<DateSubmitted>

HOUSE OF REPRESENTATIVES CONFERENCE COMMITTEE REPORT

Mr. President Mr. Speaker:					
The Conferen	ce Committee, to which was referre	ed			
		HB2803			
By: Derby	of the House and Griffin of the Sen	ate			
Title: Med	icaid Program; certain health care	benefit waivers; qualifications. Effe	ctive date.		
Together with Engrossed Senate Amendments thereto, beg leave to report that we have had the same under consideration and herewith return the same with the following recommendations:					
 That the Senate recede from its amendment; and That the attached Conference Committee Substitute be adopted. 					
Respectfully submitted,					
House Action	Date	Senate Action	Date		

HB2803 CCR A

SENATE CONFEREES

Allen		Loveless	
Anderson		Marlatt	
Barrington		Matthews	
Bass		Mazzei	
Bice		Newberry	
Boggs		Paddack	
Brecheen		Pittman	
Brooks		Quinn	
Brown		Sharp	
Crain		Shaw	
Dahm		Shortey	
David		Silk	
Dossett		Simpson	
Fields		Smalley	
Floyd		Sparks	
Ford		Standridge	
Fry		Stanislawski	
Garrison		Sykes	
Griffin		Thompson	
Halligan		Treat	
Holt		Wyrick	
Jech		Yen	
Jolley			
Justice			
House Action	Date	Senate Action	Date

1 STATE OF OKLAHOMA 2 2nd Session of the 55th Legislature (2016) 3 CONFERENCE COMMITTEE SUBSTITUTE 4 FOR ENGROSSED HOUSE BILL NO. 2803 By: Derby of the House 5 and 6 Griffin of the Senate 7 8 9 10 CONFERENCE COMMITTEE SUBSTITUTE 11 An Act relating to the Oklahoma Medicaid Program; creating the Medicaid Rebalancing Act of 2020; defining terms; requiring limitation of certain 12 coverage; prioritizing maintenance of provider reimbursement; authorizing enrollment of certain 1.3 uninsureds in premium assistance plans; amending 56 14 O.S. 2011, Section 1010.1, which relates to the Oklahoma Medicaid Program Reform Act of 2003; 15 lowering certain poverty eligibility threshold upon the expiration of certain requirement; clarifying 16 language; eliminating certain contingent program expansion; authorizing Health Care Authority to seek 17 certain waiver; authorizing an individual Insure Oklahoma commercial insurance plan; providing for 18 suspension of plan based on specific contingency; allowing for transfers of funds between certain 19 accounts; limiting transfers of funds between certain accounts; clarifying meaning of certain phrase; 20 providing for codification; providing an effective date; and declaring an emergency. 2.1 22 23 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 24

- SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1010A of Title 56, unless there is created a duplication in numbering, reads as follows:
 - A. This section shall be known and may be cited as the "Medicaid Rebalancing Act of 2020".
 - B. For purposes of this section:

- 1. "Authority" means the Oklahoma Health Care Authority;
- 2. "CMS" means the Centers for Medicare and Medicaid Services;
- 3. "CHIP" means the federal Children's Health Insurance Program;
- 4. "Maintenance of effort" means the provisions of federal law reauthorized under the Patient Protection and Affordable Care Act that require states to maintain eligibility and enrollment standards for Medicaid and the Children's Health Insurance Program; and
- 5. "Medicaid" means the state program administered by the Oklahoma Health Care Authority pursuant to Title XIX of the federal Social Security Act, which provides for payments for medical goods or services on behalf of indigent families with dependent children and of aged, blind, or disabled individuals whose income and resources are insufficient to meet the cost of necessary medical services.
- C. In order to reduce the Medicaid population and rebalance certain current members into the private commercial health insurance market in the State of Oklahoma, the Authority shall:

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1. Limit Medicaid coverage not to exceed one hundred and thirty-three percent (133%) of the federal poverty level for nondisabled children and pregnant women upon the expiration of the federal maintenance-of-effort requirement;

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- 2. Maintain provider reimbursement as a funding priority; and
- 3. Enroll uninsured Oklahomans between the ages of nineteen (19) and sixty-four (64) in premium assistance plans pursuant to Section 1010.1 of Title 56 of the Oklahoma Statutes.
- SECTION 2. AMENDATORY 56 O.S. 2011, Section 1010.1, is amended to read as follows:
- Section 1010.1 A. Section 1010.1 et seq. 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.
- C. Unless otherwise provided by law, the Oklahoma Health Care

 Authority shall provide coverage under the state Medicaid program to

children under the age of eighteen (18) years whose family incomes do not exceed one hundred eighty-five percent (185%) one hundred thirty-three percent (133%) of the federal poverty level upon the expiration of the federal maintenance-of-effort requirement.

