

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend SB696
Page 2 Section 2 Lines 16 1/2
Of the printed Bill
Of the Engrossed Bill

By inserting a new Section 2 to read as follows:

(Insert Attached)

And by renumbering subsequent sections.

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Glen Mulready _____

Reading Clerk

1 "SECTION 2. AMENDATORY 36 O.S. 2011, Section 6536, is
2 amended to read as follows:

3 Section 6536. The Board of Directors of the Health Insurance
4 High Risk Pool shall:

5 1. Establish administrative and accounting procedures for the
6 operation of the Pool;

7 2. Establish procedures under which applicants and participants
8 in the plans adopted by the Board may have grievances reviewed by an
9 impartial body and reported to the Board;

10 3. Select an administering insurer in accordance with Section
11 6538 of this title;

12 4. Levy and collect assessments from all insurers and
13 reinsurers to provide for claims paid under the plans adopted by the
14 Board and for administrative expenses incurred or estimated to be
15 incurred during the period for which assessment is made. The level
16 of assessments shall be established by the Board in accordance with
17 Section 6539 of this title. Assessment of the insurers shall occur
18 at the end of each calendar year, with the last assessment occurring
19 on December 31, 2013, and shall be due and payable within thirty
20 (30) days of receipt of the assessment notice by the insurer to the
21 Insurance Commissioner;

22 5. In addition to assessments required pursuant to paragraph 4
23 of this subsection, collect an organizational assessment or
24 assessments from all insurers and reinsurers as necessary to provide

1 for expenses which have been incurred or are estimated to be
2 incurred prior to the receipt of the first calendar year
3 assessments. Organizational assessments shall be equal for all
4 insurers and reinsurers, but shall not exceed One Hundred Dollars
5 (\$100.00) per insurer for all such assessments. Such assessments
6 are due and payable within thirty (30) days of receipt of the
7 assessment notice by the insurer;

8 6. Require that all policy forms issued by the Board conform to
9 standard forms as approved by the Insurance Commissioner;

10 7. Develop a program to publicize the existence of the plans
11 adopted by the Board, the eligibility requirements of the plans, and
12 the procedures for enrollment in the plans, and to maintain public
13 awareness of the plan;

14 8. Implement disease management programs, at the Board's
15 discretion, to improve health status for congestive heart failure,
16 diabetes, asthma, coronary artery disease, chronic renal failure,
17 and other diseases as appropriate;

18 9. Implement a multi-tier pharmacy benefit design; and

19 10. Prior to February 1 of each year, report to the President
20 Pro Tempore of the Senate, Speaker of the House of Representatives,
21 and Governor concerning the status of the Health Insurance High Risk
22 Pool and the effect of cost-containment measures implemented.

23 Further, in such report, the Board shall make recommendations to the
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1 Legislature concerning any other cost-containment measures that
2 would be beneficial to the Pool.”

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