditure of funds in excess of unencumbered monies in the  
2 agency's appropriations or beyond the current fiscal year.

3 2. The Attorney General shall review any such cases and may  
4 represent the interests of the state, if the Attorney General  
5 considers it to be in the best interest of the state to do so, in  
6 which case the Attorney General shall be paid as provided in  
7 subsection C of this section. Representation of multiple defendants  
8 in such actions may, at the discretion of the Attorney General, be  
9 divided with counsel for the ~~Board~~, Administrator and Authority as  
10 necessary to avoid conflicts of interest.

11 SECTION 16. AMENDATORY 63 O.S. 2011, Section 5017, as  
12 amended by Section 524, Chapter 304, O.S.L. 2012 (63 O.S. Supp.  
13 2018, Section 5017), is amended to read as follows:

14 Section 5017. There is hereby created in the State Treasury a  
15 fund for the Oklahoma Health Care Authority to be designated the  
16 "Oklahoma Health Care Authority Federal Disallowance Fund". The  
17 fund shall be a continuing fund, not subject to fiscal year  
18 limitations. It shall consist of monies received by the Oklahoma  
19 Health Care Authority which, in the opinion of the Administrator of  
20 the Oklahoma Health Care Authority ~~Board~~, may be subject to federal  
21 disallowances and interest which may accrue on said receipts. All  
22 monies accruing to the credit of said fund are hereby appropriated  
23 and may be budgeted and expended by the Oklahoma Health Care  
24 Authority at the discretion of the ~~Oklahoma Health Care Authority~~

1 ~~Board~~ Administrator for eventual settlement of the appropriate  
2 pending disallowances. Expenditures from said fund shall be made  
3 upon warrants issued by the State Treasurer against claims filed as  
4 prescribed by law with the Director of the Office of Management and  
5 Enterprise Services for approval and payment.

6 The Administrator of the Oklahoma Health Care Authority may  
7 request the Director of the Office of Management and Enterprise  
8 Services to transfer monies between the Oklahoma Health Care  
9 Authority Federal Disallowance Fund and any other fund of the  
10 authority, as needed for the expenditure of funds.

11 SECTION 17. AMENDATORY 63 O.S. 2011, Section 5020, as  
12 amended by Section 525, Chapter 304, O.S.L. 2012 (63 O.S. Supp.  
13 2018, Section 5020), is amended to read as follows:

14 Section 5020. There is hereby created in the State Treasury a  
15 fund for the Oklahoma Health Care Authority to be designated the  
16 "Oklahoma Health Care Authority Medicaid Program Fund". The fund  
17 shall be a continuing fund, not subject to fiscal year limitations.  
18 All monies accruing to the credit of said fund are hereby  
19 appropriated and may be budgeted and expended by the Oklahoma Health  
20 Care Authority at the discretion of the ~~Oklahoma Health Care~~  
21 ~~Authority Board~~ Administrator. Expenditures from said fund shall be  
22 made upon warrants issued by the State Treasurer against claims  
23 filed as prescribed by law with the Director of the Office of  
24 Management and Enterprise Services for approval and payment.

1       The Administrator ~~of the Oklahoma Health Care Authority~~ may  
2 request the Director of the Office of Management and Enterprise  
3 Services to transfer monies between the Oklahoma Health Care  
4 Authority Medicaid Program Fund and any other fund of the Authority,  
5 as needed for the expenditure of funds.

6       SECTION 18.       AMENDATORY       63 O.S. 2011, Section 5024, is  
7 amended to read as follows:

8       Section 5024. A. 1. Effective July 1, 2001, the Oklahoma  
9 Health Care Authority is authorized to offer to eligible contracted  
10 incorporated physician providers, elective income deferral programs  
11 which can result in federal income tax advantages and other  
12 advantages to such providers and their employees. These deferral  
13 programs shall take into account present and future provisions of  
14 the United States Internal Revenue Code which now or in the future  
15 might have the beneficial effect of magnifying the after-tax value  
16 payments made by the state to incorporated physician providers.

