

STATE OF OKLAHOMA

2nd Session of the 49th Legislature (2004)

COMMITTEE SUBSTITUTE
FOR ENGROSSED
SENATE BILL NO. 1372

By: Monson and Gumm of the
Senate

and

Nations of the House

COMMITTEE SUBSTITUTE

[poor persons and public health and safety - Oklahoma
Health Care Authority Board - format of certification -
analysis of state health care programs -
effective date]

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

SECTION 1. AMENDATORY 63 O.S. 2001, Section 5010, is
amended to read as follows:

Section 5010. A. The Oklahoma Health Care Authority shall
analyze the state-purchased and state-subsidized health care
programs and explore options for cost containment and delivery
alternatives for those programs that are consistent with the
purposes of those programs, including, but not limited to:

1. Creation of economic incentives for the persons for whom the
state purchases or subsidizes health care to appropriately utilize
and purchase health care services, including the development of
flexible benefit plans to offset increases in individual financial
responsibility;

2. Utilization of provider arrangements that encourage cost
containment and ensure access to quality care, including, but not

limited to, prepaid delivery systems, utilization review, and prospective payment methods;

3. Coordination of state agency efforts to purchase drugs effectively;

4. Development of recommendations and methods for purchasing medical equipment and supporting services on a volume discount basis; and

5. Development of data systems to obtain utilization data from state-purchased and state-subsidized health care programs in order to identify cost centers, utilization patterns, provider and hospital practice patterns, and procedure costs.

B. 1. The Authority shall prepare for the Governor, the Legislature and the Joint Legislative Oversight Committee for the Oklahoma Health Care Authority an annual report on the savings realized and all costs incurred in the implementation of any drug cost containment programs including, but not limited to:

a. development and implementation of a drug prior authorization list, and

b. other uses of prior authorizations.

2. Costs shall include direct costs such as staffing, contracts and other resources used.

SECTION 2. This act shall become effective November 1, 2004.

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