

1 ENGROSSED SENATE
2 BILL NO. 1219

By: McCortney of the Senate

3 and

4 McEntire of the House

5
6 [Oklahoma Health Care Authority - federal approval -
7 coverage under state Medicaid program - state
8 Exchange - definitions - Oklahoma Plan - enrollees -
9 copayments - funds - benefits - health insurer
10 requirements - codification -
11 ~~emergency]~~

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

13 SECTION 1. NEW LAW A new section of law to be codified
14 in the Oklahoma Statutes as Section 5040.1 of Title 63, unless there
15 is created a duplication in numbering, reads as follows:

16 The Oklahoma Health Care Authority shall apply to the Secretary
17 of the United States Department of Health and Human Services for any
18 necessary federal approval to:

19 1. Allow the Authority to enter into contracts with commercial
20 health insurers to facilitate the purchase of commercial health
21 plans through the Exchange created in Section 3 of this act to
22 provide coverage to individuals who enroll in the Oklahoma Plan;

23 2. Seek the increased Federal Medical Assistance Percentage
24 (FMAP) pursuant to subsection y of Section 1905 of the Social

1 Security Act for newly eligible Medicaid enrollees in the Oklahoma
2 Plan;

3 3. Seek the federal financial participation for administrative
4 expenses;

5 4. Allow an individual who is determined eligible for advance
6 payments of the premium tax credit and cost-sharing reductions under
7 45 C.F.R., Section 155.305 to use such credits and reductions to
8 purchase coverage through the Oklahoma Plan; and

9 5. Implement the additional provisions of this act.

10 SECTION 2. NEW LAW A new section of law to be codified
11 in the Oklahoma Statutes as Section 5040.2 of Title 63, unless there
12 is created a duplication in numbering, reads as follows:

13 Upon federal approval of the State Plan Amendment submitted by
14 the Oklahoma Health Care Authority in March 2020 as directed by the
15 Governor, the Oklahoma Health Care Authority shall expand coverage
16 under the state Medicaid program to any individual:

17 1. Who is not less than nineteen (19) years of age and not more
18 sixty-four (64) years of age; and

19 2. Whose household income does not exceed one hundred thirty-
20 eight percent (138%) of the federal poverty level (FPL) guidelines.

21 SECTION 3. NEW LAW A new section of law to be codified
22 in the Oklahoma Statutes as Section 5040.3 of Title 63, unless there
23 is created a duplication in numbering, reads as follows:

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1 Upon receipt of all necessary federal approval as provided in
2 Section 1 of this act, the Oklahoma Health Care Authority shall
3 create a state Exchange for the purchase of qualified health plans
4 under the Patient Protection and Affordable Care Act, P.L. 111-148,
5 as amended by the Health Care and Education Reconciliation Act of
6 2010, P.L. 111-152. Additionally, the Authority shall use the
7 Exchange to facilitate the purchase of commercial health plans under
8 the Oklahoma Plan by all other individuals listed in subsection C of
9 Section 4 of this act.

10 SECTION 4. NEW LAW A new section of law to be codified
11 in the Oklahoma Statutes as Section 5040.4 of Title 63, unless there
12 is created a duplication in numbering, reads as follows:

13 A. As used in this section:

14 1. "Exchange" means:

15 a. until the state Exchange is operational, the federal
16 Exchange of qualified health plans for the Patient
17 Protection and Affordable Care Act, P.L. 111-148, as
18 amended by the Health Care and Education
19 Reconciliation Act of 2010, P.L. 111-152, and

20 b. once the state Exchange is operational, the state
21 Exchange created in Section 3 of this act; and

22 2. "Newly eligible Medicaid enrollee" means any individual who
23 is eligible for Medicaid under the provisions of Section 2 of this
24 act.

1 B. The Oklahoma Health Care Authority shall establish the
2 Oklahoma Plan. The Oklahoma Plan shall be a health insurance
3 program consisting of individual commercial health insurance plans
4 which shall provide coverage through commercial health insurers to
5 all individuals listed in subsection C of this section. The
6 Authority shall be responsible for the administration and oversight
7 of the Oklahoma Plan.

8 C. 1. Enrollees in the Oklahoma Plan shall consist of:

9 a. enrollees in the current populations of the state
10 Medicaid program,

11 b. newly eligible Medicaid enrollees,

12 c. all state employees, education employees and
13 dependents as such terms are defined in Section 1303
14 of Title 74 of the Oklahoma Statutes who receive
15 coverage through the Employees Group Insurance
16 Division of the Office of Management and Enterprise
17 Services,

18 d. all individuals who receive coverage through a
19 qualified health plan under the Patient Protection and
20 Affordable Care Act, P.L. 111-148, as amended by the
21 Health Care and Education Reconciliation Act of 2010,
22 P.L. 111-152, purchased through the Exchange, and

23 e. all individuals who receive coverage through the
24 Insure Oklahoma program, whether the individual is an

1 enrollee in the employer-sponsored insurance plan or
2 the individual plan.

3 2. In addition to the enrollees listed in paragraph 1 of this
4 subsection, any individual in this state who receives coverage for
5 the individual and any dependents of the individual through one or
6 more health plans from a commercial health insurer may enroll in the
7 Oklahoma Plan.

8 3. Each enrollee in the Oklahoma Plan shall be responsible for
9 paying copayments on a sliding scale, depending on income, in
10 amounts to be determined by the Authority.

11 D. Upon receipt of all necessary federal approval as provided
12 in Section 1 of this act, the Oklahoma Health Care Authority shall
13 utilize matching funds from the increased Federal Medical Assistance
14 Percentage (FMAP) rate for newly eligible Medicaid enrollees in the
15 Oklahoma Plan. The Authority may utilize funds from the federal
16 financial participation referenced in Section 1 of this act for
17 administrative expenses associated with the Oklahoma Plan.

18 E. Individual commercial health plans in the Oklahoma Plan
19 shall, at a minimum, cover all essential health benefits covered
20 under the Insure Oklahoma program as provided in Section 1010.1 et
21 seq. of Title 56 of the Oklahoma Statutes and those required by the
22 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
23 by the Health Care and Education Reconciliation Act of 2010, P.L.
24 111-152.

1 F. Each commercial health insurer who offers one or more plans
2 on the Exchange shall:

3 1. Establish for all health plans on the Exchange a program in
4 which enrollees are incentivized to shop for and choose low-cost,
5 high-quality participating providers for comparable health care
6 services. Incentives shall include but are not limited to cash
7 payments, reductions of premiums, copayments or deductibles; and

8 2. Establish and maintain an interactive website and a toll-
9 free telephone number enabling an enrollee to obtain information on
10 the estimated costs for obtaining a comparable health care service
11 from network providers, as well as quality data for those providers
12 to the extent this data is available.

13 ~~SECTION 5. It being immediately necessary for the preservation~~
14 ~~of the public peace, health or safety, an emergency is hereby~~
15 ~~declared to exist, by reason whereof this act shall take effect and~~
16 ~~be in full force from and after its passage and approval.~~

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