17       2. The Oklahoma Health Care Authority may adopt a plan that  
18 provides for the investment of deferral amounts in life insurance or  
19 annuity contracts which offer a choice of underlying investment  
20 options. Contract-issuing companies shall be limited to companies  
21 that are licensed to do business in this state.

22       3. As a condition of participation in these income deferral  
23 programs, all participating incorporated physician providers shall  
24 be subject to provisions for forfeiture of benefits for failure to

1 maintain in force a Medicaid provider agreement and to furnish  
2 services to Medicaid recipients for a specified duration.

3 B. The Oklahoma Health Care Authority may consult with the  
4 State Treasurer and the Attorney General of the state for advice in  
5 establishing the program.

6 C. The Oklahoma Health Care Authority ~~Board~~ shall have the  
7 authority to promulgate rules regarding the operation of the  
8 program.

9 SECTION 19. AMENDATORY 63 O.S. 2011, Section 5026, is  
10 amended to read as follows:

11 Section 5026. A. The Oklahoma Health Care Authority ~~Board~~  
12 shall, in administering the Medicaid prescription drug program,  
13 utilize the following definition for "phenylketonuria" to mean: An  
14 inborn error of metabolism attributable to a deficiency of or a  
15 defect in phenylalanine hydroxylase, the enzyme that catalyzes the  
16 conversion of phenylalanine to tyrosine. The deficiency permits the  
17 accumulation of phenylalanine and its metabolic products in the body  
18 fluids. The deficiency can result in mental retardation  
19 (phenylpyruvic oligophrenia), neurologic manifestations (including  
20 hyperkinesia, epilepsy, and microcephaly), light pigmentation, and  
21 eczema. The disorder is transmitted as an autosomal recessive trait  
22 and can be treated by administration of a diet low in phenylalanine.

23 B. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
24 any rules necessary to effectuate the provisions of this section.

1 SECTION 20. AMENDATORY 63 O.S. 2011, Section 5027, is  
2 amended to read as follows:

3 Section 5027. A. As used in this section "health care  
4 district" means a subordinate health care entity that better  
5 promotes efficient administration of health care service delivery  
6 for counties with a population of one hundred thousand (100,000) or  
7 less to eligible persons in this state.

8 B. A locally designated health care district shall:

9 1. Coordinate the delivery of health care services in local  
10 jurisdictions such as municipalities and counties; provided,  
11 however, jurisdictions containing multiple areas shall be contiguous  
12 and shall possess commonality as it relates to need;

13 2. Be authorized to adjust Medicaid provider rates above the  
14 state minimum established by the Oklahoma Health Care Authority;

15 3. Be authorized to contract with employer-sponsored health  
16 plans or private health plans to provide services to Medicaid and  
17 indigent beneficiaries; and

18 4. Be authorized to expand health care services or health care  
19 providers within health care districts.

20 C. Health care districts may be established by local  
21 communities wherein locally generated tax dollars are received for  
22 the benefit of local hospitals or other local health care services.  
23 The districts shall have the same boundaries as the area over which  
24 the locally assessed tax is levied.



1 D. Health care districts may be established by the governing  
2 boards of the hospitals located within the area over which the  
3 locally assessed tax for the benefit of the local hospital or other  
4 local health care service is levied. The governing board of the  
5 hospital shall be the governing board of the local health care  
6 district.

7 E. 1. Each health care district may certify to the Oklahoma  
8 Health Care Authority the amount of funds generated by tax  
9 assessment within the health care district for the benefit of the  
10 local hospital or other local health care services.

11 2. The Authority shall submit such information to the Centers  
12 for Medicare and Medicaid Services (CMS) for the purpose of applying  
13 for federal matching funds. The Authority shall submit any  
14 necessary applications for waivers to accomplish the provisions of  
15 this act.

16 F. The Oklahoma Health Care Authority ~~Board~~ is hereby directed  
17 to promulgate rules to enact the provisions of this section. The  
18 rules shall, at a minimum, address:

19 1. Internal establishment of local health care district  
20 accounts within the Authority including, but not limited to,  
21 procedures for remitting funds out of such accounts back to the  
22 local health care district; ~~and~~

23 2. Methods for certifying funds for each local health care  
24 district and for reporting such amounts to the Centers for Medicare

1 and Medicaid Services for federal matching purposes. The revenue  
2 for each health care district account shall consist of federal  
3 matching dollars received for such certified funds.

