

STATE OF OKLAHOMA

2nd Session of the 48th Legislature (2002)

SENATE BILL 1655

By: Pruitt

AS INTRODUCED

An Act relating to poor persons; requiring the Oklahoma Health Care Authority Board to amend the state Medicaid program to provide certain coverage for eligible participants; specifying benefits for inclusion and providing limit; prohibiting coverage as substitution for private health insurance; stating sources of health care benefits; requiring submission of waiver application and promulgation of rules; defining term; specifying method for determining whether insurance is cost-effective; requiring the Authority to contribute to the cost of insurance for certain eligible dependent children; requiring participants to apply for full premium contribution available from employees; providing for coverage under the state Medicaid program for specified time period; providing for codification; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1010.1A of Title 56, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma Health Care Authority Board shall amend the state Medicaid program to provide that participants in the program who have access to employer-sponsored health insurance coverage may enroll in an employer's health plan, and to provide that the Oklahoma Health Care Authority shall make premium payments to such employer's plan on behalf of eligible participants if the Authority determines that such enrollment is cost-effective.

B. The state Medicaid program shall provide for benefits not included in the employer-sponsored health insurance benefit plan through supplemental insurance equivalent to the comprehensive health care benefits provided in the state Medicaid program;

provided, however, such benefits shall not exceed the comprehensive health care benefits provided for under the state Medicaid program.

C. The Authority shall ensure that coverage under the program provided for in subsection B of this section does not substitute for private health insurance coverage.

D. Health care benefits provided under the state Medicaid plan may be through:

1. Existing Oklahoma Health Care Authority contracts with health maintenance organizations and other providers;

2. New contracts with health maintenance organizations, health organizations, health insurance plans, other similarly licensed entities, or other entities as deemed appropriate by the Authority; or

3. Employer-sponsored health insurance.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1010.1B of Title 56, unless there is created a duplication in numbering, reads as follows:

The Oklahoma Health Care Authority Board shall:

1. Submit an application for any waivers required to amend the state Medicaid plan or the State Children's Health Insurance Plan to enact the provisions of Section 1 of this act to the federal Health Care Financing Administration; and

2. Upon approval of such waiver, promulgate rules necessary to enact the provisions of Section 1 of this act.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1010.1C of Title 56, unless there is created a duplication in numbering, reads as follows:

A. As used in Section 1 of this act, "employer-sponsored health insurance" means comprehensive health insurance offered by an employer when the employer contributes at least fifty percent (50%) towards the cost of dependent or family coverage, or as otherwise approved by the federal Health Care Financing Administration.

B. For purposes of Section 1 of this act, employer-sponsored health insurance shall be deemed cost-effective when the payment by the Oklahoma Health Care Authority for health insurance coverage for the enrollee or enrollees under the employer's plan is no greater than the amount that would have otherwise been paid by the Authority for the enrollee or enrollees.

C. If a family chooses to participate in employer-sponsored health insurance and such insurance is deemed cost-effective, the Authority shall contribute to the cost of such insurance for eligible dependent children of those program participants who have access to employer-sponsored health insurance. Participants receiving such insurance under the state Medicaid program shall apply for the full premium contribution available from the employer. An eligible participant under the state plan with access to employer-sponsored health insurance may enroll in the designated plan at the first available opportunity and shall be covered under the state Medicaid program until coverage under the employer-sponsored health insurance becomes available.

SECTION 4. This act shall become effective November 1, 2002.

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CJ

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