

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend SB127 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Tom Newell

Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 55th Legislature (2016)

3 PROPOSED
4 COMMITTEE SUBSTITUTE
5 FOR ENGROSSED
6 SENATE BILL NO. 127

By: David of the Senate
and
Newell of the House

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10 PROPOSED COMMITTEE SUBSTITUTE

11 An Act relating to the Oklahoma Health Care
12 Authority; requiring Authority to utilize certain fee
13 schedule when determining reimbursement and
14 utilization rates for certain testing; providing that
15 total amount reimbursed for such screenings shall not
16 exceed certain amount; requiring clinicians to
17 provide certain documentation regarding certain
18 patients; authorizing Authority to establish pre-
19 authorization requirements for testing of certain
20 patients; providing for codification; and providing
21 an effective date.

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24 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 5030.6 of Title 63, unless there
is created a duplication in numbering, reads as follows:

A. The Oklahoma Health Care Authority shall utilize the
Clinical Laboratory Fee Schedule published by the Centers for

1 Medicare and Medicaid Services and associated frequency guidelines
2 when determining reimbursement and utilization rates for definitive
3 drug testing; provided, the total amount reimbursed for such
4 screenings in any fiscal year shall not exceed the amount reimbursed
5 by the Authority in fiscal year 2012. Referring clinicians are
6 required to document medical necessity and risk status of every
7 patient receiving definitive testing.

8 B. The Authority is authorized to establish pre-authorization
9 requirements for testing only for high risk frequency patients as
10 defined by the guidelines of the CMS.

11 SECTION 2. This act shall become effective November 1, 2016.

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13 55-2-9713 AM 04/05/16

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