4 The Oklahoma Health Care Authority shall apply for federal  
5 matching funds based on the amount of funds certified by the local  
6 health care district for such purposes. The Authority shall not  
7 reduce the amount of disbursements otherwise due to a health care  
8 district based on the health care district's receipt of the local  
9 area dedicated monies and any attributable federal matching funds;  
10 and

11 3. Procedures for continuing the Authority's claims payment  
12 function, pursuant to a draw-down process for funds, for each  
13 Medicaid service within the local health care district.

14 SECTION 21. AMENDATORY Section 1, Chapter 244, O.S.L.  
15 2015 (63 O.S. Supp. 2018, Section 5028), is amended to read as  
16 follows:

17 Section 5028. A. The Oklahoma Health Care Authority shall  
18 initiate requests for proposals for care coordination models for  
19 aged, blind and disabled persons. Care coordination models for  
20 members receiving institutional care shall be phased in two (2)  
21 years after the initial enrollment period of a care coordination  
22 program.

23 B. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
24 rules to implement the provisions of this act.

1 SECTION 22. AMENDATORY Section 1, Chapter 208, O.S.L.  
2 2017 (63 O.S. Supp. 2018, Section 5028.1), is amended to read as  
3 follows:

4 Section 5028.1 A. The Oklahoma Health Care Authority, with  
5 assistance from the Department of Human Services and the Department  
6 of Mental Health and Substance Abuse Services, shall initiate a  
7 request for information for care coordination models for newborns  
8 through children eighteen (18) years of age in the custody of the  
9 Department of Human Services.

10 B. Any request for information shall require consideration of  
11 and incorporate efforts to continue the implementation of relevant  
12 initiatives as provided by the Master Settlement Agreement  
13 ("Pinnacle Plan") and administered by the Department of Human  
14 Services.

15 C. The Oklahoma Health Care Authority, with assistance from the  
16 Department of Human Services and the Department of Mental Health and  
17 Substance Abuse Services, shall provide a summary of the request for  
18 information responses to the President Pro Tempore of the Oklahoma  
19 State Senate, the Speaker of the Oklahoma House of Representatives  
20 and the Governor on or before January 1, 2018.

21 D. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
22 rules to implement the provisions of this section.  
23  
24

1 SECTION 23. AMENDATORY Section 1, Chapter 324, O.S.L.  
2 2015 (63 O.S. Supp. 2018, Section 5029), is amended to read as  
3 follows:

4 Section 5029. A. The Oklahoma Health Care Authority shall  
5 coordinate with domestic violence sexual assault programs certified  
6 by the Office of the Attorney General who provide counseling  
7 services for victims of domestic violence to ensure that any  
8 information relating to billing or explanation of benefits (EOB)  
9 provided, maintained, monitored or otherwise handled by the  
10 Authority or any other state agency including, but not limited to,  
11 services rendered by such facilities, is not sent by paper mail to  
12 the actual physical address of persons receiving such services.

13 B. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
14 rules to implement the provisions of this act.

15 SECTION 24. AMENDATORY 63 O.S. 2011, Section 5030.1, is  
16 amended to read as follows:

17 Section 5030.1 A. There is hereby created within the Oklahoma  
18 Health Care Authority the Medicaid Drug Utilization Review Board,  
19 which shall be responsible for the development, implementation and  
20 assessment of retrospective and prospective drug utilization  
21 programs under the direction of the Authority.

