STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

SENATE BILL 1694 By: Quinn

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AS INTRODUCED

An Act relating to mandated health insurance coverage; amending Section 1, Chapter 92, O.S.L. 2016 (36 O.S. Supp. 2019, Section 6011), which relates to mandated health insurance coverage; creating the Oklahoma Health Insurance Mandate Legislation Actuarial Analysis Act; defining terms; creating and providing for appointments of Mandate Review Commission; requiring certain bills be sent to Legislative Actuary; establishing procedure for introduction of mandate bills; establishing procedure for consideration of mandate bills in committee; requiring certain bills be subject to full actuarial investigation; requiring Legislative Actuary to complete investigation on certain bills by certain date; requiring assessment of certain bills by Mandate Review Commission; establishing terms for Commission to consider in assessment; requiring actuarial investigation documents to be attached to certain documents; establishing procedure for amending mandate bills; establishing procedure for consideration of mandate bills in Legislature after investigation; requiring certain documents be attached to certain enrolled bills; amending 74 O.S. 2011, Section 452.15, which relates to Legislative Actuary duties; modifying purpose of hiring Actuary; adding required experience for certain hiring; providing for codification; and providing an effective date.

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

1	SECTION 1. AMENDATORY Section 1, Chapter 92, O.S.L. 2016
2	(36 O.S. Supp. 2019, Section 6011), is amended to read as follows:
3	Section 6011. A. Any mandated health insurance coverage signed
4	into law after November 1, 2016, for specific health services,
5	benefits, diseases, copay structure, formulary structure or for
6	certain providers of health care services shall also apply to the
7	Oklahoma Employees Health Insurance Plan This act shall be known and
8	may be cited as the "Oklahoma Health Insurance Mandate Legislation
9	Actuarial Analysis Act".
10	B. As used in this section, <u>act:</u>
11	1. "Amendment" means any amendment, including a substitute
12	bill, which includes a mandate on a health plan, and is made:
13	a. by any committee, author or committee member of the
14	House of Representatives or Senate committee, if a
15	committee substitute amendment or bill,
16	b. by any member of the Legislature, if a floor amendment
17	or substitute bill, or
18	c. by a conference committee of the House of
19	Representatives or Senate;
20	2. "Health plan" means an insurance plan that:
21	a. provides benefits for medical or surgical expenses
22	incurred as a result of a health condition, accident
23	or sickness, and

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b. is offered by any insurance company, group hospital service corporation, the State and Education Employees

Group Insurance Board, health maintenance organization that delivers or issues for delivery an individual, group, blanket or franchise insurance policy or insurance agreement, a group hospital service contract or an evidence of coverage or by a multiple employer welfare arrangement, as defined in Section 3 of

Employee Retirement Income Security Act of 1974, to the extent permitted, or any other analogous benefit arrangement, whether the payment is fixed or by indemnity;

- 3. "Legislative Actuary" means the firm of entity that enters into a contract with the Legislative Service Bureau pursuant to Section 452.15 of Title 74 of the Oklahoma Statutes to provide the actuarial services and other duties provided for in this act;
- 4. "Mandate" means required coverage for services specified by law, treatments, benefits, productions, drugs, conditions, providers, provider reimbursement levels, copay structures or utilization of specific administrative services;
- 5. "Mandate bill" means any bill or joint resolution introduced or amended by a member or a committee of the Oklahoma Legislature that creates or amends any law directly affecting a mandate on a health plan;

- <u>6.</u> "Oklahoma Employees Health Insurance Plan" shall have the same meaning as "health insurance plan" as defined in Section 1303 of Title 74 of the Oklahoma Statutes;
- 7. "Physician" means a doctor of medicine or a doctor of
 osteopathic medicine licensed by and in good standing with the State
 Board of Medical Licensure and Supervision, the State Board of
 Osteopathic Examiners or the Board of Podiatric Medical Examiners.
- SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6012 of Title 36, unless there is created a duplication in numbering, reads as follows:

There is hereby created the Oklahoma Mandate Review Commission.

