## SENATE CHAMBER STATE OF OKLAHOMA

DISPOSITION

FLOOR AMENDMENT	No	
COMMITTEE AMENDMENT		(Date)
		(Date)
Mr./Madame President:		
I move to amend Senate Bill enacting clause and entire body of t		ting the attached floor substitute for the title
		Submitted by:
		Senator McCortney
McCortney-DC-FS-Req#4016 3/9/2020 5:37 PM		
(Floor Amendments Only) Date a	and Time Filed:	
Untimely	Amendment Cycle B	Extended Secondary Amendment

1	STATE OF OKLAHOMA		
2	2nd Session of the 57th Legislature (2020)		
3	FLOOR SUBSTITUTE		
4	FOR SENATE BILL NO. 1219 By: McCortney of the Senate		
5	and		
6	McEntire of the House		
7			
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9	FLOOR SUBSTITUTE		
10	[ Oklahoma Health Care Authority - federal approval - coverage under state Medicaid program - state Exchange - definitions - Oklahoma Plan - enrollees -		
11			
12	copayments - funds - benefits - health insurer requirements - codification -		
13	emergency ]		
14			
15	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:		
16	SECTION 1. NEW LAW A new section of law to be codified		
17	in the Oklahoma Statutes as Section 5040.1 of Title 63, unless there		
18	is created a duplication in numbering, reads as follows:		
19	The Oklahoma Health Care Authority shall apply to the Secretary		
20	of the United States Department of Health and Human Services for any		
21	necessary federal approval to:		
22	1. Allow the Authority to enter into contracts with commercial		
23	health insurers to facilitate the purchase of commercial health		
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plans through the Exchange created in Section 3 of this act to provide coverage to individuals who enroll in the Oklahoma Plan;

- 2. Seek the increased Federal Medical Assistance Percentage (FMAP) pursuant to subsection y of Section 1905 of the Social Security Act for newly eligible Medicaid enrollees in the Oklahoma Plan;
- 3. Seek the federal financial participation for administrative expenses;
- 4. Allow an individual who is determined eligible for advance payments of the premium tax credit and cost-sharing reductions under 45 C.F.R., Section 155.305 to use such credits and reductions to purchase coverage through the Oklahoma Plan; and
- 5. Implement the additional provisions of this act.
- SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5040.2 of Title 63, unless there is created a duplication in numbering, reads as follows:
  - Upon federal approval of the State Plan Amendment submitted by the Oklahoma Health Care Authority in March 2020 as directed by the Governor, the Oklahoma Health Care Authority shall expand coverage under the state Medicaid program to any individual:
  - 1. Who is not less than nineteen (19) years of age and not more sixty-four (64) years of age; and
  - 2. Whose household income does not exceed one hundred thirty-eight percent (138%) of the federal poverty level (FPL) guidelines.

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

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

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

- A. As used in this section:
- 1. "Exchange" means:

- a. until the state Exchange is operational, the federal Exchange of qualified health plans for the Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, P.L. 111-152, and
- b. once the state Exchange is operational, the state Exchange created in Section 3 of this act; and

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

- B. The Oklahoma Health Care Authority shall establish the Oklahoma Plan. The Oklahoma Plan shall be a health insurance program consisting of individual commercial health insurance plans which shall provide coverage through commercial health insurers to all individuals listed in subsection C of this section. The Authority shall be responsible for the administration and oversight of the Oklahoma Plan.
  - C. 1. Enrollees in the Oklahoma Plan shall consist of:
    - a. enrollees in the current populations of the state Medicaid program,
    - b. newly eligible Medicaid enrollees,
    - c. all state employees, education employees and dependents as such terms are defined in Section 1303 of Title 74 of the Oklahoma Statutes who receive coverage through the Employees Group Insurance Division of the Office of Management and Enterprise Services,
    - d. all individuals who receive coverage through a qualified health plan under the Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the

Health Care and Education Reconciliation Act of 2010,

P.L. 111-152, purchased through the Exchange, and

- e. all individuals who receive coverage through the

  Insure Oklahoma program, whether the individual is an
  enrollee in the employer-sponsored insurance plan or
  the individual plan.
- 2. In addition to the enrollees listed in paragraph 1 of this subsection, any individual in this state who receives coverage for the individual and any dependents of the individual through one or more health plans from a commercial health insurer may enroll in the Oklahoma Plan.
- 3. Each enrollee in the Oklahoma Plan shall be responsible for paying copayments on a sliding scale, depending on income, in amounts to be determined by the Authority.
- D. Upon receipt of all necessary federal approval as provided in Section 1 of this act, the Oklahoma Health Care Authority shall utilize matching funds from the increased Federal Medical Assistance Percentage (FMAP) rate for newly eligible Medicaid enrollees in the Oklahoma Plan. The Authority may utilize funds from the federal financial participation referenced in Section 1 of this act for administrative expenses associated with the Oklahoma Plan.
- E. Individual commercial health plans in the Oklahoma Plan shall, at a minimum, cover all essential health benefits covered under the Insure Oklahoma program as provided in Section 1010.1 et

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seq. of Title 56 of the Oklahoma Statutes and those required by the
Patient Protection and Affordable Care Act, P.L. 111-148, as amended
by the Health Care and Education Reconciliation Act of 2010, P.L.
111-152.
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- F. Each commercial health insurer who offers one or more plans on the Exchange shall:
  - 1. Establish for all health plans on the Exchange a program in which enrollees are incentivized to shop for and choose low-cost, high-quality participating providers for comparable health care services. Incentives shall include but are not limited to cash payments, reductions of premiums, copayments or deductibles; and
  - 2. Establish and maintain an interactive website and a tollfree telephone number enabling an enrollee to obtain information on
    the estimated costs for obtaining a comparable health care service
    from network providers, as well as quality data for those providers
    to the extent this data is available.

SECTION 5. It being immediately necessary for the preservation of the public peace, health or safety, an emergency is hereby 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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