22 B. The Medicaid Drug Utilization Review Board shall consist of  
23 ten (10) members appointed by the administrator of the Authority as  
24 follows:

1 1. Four physicians, licensed and actively engaged in the  
2 practice of medicine or osteopathic medicine in this state, of  
3 which:

4 a. three shall be physicians chosen from a list of not  
5 less than six names submitted by the Oklahoma State  
6 Medical Association, and

7 b. one shall be a physician chosen from a list of not  
8 less than two names submitted by the Oklahoma  
9 Osteopathic Association;

10 2. Four licensed pharmacists actively engaged in the practice  
11 of pharmacy, chosen from a list of not less than six names submitted  
12 by the Oklahoma Pharmaceutical Association;

13 3. One person representing the lay community, who shall not be  
14 a physician or a pharmacist, but shall be a health care professional  
15 with recognized knowledge and expertise in at least one of the  
16 following:

17 a. clinically appropriate prescribing of covered  
18 outpatient drugs,

19 b. clinically appropriate dispensing and monitoring of  
20 covered outpatient drugs,

21 c. drug use review, evaluation and intervention, and

22 d. medical quality assurance; and

23 4. One person representing the pharmaceutical industry who is a  
24 resident of the State of Oklahoma, chosen from a list of not less

1 than two names submitted by the Pharmaceutical Research and  
2 Manufacturers of America. The member representing the  
3 pharmaceutical industry shall be prohibited from voting on action  
4 items involving drugs or classes of drugs.

5 C. Members shall serve terms of three (3) years, except that  
6 one physician, one pharmacist and the lay representative shall each  
7 be initially appointed for two-year terms in order to stagger the  
8 terms. In making the appointments, the administrator shall provide,  
9 to the extent possible, for geographic balance in the representation  
10 on the Medicaid Drug Utilization Review Board. Members may be  
11 reappointed for a period not to exceed three three-year terms and  
12 one partial term. Vacancies on the Medicaid Drug Utilization Review  
13 Board shall be filled for the balance of the unexpired term from new  
14 lists submitted by the entity originally submitting the list for the  
15 position vacated.

16 D. The Medicaid Drug Utilization Review Board shall elect from  
17 among its members a chair and a vice-chair who shall serve one-year  
18 terms, provided they may succeed themselves.

19 E. The proceedings of all meetings of the Medicaid Drug  
20 Utilization Review Board shall comply with the provisions of the  
21 Oklahoma Open Meeting Act and shall be subject to the provisions of  
22 the Administrative Procedures Act.

23 F. The Medicaid Drug Utilization Review Board may advise and  
24 make recommendations to the Authority regarding existing, proposed

1 and emergency rules governing retrospective and prospective drug  
2 utilization programs. The Oklahoma Health Care Authority ~~Board~~  
3 shall promulgate rules pursuant to the provisions of the  
4 Administrative Procedures Act for implementation of the provisions  
5 of this section.

6 SECTION 25. AMENDATORY 63 O.S. 2011, Section 5030.3, is  
7 amended to read as follows:

8 Section 5030.3 A. The Medicaid Drug Utilization Review Board  
9 shall have the power and duty to:

10 1. Advise and make recommendations regarding rules promulgated  
11 by the Oklahoma Health Care Authority ~~Board~~ to implement the  
12 provisions of this act;

13 2. Oversee the development, implementation and assessment of a  
14 Medicaid retrospective and prospective drug utilization review  
15 program, including making recommendations regarding contractual  
16 agreements of the Oklahoma Health Care Authority with any entity  
17 involved in processing and reviewing Medicaid drug profiles for the  
18 drug utilization review program in accordance with the provisions of  
19 this act;

20 3. Develop and apply the criteria and standards to be used in  
21 retrospective and prospective drug utilization review. The criteria  
22 and standards shall be based on the compendia and federal Food and  
23 Drug Act approved labeling, and shall be developed with professional  
24 input;

1 4. Provide a period for public comment on each meeting agenda.  
2 As necessary, the Medicaid Drug Utilization Review Board may include  
3 a public hearing as part of a meeting agenda to solicit public  
4 comment regarding proposed changes in the prior authorization  
5 program and the retrospective and prospective drug utilization  
6 review processes. Notice of proposed changes to the prior  
7 authorization status of a drug or drugs shall be included in the  
8 monthly meeting agenda at least thirty (30) days prior to the  
9 consideration or recommendation of any proposed changes in prior  
10 authorization by the Medicaid Drug Utilization Review Board;

11 5. Establish provisions to timely reassess and, as necessary,  
12 revise the retrospective and prospective drug utilization review  
13 process;

14 6. Make recommendations regarding the prior authorization of  
15 prescription drugs pursuant to the provisions of Section ~~5~~ 5030.5 of  
16 this ~~act~~ title; and

17 7. Provide members of the provider community with educational  
18 opportunities related to the clinical appropriateness of  
19 prescription drugs.