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- D. 1. The Authority is directed to apply for a waiver or waivers to the Centers for Medicaid and Medicare and Medicaid

 Services (CMS) that will accomplish the purposes outlined in subsection B of this section. The Authority is further directed to negotiate with CMS to include in the waiver authority provisions to:
 - a. increase access to health care for Oklahomans,
 - b. reform the Oklahoma Medicaid Program to promote personal responsibility for health care services and appropriate utilization of health care benefits through the use of public-private cost sharing,
 - c. enable small employers, and/or employed, and uninsured adults with or without children to purchase employer-sponsored, state-approved private, or state-sponsored health care coverage through a state premium assistance payment plan. If by January 1, 2012, the Employer/Employee Partnership for Insurance Coverage Premium Assistance Program is not consuming more than seventy-five percent (75%) of its dedicated source of funding, then the program will be expanded to include parents of children eligible for Medicaid, and

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- d. develop flexible health care benefit packages based upon patient need and cost.
- 2. The Authority may phase in any waiver or waivers it receives based upon available funding.

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- 3. The Authority is authorized to develop and implement a premium assistance plan to assist small businesses and/or their eligible employees to purchase employer-sponsored insurance or "buy in" to a state-sponsored benefit plan.
 - 4. a. The Authority is authorized to seek from the Centers for Medicare and Medicaid Services any waivers or amendments to existing waivers necessary to accomplish an expansion of the premium assistance program to:
 - (1) include for-profit employers with two hundred fifty employees or less up to any level supported by existing funding resources, and
 - (2) include not-for-profit employers with five hundred employees or less up to any level supported by existing funding resources, and
 - (3) include uninsured adults between the ages of nineteen (19) and sixty-four (64), whose incomes do not exceed one hundred thirty-three percent (133%) of the federal poverty level supported by the availability of funds pursuant to paragraph 2 of subsection G of this section.

- b. Foster parents employed by employers with greater than two hundred fifty employees shall be exempt from the qualifying employer requirement provided for in this paragraph and shall be eligible to qualify for the premium assistance program provided for in this section if supported by existing funding.
- E. For purposes of this paragraph, "for-profit employer" shall mean an entity which is not exempt from taxation pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code and "not-for-profit employer" shall mean an entity which is exempt from taxation pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code.

- F. The Authority is authorized to seek from the Centers for Medicare and Medicaid Services any waivers or amendments to existing waivers necessary to accomplish an extension of the premium assistance program to include qualified employees whose family income does not exceed two hundred fifty percent (250%) of the federal poverty level, subject to the limit of federal financial participation.
- G. 1. The Authority is authorized to create an individual Insure Oklahoma commercial insurance plan as part of the premium assistance program an option to purchase a high-deductible health insurance plan that is compatible with includes a health savings or incentive account.

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2. Pursuant to 42 USC 1396d, if the federal funding made
available for the premium assistance program authorized in division

(3) of subparagraph a of paragraph 4 of subsection D of this section
and paragraph 1 of this subsection falls below a ninety percent

(90%) matching rate, an immediate suspension of the program will
remain until such date that the Legislature deems appropriate.

- H. 1. While an individual is enrolled in the Insure Oklahoma commercial insurance plan pursuant to paragraph 1 of subsection G of this section, an annual withdrawal of no more than ten percent (10%) of the funds within the health savings or incentive account may be transferred to other savings accounts at the end of each fiscal year, provided the amount within the health savings or incentive account does not fall below One Hundred Dollars (\$100.00).
- 2. Upon an individual's departure from the Insure Oklahoma commercial insurance plan pursuant to paragraph 1 of subsection G of this section, the remaining balance of the individual's health savings or incentive account may be transferred to other savings accounts.
- 3. For purposes of this section, "other savings accounts" include but are not limited to an individual retirement account or an Oklahoma 529 College Savings Plan created pursuant to the Oklahoma College Savings Plan Act.

I. 1. There is hereby created in the State Treasury a revolving fund to be designated the "Health Employee and Economy Improvement Act (HEEIA) Revolving Fund".

- 2. The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of:
 - a. all monies received by the Authority pursuant to this section and otherwise specified or authorized by law,
 - b. monies received by the Authority due to federal financial participation pursuant to Title XIX of the Social Security Act, and
 - c. interest attributable to investment of money in the fund.
- 3. All monies accruing to the credit of the fund are hereby appropriated and shall be budgeted and expended by the Authority to implement a premium assistance plan, unless otherwise provided by law.
- 1. J. 1. The Authority shall establish a procedure for verifying an applicant's individual income by utilizing available Oklahoma Tax Commission records, new hire report data collected by the Oklahoma Employment Security Commission, and child support payment data collected by the Department of Human Services in accordance with federal and state law.
- 2. The Oklahoma Tax Commission, Oklahoma Employment Security Commission, and Department of Human Services shall cooperate in

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    accordance with federal and state law with the Authority to
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    establish procedures for the secure electronic transmission of an
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    applicant's individual income data to the Authority.
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        SECTION 3. This act shall become effective July 1, 2016.
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        SECTION 4. It being immediately necessary for the preservation
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    of the public peace, health and safety, an emergency is hereby
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    declared to exist, by reason whereof this act shall take effect and
    be in full force from and after its passage and approval.
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