

CS for SB 1294

THE STATE SENATE  
Wednesday, February 22, 2006

Committee Substitute for  
Senate Bill No. 1294

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 1294 - By: ADELSON, CORN  
and LAWLER of the Senate and STEELE of the House.

[ poor persons - modifying certain requirements - effective  
date ]

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

SECTION 1. AMENDATORY 56 O.S. 2001, Section 1010.1, as  
last amended by Section 1, Chapter 136, O.S.L. 2004 (56 O.S. Supp.  
2005, Section 1010.1), is amended to read as follows:

Section 1010.1 A. Sections 1010.1 through ~~1010.7~~ 1010.5 of  
this title shall be known and may be cited as the "Oklahoma Medicaid  
Program Reform Act of 2003".

B. Recognizing that many Oklahomans do not have health care  
benefits or health care coverage, that many small businesses cannot  
afford to provide health care benefits to their employees, and that,  
under federal law, barriers exist to providing Medicaid benefits to  
the uninsured, the Oklahoma Legislature hereby establishes  
provisions to lower the number of uninsured, assist businesses in  
their ability to afford health care benefits and coverage for their  
employees, and eliminate barriers to providing health coverage to  
eligible enrollees under federal law.

1 C. The Oklahoma Health Care Authority shall provide coverage  
2 under the state Medicaid program to children under the age of  
3 eighteen (18) years whose family incomes do not exceed one hundred  
4 eighty-five percent (185%) of the federal poverty level.

5 D. 1. The Authority is hereby directed to apply for a waiver  
6 or waivers to the Centers for Medicaid and Medicare Services (CMS)  
7 that will accomplish the purposes outlined in subsection B of this  
8 section. The Authority is further directed to negotiate with CMS to  
9 include in such waiver authority provisions to:

- 10 a. increase access to health care for Oklahomans,
- 11 b. reform the Oklahoma Medicaid Program to promote  
12 personal responsibility for health care services and  
13 appropriate utilization of health care benefits  
14 through the use of public-private cost sharing,
- 15 c. enable small employers, and/or employed, uninsured  
16 adults with or without children to purchase employer-  
17 sponsored, state-approved private, or state-sponsored  
18 health care coverage through a state premium  
19 assistance payment plan, and
- 20 d. develop flexible health care benefit packages based  
21 upon patient need and cost.

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