20 B. Any party aggrieved by a decision of the ~~Oklahoma Health~~  
21 ~~Care Authority Board or the~~ Administrator of the Oklahoma Health  
22 Care Authority, pursuant to a recommendation of the Medicaid Drug  
23 Utilization Review Board, shall be entitled to an administrative  
24 hearing before the ~~Oklahoma Health Care Authority Board~~ chief



1 medical officer pursuant to the provisions of the Administrative  
2 Procedures Act.

3 SECTION 26. AMENDATORY 63 O.S. 2011, Section 5030.4, is  
4 amended to read as follows:

5 Section 5030.4 ~~1.~~ A. The Medicaid Drug Utilization Review  
6 Board shall develop and recommend to the Administrator of the  
7 Oklahoma Health Care Authority ~~Board~~ a retrospective and prospective  
8 drug utilization review program for medical outpatient drugs to  
9 ensure that prescriptions are appropriate, medically necessary, and  
10 not likely to result in adverse medical outcomes.

11 ~~2.~~ B. The retrospective and prospective drug utilization review  
12 program shall be operated under guidelines established by the  
13 Medicaid Drug Utilization Review Board as follows:

14 ~~a.~~

15 1. The retrospective drug utilization review program shall be  
16 based on guidelines established by the Medicaid Drug Utilization  
17 Review Board using the mechanized drug claims processing and  
18 information retrieval system to analyze claims data in order to:

19 ~~(1)~~

20 a. identify patterns of fraud, abuse, gross overuse or  
21 underuse, and inappropriate or medically unnecessary  
22 care,

23 ~~(2)~~

24

1           **b.** assess data on drug use against explicit predetermined  
2   standards that are based on the compendia and other  
3   sources for the purpose of monitoring:

- 4           ~~(a)~~ (1) therapeutic appropriateness,
- 5           ~~(b)~~ (2) overutilization or underutilization,
- 6           ~~(c)~~ (3) appropriate use of generic drugs,
- 7           ~~(d)~~ (4) therapeutic duplication,
- 8           ~~(e)~~ (5) drug-disease contraindications,
- 9           ~~(f)~~ (6) drug-drug interactions,
- 10          ~~(g)~~ (7) incorrect drug dosage,
- 11          ~~(h)~~ (8) duration of drug treatment, and
- 12          ~~(i)~~ (9) clinical abuse or misuse, and

13          ~~(3)~~ c. introduce remedial strategies in order to improve the  
14   quality of care and to conserve program funds or  
15   personal expenditures.

16          ~~b.~~ ~~(1)~~

17          **2.** **a.** The prospective drug utilization review program shall  
18   be based on guidelines established by the Medicaid  
19   Drug Utilization Review Board and shall provide that,  
20   before a prescription is filled or delivered, a review  
21   will be conducted by the pharmacist at the point of  
22   sale to screen for potential drug therapy problems  
23   resulting from:

- 24          ~~(a)~~ (1) therapeutic duplication,

- ~~(b)~~ (2) drug-drug interactions,
  - ~~(e)~~ (3) incorrect drug dosage or duration of drug treatment,
  - ~~(d)~~ (4) drug-allergy interactions, and
  - ~~(e)~~ (5) clinical abuse or misuse.
- ~~(2)~~

C. In conducting the prospective drug utilization review, a pharmacist may not alter the prescribed outpatient drug therapy without the consent of the prescribing physician or purchaser.

