

1 STATE OF OKLAHOMA

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

3 SENATE BILL 386

By: Newhouse

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5
6 AS INTRODUCED

7 An Act relating to Medicaid; amending 56 O.S. 2011,
8 Section 1010.1, as amended by Section 1, Chapter 136,
9 O.S.L. 2017 (56 O.S. Supp. 2018, Section 1010.1),
10 which relates to the Oklahoma Medicaid Program Reform
11 Act of 2003; providing for certain reimbursement;
12 requiring certain notification and verification;
13 directing the Oklahoma Health Care Authority to apply
14 for any necessary waivers and promulgate certain
15 rules; and providing an effective date.

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

17 SECTION 1. AMENDATORY 56 O.S. 2011, Section 1010.1, as
18 amended by Section 1, Chapter 136, O.S.L. 2017 (56 O.S. Supp. 2018,
19 Section 1010.1), is amended to read as follows:

20 Section 1010.1. A. Section 1010.1 et seq. of this title shall
21 be known and may be cited as the "Oklahoma Medicaid Program Reform
22 Act of 2003".

23 B. Recognizing that many Oklahomans do not have health care
24 benefits or health care coverage, that many small businesses cannot
25 afford to provide health care benefits to their employees, and that,
26 under federal law, barriers exist to providing Medicaid benefits to

1 the uninsured, the Oklahoma Legislature hereby establishes
2 provisions to lower the number of uninsured, assist businesses in
3 their ability to afford health care benefits and coverage for their
4 employees, and eliminate barriers to providing health coverage to
5 eligible enrollees under federal law.

6 C. Unless otherwise provided by law, the Oklahoma Health Care
7 Authority shall provide coverage under the state Medicaid program to
8 children under the age of eighteen (18) years whose family incomes
9 do not exceed one hundred eighty-five percent (185%) of the federal
10 poverty level.

11 D. 1. The Authority is directed to apply for a waiver or
12 waivers to the Centers for Medicaid and Medicare Services (CMS) that
13 will accomplish the purposes outlined in subsection B of this
14 section. The Authority is further directed to negotiate with CMS to
15 include in the waiver authority provisions to:

- 16 a. increase access to health care for Oklahomans,
- 17 b. reform the Oklahoma Medicaid Program to promote
18 personal responsibility for health care services and
19 appropriate utilization of health care benefits
20 through the use of public-private cost sharing,
- 21 c. enable small employers, and/or employed, uninsured
22 adults with or without children to purchase employer-
23 sponsored, state-approved private, or state-sponsored
24 health care coverage through a state premium

1 assistance payment plan. If by January 1, 2012, the
2 Employer/Employee Partnership for Insurance Coverage
3 Premium Assistance Program is not consuming more than
4 seventy-five percent (75%) of its dedicated source of
5 funding, then the program will be expanded to include
6 parents of children eligible for Medicaid, and

7 d. develop flexible health care benefit packages based
8 upon patient need and cost.

9 2. The Authority may phase in any waiver or waivers it receives
10 based upon available funding.

11 3. The Authority is authorized to develop and implement a
12 premium assistance plan to assist small businesses and/or their
13 eligible employees to purchase employer-sponsored insurance or "buy-
14 in" to a state-sponsored benefit plan.

15 4. a. The Authority is authorized to seek from the Centers
16 for Medicare and Medicaid Services any waivers or
17 amendments to existing waivers necessary to accomplish
18 an expansion of the premium assistance program to:

19 (1) include for-profit employers with two hundred
20 fifty employees or less up to any level supported
21 by existing funding resources, and

22 (2) include not-for-profit employers with five
23 hundred employees or less up to any level
24 supported by existing funding resources.

1 b. Foster parents employed by employers with greater than
2 two hundred fifty employees shall be exempt from the
3 qualifying employer requirement provided for in this
4 paragraph and shall be eligible to qualify for the
5 premium assistance program provided for in this
6 section if supported by existing funding.

7 E. For purposes of this paragraph, "for-profit employer" shall
8 mean an entity which is not exempt from taxation pursuant to the
9 provisions of Section 501(c)(3) of the Internal Revenue Code and
10 "not-for-profit employer" shall mean an entity which is exempt from
11 taxation pursuant to the provisions of Section 501(c)(3) of the
12 Internal Revenue Code.

13 F. The Authority is authorized to seek from the Centers for
14 Medicare and Medicaid Services any waivers or amendments to existing
15 waivers necessary to accomplish an extension of the premium
16 assistance program to include qualified employees whose family
17 income does not exceed two hundred fifty percent (250%) of the
18 federal poverty level, subject to the limit of federal financial
19 participation.

20 G. The Authority is authorized to create as part of the premium
21 assistance program an option to purchase a high-deductible health
22 insurance plan that is compatible with a health savings account.

1 H. 1. There is hereby created in the State Treasury a
2 revolving fund to be designated the "Health Employee and Economy
3 Improvement Act (HEEIA) Revolving Fund".

4 2. The fund shall be a continuing fund, not subject to fiscal
5 year limitations, and shall consist of:

- 6 a. all monies received by the Authority pursuant to this
7 section and otherwise specified or authorized by law,
- 8 b. monies received by the Authority due to federal
9 financial participation pursuant to Title XIX of the
10 Social Security Act, and
- 11 c. interest attributable to investment of money in the
12 fund.

13 3. All monies accruing to the credit of the fund are hereby
14 appropriated and shall be budgeted and expended by the Authority to
15 implement a premium assistance plan, unless otherwise provided by
16 law.

17 I. 1. The Authority shall establish a procedure for verifying
18 an applicant's individual income by utilizing available Oklahoma Tax
19 Commission records, new hire report data collected by the Oklahoma
20 Employment Security Commission, and child support payment data
21 collected by the Department of Human Services in accordance with
22 federal and state law.

23 2. The Oklahoma Tax Commission, Oklahoma Employment Security
24 Commission, and Department of Human Services shall cooperate in

1 accordance with federal and state law with the Authority to
2 establish procedures for the secure electronic transmission of an
3 applicant's individual income data to the Authority.

4 3. The Department of Public Safety shall cooperate in
5 accordance with federal and state law with the Authority to
6 establish procedures for the secure electronic transmission of an
7 applicant's individual identification data to the Authority.

8 J. 1. The Oklahoma Health Care Authority, upon verification of
9 a SoonerCare member's execution of a direct primary care membership
10 agreement as provided for in Section 4605 of Title 36 of the
11 Oklahoma Statutes, shall reimburse the member the expense of the
12 monthly direct primary care membership fee not to exceed Twenty-five
13 Dollars (\$25.00) per month for minors or Fifty Dollars (\$50.00) per
14 month for adults.

15 2. A SoonerCare member receiving reimbursement pursuant to this
16 subsection shall immediately notify the Authority upon termination
17 of a direct primary care membership agreement. The Authority shall
18 verify each SoonerCare member's direct primary care membership on a
19 quarterly basis. Such verification may include, but not be limited
20 to, review of the member's direct primary care membership invoice.

21 3. The Authority shall apply for any necessary waivers with the
22 Centers for Medicare and Medicaid Services (CMS) and promulgate such
23 rules as are necessary to implement the provision of this
24 subsection.

1 SECTION 2. This act shall become effective November 1, 2019.

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