

1 ENGROSSED HOUSE AMENDMENT

2 TO

3 ENGROSSED SENATE BILL NO. 494

By: Holt of the Senate

and

Hall of the House

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6
7 An Act relating to the Oklahoma Health Care
8 Authority; requiring certain coordination; directing
9 promulgation of rules; providing for codification;
10 and providing an effective date.

11 AUTHOR: Add the following Senate Coauthor: Pittman

12 AMENDMENT NO. 1. Strike the title, enacting clause and entire bill
13 and insert

14 "An Act relating to the Oklahoma Health Care
15 Authority; requiring certain coordination; directing
16 promulgation of rules; creating the Commitment to
17 Care for People with Complex Physical Disabilities
18 Act; defining certain terms; requiring Oklahoma
19 Health Care Authority to consider certain needs when
20 preparing budget, provide certain coverage and
establish certain regulations and policies;
providing for codification; and providing an
effective date.

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

22 SECTION 1. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 5028 of Title 63, unless there
24 is created a duplication in numbering, reads as follows:

1 A. The Oklahoma Health Care Authority shall coordinate with
2 domestic violence sexual assault programs certified by the Office of
3 the Attorney General who provide counseling services for victims of
4 domestic violence to ensure that any information relating to billing
5 or explanation of benefits (EOB) provided, maintained, monitored or
6 otherwise handled by the Authority or any other state agency
7 including, but not limited to, services rendered by such facilities,
8 is not sent by paper mail to the actual physical address of persons
9 receiving such services.

10 B. The Oklahoma Health Care Authority Board shall promulgate
11 rules to implement the provisions of this act.

12 SECTION 2. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 1012.1 of Title 56, unless there
14 is created a duplication in numbering, reads as follows:

15 This act shall be known and may be cited as the "Commitment to
16 Care for People with Complex Physical Disabilities Act".

17 SECTION 3. NEW LAW A new section of law to be codified
18 in the Oklahoma Statutes as Section 1012.2 of Title 56, unless there
19 is created a duplication in numbering, reads as follows:

20 As used in the Commitment to Care for People with Complex
21 Physical Disabilities Act:

22 1. "Complex physical disability" means a diagnosis or medical
23 condition that results in significant physical impairment and/or
24 functional limitation. Such term shall include, but not be limited

1 to, individuals with spinal cord injury, traumatic brain injury,
2 cerebral palsy, muscular dystrophy, spina bifida, osteogenesis
3 imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple
4 sclerosis, demyelinating disease, myelopathy, myopathy, progressive
5 muscular atrophy, anterior horn cell disease, post-polio syndrome,
6 cerebellar degeneration, dystonia, Huntington's disease,
7 spinocerebellar disease, and certain types of amputation, paralysis,
8 or paresis that result in significant physical impairment and/or
9 functional limitation. The term "complex physical disability" does
10 not negate the requirement that an individual meet medical necessity
11 requirements under Oklahoma Health Care Authority rules to qualify
12 for receiving complex rehabilitation technology;

13 2. "Complex rehabilitation technology" (CRT) means items
14 classified within the Medicaid program as of January 1, 2013, as
15 durable medical equipment that are individually configured for
16 individuals to meet their specific and unique medical, physical, and
17 functional needs and capacities for basic activities of daily living
18 and instrumental activities of daily living identified as medically
19 necessary. Such items shall include, but not be limited to, complex
20 rehabilitation manual and power wheelchairs and options/accessories,
21 adaptive seating and positioning items and options/accessories, and
22 other specialized equipment such as standing frames and gait
23 trainers and options/accessories;

1 3. "Employee" means a person whose taxes are withheld by a
2 qualified CRT supplier and reported to the Internal Revenue Service;

3 4. "Healthcare Common Procedure Coding System (HCPCS)" means
4 the billing codes used by Medicare and overseen by the federal
5 Centers for Medicare and Medicaid Services that are based on the
6 current procedural technology codes developed by the American
7 Medical Association;

8 5. "Individually configured" means a device has a combination
9 of sizes, features, adjustments, or modifications that a qualified
10 complex rehabilitation technology supplier can customize to the
11 specific individual by measuring, fitting, programming, adjusting,
12 or adapting the device as appropriate so that the device is
13 consistent with an assessment or evaluation of the individual by a
14 qualified health care professional and consistent with the
15 individual's medical condition, physical and functional needs and
16 capacities, body size, period of need, and intended use;

17 6. "Qualified complex rehabilitation technology professional"
18 means an individual who is certified as an Assistive Technology
19 Professional (ATP) by the Rehabilitation Engineering and Assistive
20 Technology Society of North America (RESNA);

21 7. "Qualified complex rehabilitation technology supplier" means
22 a company or entity that:

- 23 a. is accredited by a recognized accrediting organization
24 as a supplier of CRT,

- 1 b. is an enrolled Medicare supplier and meets the
2 supplier and quality standards established for durable
3 medical equipment suppliers, including those for CRT,
4 under the Medicare program,
- 5 c. employs as a W-2 employee at least one qualified CRT
6 professional for each location to:
- 7 (1) analyze the needs and capacities of the complex-
8 needs patient in consultation with qualified
9 health care professionals,
- 10 (2) participate in the selection of appropriate CRT
11 for such needs and capacities, and
- 12 (3) provide technology-related training in the proper
13 use of the CRT,
- 14 d. requires a qualified complex rehabilitation technology
15 professional be physically present for the evaluation
16 and determination of appropriate CRT,
- 17 e. has the capability to provide service and repair by
18 qualified technicians for all CRT it sells, and
- 19 f. provides written information to the complex-needs
20 patient prior to ordering CRT as to how the complex-
21 needs patient may receive service and repair; and

22 8. "Qualified health care professional" means a health care
23 professional licensed by the State Department of Health who has no
24 financial relationship with a qualified complex rehabilitation

1 technology supplier. Qualified health care professional includes,
2 but is not limited to:

- 3 a. a licensed physician,
- 4 b. a licensed physical therapist,
- 5 c. a licensed occupational therapist, or
- 6 d. other licensed health care professional who performs
7 specialty evaluations within the professional's scope
8 of practice.

9 SECTION 4. NEW LAW A new section of law to be codified
10 in the Oklahoma Statutes as Section 1012.3 of Title 56, unless there
11 is created a duplication in numbering, reads as follows:

12 A. The Oklahoma Health Care Authority shall take into
13 consideration the unique medical and functional needs of members
14 with complex physical disabilities when preparing or adjusting its
15 budget.

16 B. The Oklahoma Health Care Authority shall provide coverage
17 for specialty provider services, specialized equipment, and supplies
18 for people with complex physical disabilities. Such coverage shall
19 take into consideration the unique medical and functional needs of
20 people with complex physical disabilities by:

- 21 1. Identifying a means by which to recognize people with
22 complex physical disabilities through ID codes and/or billing
23 modifiers;

1 2. Determining current procedure terminology billing codes that
2 recognize specialized provider care and preserve a specialized rate
3 which will ensure access to care;

4 3. Identifying criteria required to establish qualifications as
5 a specialty provider; and

6 4. Classifying specialty products and goods into a separate
7 category and establishing a reasonable access protocol for certain
8 items.

9 SECTION 5. NEW LAW A new section of law to be codified
10 in the Oklahoma Statutes as Section 1012.4 of Title 56, unless there
11 is created a duplication in numbering, reads as follows:

12 The Oklahoma Health Care Authority shall establish focused
13 regulations and policies for CRT products and services. These
14 focused regulations and policies shall take into consideration the
15 customized nature of CRT and the broad range of services necessary
16 to meet the unique medical and functional needs of people with
17 complex physical disabilities by:

18 1. Designating specific HCPCS billing codes as CRT and, as
19 needed, creating new billing codes or modifiers for services and
20 products covered for people with complex physical disabilities;

21 2. Establishing specific supplier standards for companies or
22 entities that provide CRT and restricting the provision of CRT to
23 only qualified CRT suppliers that meet such standards as defined in
24 Section 3 of this act;

1 3. Requiring complex-needs patients receiving a complex
2 rehabilitation manual wheelchair, power wheelchair, or seating
3 component to be evaluated by:

4 a. a qualified health care professional as defined in
5 Section 3 of this act, and

6 b. a qualified complex rehabilitation technology
7 professional as defined in Section 3 of this act;

8 4. Maintaining payment policies and rates for complex
9 rehabilitation technology to ensure payment amounts are adequate to
10 provide people with complex physical disabilities with access to
11 such items. Such policies and rates shall take into account the
12 significant resources, infrastructure, and staff needed to
13 appropriately provide CRT to meet the unique needs of complex-needs
14 patients;

15 5. Exempting the HCPCS billing codes defined in Section 3 of
16 this act from inclusion in any bidding, selective contracting, or
17 similar such initiative, if the specialty provider service,
18 specialized equipment or supply can only be obtained from a sole
19 source;

20 6. Requiring that Managed Care Medicaid plans adopt the
21 regulations and policies outlined in this act and contract with any
22 willing, qualified CRT supplier; and

23 7. Making other changes as needed to protect access to CRT for
24 complex-needs patients.

SECTION 6. This act shall become effective November 1, 2015."

Passed the House of Representatives the 14th day of April, 2015.

Presiding Officer of the House of
Representatives

Passed the Senate the ____ day of _____, 2015.

Presiding Officer of the Senate