SECTION 27. AMENDATORY 63 O.S. 2011, Section 5030.5, as last amended by Section 1, Chapter 306, O.S.L. 2015 (63 O.S. Supp. 2018, Section 5030.5), is amended to read as follows:

Section 5030.5 A. Except as provided in subsection F of this section, any drug prior authorization program approved or implemented by the Medicaid Drug Utilization Review Board shall meet the following conditions:

1. The Medicaid Drug Utilization Review Board shall make note of and consider information provided by interested parties, including, but not limited to, physicians, pharmacists, patients, and pharmaceutical manufacturers, related to the placement of a drug or drugs on prior authorization;

2. Any drug or drug class placed on prior authorization shall be reconsidered no later than twelve (12) months after such placement;

1           3. The program shall provide either telephone or fax approval  
2 or denial within twenty-four (24) hours after receipt of the prior  
3 authorization request; and

4           4. In an emergency situation, including a situation in which an  
5 answer to a prior authorization request is unavailable, a seventy-  
6 two-hour supply shall be dispensed, or, at the discretion of the  
7 Medicaid Drug Utilization Review Board, a greater amount that will  
8 assure a minimum effective duration of therapy for an acute  
9 intervention.

10          B. In formulating its recommendations for placement of a drug  
11 or drug class on prior authorization to the Administrator of the  
12 Oklahoma Health Care Authority ~~Board~~, the Medicaid Drug Utilization  
13 Review Board shall:

14           1. Consider the potential impact of any administrative delay on  
15 patient care and the potential fiscal impact of such prior  
16 authorization on pharmacy, physician, hospitalization and outpatient  
17 costs. Any recommendation making a drug subject to placement on  
18 prior authorization shall be accompanied by a statement of the cost  
19 and clinical efficacy of such placement;

20           2. Provide a period for public comment on each meeting agenda.  
21 Prior to making any recommendations, the Medicaid Drug Utilization  
22 Review Board shall solicit public comment regarding proposed changes  
23 in the prior authorization program in accordance with the provisions  
24

1 of the Oklahoma Open Meeting Act and the Administrative Procedures  
2 Act; and

3 3. Review Oklahoma-Medicaid-specific data related to  
4 utilization criterion standards as provided in division (1) of  
5 subparagraph b of paragraph 2 of Section 5030.4 of this title.

6 C. The ~~Oklahoma Health Care~~ Administrator of the Authority  
7 ~~Board~~ may accept or reject the recommendations of the Medicaid Drug  
8 Utilization Review Board in whole or in part, and may amend or add  
9 to such recommendations.

10 D. The Oklahoma Health Care Authority shall immediately provide  
11 coverage under prior authorization for any new drug approved by the  
12 United States Food and Drug Administration. If a new drug does not  
13 fall in a class that is already placed under prior authorization,  
14 that drug must be reviewed by the Drug Utilization Review Board  
15 within one hundred (100) days of approval by the United States Food  
16 and Drug Administration to determine whether to continue the prior  
17 authorization criteria.

18 E. 1. Prior to a vote by the Medicaid Drug Utilization Review  
19 Board to consider expansion of product-based prior authorization,  
20 the Authority shall:

- 21 a. develop a written estimate of savings expected to  
22 accrue from the proposed expansion, and  
23 b. make the estimate of savings available, on request of  
24 interested persons, no later than the day following

1 the first scheduled discussion of the estimate by the  
2 Medicaid Drug Utilization Review Board at a regularly  
3 scheduled meeting.

4 2. The written savings estimate based upon savings estimate  
5 assumptions specified by paragraph 3 of this subsection prepared by  
6 the Authority shall include as a minimum:

- 7 a. a summary of all paid prescription claims for patients  
8 with a product in the therapeutic category under  
9 consideration during the most recent month with  
10 complete data, plus a breakdown, as available, of  
11 these patients according to whether the patients are  
12 residents of a long-term care facility or are  
13 receiving Advantage Waiver program services,
- 14 b. current number of prescriptions, amount reimbursed and  
15 trend for each product within the category under  
16 consideration,
- 17 c. average active ingredient cost reimbursed per day of  
18 therapy for each product and strength within the  
19 category under consideration,
- 20 d. for each product and strength within the category  
21 under consideration, where applicable, the prevailing  
22 State Maximum Allowable Cost reimbursed per dosage  
23 unit,
- 24

1 e. the anticipated impact of any patent expiration of any  
2 product within the category under consideration  
3 scheduled to occur within two (2) years from the  
4 anticipated implementation date of the proposed prior  
5 authorization expansion, and

6 f. a detailed estimate of administrative costs involved  
7 in the prior authorization expansion including, but  
8 not limited to, the anticipated increase in petition  
9 volume.

10 3. Savings estimate assumptions shall include, at a minimum:

11 a. the prescription conversion rate of products requiring  
12 prior authorization (Tier II) to products not  
13 requiring prior authorization (Tier I) and to other  
14 alternative products,

15 b. aggregated rebate amount for the proposed Tier I and  
16 Tier II products within the category under  
17 consideration,

18 c. market shift of Tier II products due to other causes  
19 including, but not limited to, patent expiration,

20 d. Tier I to Tier II prescription conversion rate, and

21 e. nature of medical benefits and complications typically  
22 seen with products in this class when therapy is  
23 switched from one product to another.  
24

1 4. The Medicaid Drug Utilization Review Board shall consider  
2 prior authorization expansion in accordance with the following  
3 Medicaid Drug Utilization Review Board meeting sequence:

- 4 a. first meeting: publish the category or categories to  
5 be considered for prior authorization expansion in the  
6 future business section of the Medicaid Drug  
7 Utilization Review Board agenda,
- 8 b. second meeting: presentation and discussion of the  
9 written estimate of savings,
- 10 c. third meeting: make formal notice in the agenda of  
11 intent to vote on the proposed prior authorization  
12 expansion, and
- 13 d. fourth meeting: vote on prior authorization  
14 expansion.

15 F. The Medicaid Drug Utilization Review Board may establish  
16 protocols and standards for the use of any prescription drug  
17 determined to be medically necessary, proven to be effective and  
18 approved by the United States Food and Drug Administration (FDA) for  
19 the treatment and prevention of human immunodeficiency  
20 virus/acquired immune deficiency syndrome (HIV/AIDS) without prior  
21 authorization, except when there is a generic equivalent drug  
22 available.

23 SECTION 28. AMENDATORY 63 O.S. 2011, Section 5051.4, is  
24 amended to read as follows:



1 Section 5051.4 The Oklahoma Health Care Authority is hereby  
2 authorized to charge an enrollment fee and/or premium for the  
3 provision of health care coverage under the Oklahoma Medicaid  
4 Program Reform Act of 2003. Such charges, if unpaid, create a debt  
5 to the state and are subject to recovery by the Authority by any  
6 legal action against an enrollee, the heirs or next of kin of the  
7 enrollee in the event of the death of the enrollee. The Authority  
8 may end coverage for the nonpayment of such enrollment and/or  
9 premium pursuant to rules promulgated by the Oklahoma Health Care  
10 Authority ~~Board~~.

11 SECTION 29. AMENDATORY 63 O.S. 2011, Section 5051.5, is  
12 amended to read as follows:

13 Section 5051.5 A. 1. On or after November 1, 2003, any entity  
14 that provides health insurance in this state including, but not  
15 limited to, a licensed insurance company, not-for-profit hospital  
16 service, medical indemnity corporation, managed care organization,  
17 self-insured plan, pharmacy benefit manager or other party that is,  
18 by statute, contract, or agreement, legally responsible for payment  
19 of a claim for a health care item or service is hereby required to  
20 compare data from its files with data in files provided to the  
21 entity by the Oklahoma Health Care Authority and accept the  
22 Authority's right of recovery and the assignment of rights and not  
23 charge the Authority or any of its authorized agents any fees for  
24 the processing of claims or eligibility requests. Data files

1 requested by or provided to the Authority shall provide the  
2 Authority with eligibility and coverage information that will enable  
3 the Authority to determine the existence of third party coverage for  
4 Medicaid recipients and the necessary information to determine  
5 during what period Medicaid recipients may be or may have been  
6 covered by the health insurer and the nature of the coverage that is  
7 or was provided, including the name, address, and identifying number  
8 of the plan.

9       2. The insurer shall transmit to the Authority, in a manner  
10 prescribed by the Centers for Medicare and Medicaid Services or as  
11 agreed between insurer and the Authority, an electronic file of all  
12 identified subscribers or policyholders, or their dependents, for  
13 whom there is data corresponding to the information contained in  
14 subsection C of this section.

15       B. 1. An insurer shall comply with a request under the  
16 provisions of this subsection no later than sixty (60) days after  
17 the date of transmission by the Authority and shall only be required  
18 to provide the Authority with the information required by subsection  
19 C of this section.

20       2. The Authority may make such request for data from an insurer  
21 no more than once every six (6) months, as determined by the date of  
22 the Authority's original request.

23       C. Each insurer shall maintain a file system containing the  
24 name, address, group policy number, coverage type, Social Security

1 number, and date of birth of each subscriber or policyholder, and  
2 each dependent of the subscriber or policyholder covered by the  
3 insurer, including policy effective and termination dates, claim  
4 submission address, and employer's mailing address.

5 D. The Oklahoma Health Care Authority ~~Board~~ shall promulgate  
6 rules governing the exchange of information under this section.

7 Such rules shall be consistent with all laws relating to the  
8 confidentiality or privacy of personal information or medical  
9 records including, but not limited to, provisions under the federal  
10 Health Insurance Portability and Accountability Act (HIPAA).

11 SECTION 30. AMENDATORY 63 O.S. 2011, Section 5052, is  
12 amended to read as follows:

13 Section 5052. A. Any applicant or recipient, adversely  
14 affected by a decision of the Oklahoma Health Care Authority on  
15 benefits or services provided pursuant to the provisions of this  
16 title, shall be afforded an opportunity for a hearing pursuant to  
17 the provisions of subsection B of this section after such applicant  
18 or recipient has been notified of the adverse decision of the  
19 Authority.

20 B. 1. Upon timely receipt of a request for a hearing as  
21 specified in the notice of adverse decision and exhaustion of other  
22 available administrative remedies, the Authority shall hold a  
23 hearing pursuant to the provisions of rules promulgated by the  
24 Oklahoma Health Care Authority ~~Board~~ pursuant to this section.

1           2. The record of the hearing shall include, but shall not be  
2 limited to:

- 3           a. all pleadings, motions, and intermediate rulings,
- 4           b. evidence received or considered,
- 5           c. any decision, opinion, or report by the officer  
6           presiding at the hearing, and
- 7           d. all staff memoranda or data submitted to the hearing  
8           officer or members of the agency in connection with  
9           their consideration of the case.

10           3. Oral proceedings shall be electronically recorded by the  
11 Authority. Any party may request a copy of the tape recording of  
12 such person's administrative hearing or may request a transcription  
13 of the tape recording to comply with any federal or state law.

14           C. Any decision of the Authority after such a hearing pursuant  
15 to subsection B of this section shall be subject to review by the  
16 Administrator of the Oklahoma Health Care Authority upon a timely  
17 request for review by the applicant or recipient. The Administrator  
18 shall issue a decision after review. A hearing decision of the  
19 Authority shall be final and binding unless a review is requested  
20 pursuant to the provisions of this subsection. The decision of the  
21 Administrator may be appealed to the district court in which the  
22 applicant or recipient resides within thirty (30) days of the date  
23 of the decision of the Administrator as provided by the provisions  
24 of subsection D of this section.

1 D. Any applicant or recipient under this title who is aggrieved  
2 by a decision of the Administrator rendered pursuant to this section  
3 may petition the district court in which the applicant or recipient  
4 resides for a judicial review of the decision pursuant to the  
5 provisions of Sections 318 through 323 of Title 75 of the Oklahoma  
6 Statutes. A copy of the petition shall be served by mail upon the  
7 general counsel of the Authority.

8 SECTION 31. REPEALER 63 O.S. 2011, Section 5007.1, is  
9 hereby repealed.

10 SECTION 32. This act shall become effective July 1, 2019.

11 SECTION 33. It being immediately necessary for the preservation  
12 of the public peace, health or safety, an emergency is hereby  
13 declared to exist, by reason whereof this act shall take effect and  
14 be in full force from and after its passage and approval.

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