The Commission shall be comprised of the following members:

- 1. One member from the House of Representatives, to be appointed by the Speaker of the House of Representatives;
- 2. One member who shall be a representative of a self-insured business organization to be appointed by the Speaker of the House of Representatives;
- 3. One member who shall be a representative of a statewide hospital organization to be appointed by the Speaker of the House of Representatives;
- 4. One member of the Senate to be appointed by the President Pro Tempore of the Senate;

5. One member who shall be a representative of a fully-insured business organization to be appointed by the President Pro Tempore of the Senate;

- 6. One member who shall be a physician, to be appointed by the President Pro Tempore of the Senate;
- 7. One member who shall be a representative of a statewide association of health plans to be appointed by the President Pro Tempore of the Senate;
- 8. One member who shall be the Insurance Commissioner of the Oklahoma Insurance Department, or a designee;
- 9. One member of a health plan to be appointed by the Insurance Commissioner;
- 10. One member who shall be a pharmacy benefit manager to be appointed by the Insurance Commissioner; and
- 11. One independent pharmacist to be appointed by the Insurance Commissioner.
- SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6013 of Title 36, unless there is created a duplication in numbering, reads as follows:

As a condition precedent to the introduction of any mandate bill, the applicable legislative staff, on behalf of the member of the Legislature who intends to be the primary author of the bill, shall present an exact copy of the proposed bill to the Legislative Actuary. The Actuary shall determine whether the proposed bill is a

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mandate bill having a fiscal impact or a mandate bill not having a fiscal impact and provide a written certification of that determination to the member. If the proposed bill is then introduced into the Legislature, it shall have attached the certification of the Actuary. If the bill is certified as a mandate bill having a fiscal impact, its introduction shall be limited by the provisions of this act.

- SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6014 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. Except as otherwise provided in this subsection, any mandate bill having a fiscal impact may be introduced according to the applicable deadlines established by the House of Representatives or the Senate only in any odd-numbered year during the regular session. It may be passed by the Legislature only during an even-numbered year of the regular session. Any mandate bill determined by the Legislative Actuary in an even-numbered year to be a fiscal mandate bill may be introduced in an even-numbered year but shall not be considered by the Legislature.
- B. When a mandate bill having a fiscal impact is introduced, it shall be assigned to the respective House of Representatives or Senate standing committee or subcommittee that is responsible for the consideration of health insurance legislation. If a majority of the total membership of such committee is opposed to the bill on its

merits, no actuarial investigation provided for in this act shall be necessary and the bill shall not be reported out by the committee and shall not be adopted or considered by the Legislature. If a majority of the committee votes in favor of an actuarial investigation of the bill, the investigation shall be required as provided in this act. No mandate bill having a fiscal impact may be reported out of the committee to which it is assigned or considered and adopted by the House of Representatives or Senate without an actuarial investigation.

- SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6015 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. A mandate bill having a fiscal impact that the committee wishes to consider may be amended, if necessary, by the committee.

 If a mandate bill having a fiscal impact is changed by the committee to which it is assigned, the change shall be accomplished only by a substitute bill.
- B. Immediately after a mandate bill having a fiscal impact has been considered and the committee has voted in favor of an actuarial investigation, the chair of the committee to which the bill was assigned shall transmit an exact copy of the bill, as amended by a substitute bill by the committee, if applicable, to the Legislative Actuary. The submission of the bill to the Actuary shall have

attached a letter signed by the chair of the committee requesting the Actuary to complete an actuarial investigation of the bill.

- SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6016 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. If an actuarial investigation of a mandate bill having a fiscal impact is requested under this act, it shall be the duty of the Legislative Actuary to complete his or her investigation not later than December 1 of the same year during which the request for the actuarial investigation was made.
- B. The actuarial investigation of the Actuary shall be accompanied by an assessment of the proposed mandate by the Mandate Review Commission which shall include, but is not limited to, findings on the following:
- 1. The potential impact on the cost of health insurance premiums that will result from the bill proposing the mandate; and
- 2. An assessment of the financial, medical and social impacts of the proposed mandate:
 - a. financial impacts include, but are not limited to, the extent to which:
 - (1) insurance coverage for the mandate may be reasonably expected to increase or decrease the insurance premiums and administrative expenses for policyholders, including small employers,

(2) costs resulting from the lack of coverage or resulting from the mandated coverage are shifted to other payers, including both public and private entities,

- (3) the methods that will be implemented to manage the utilization and costs of the mandated health benefit, and
- (4) the treatment, service or equipment, supplies or drugs being more expensive than existing treatment, service or equipment, supplies or drugs determined to be equally safe and effective by credible scientific evidence published in peer-reviewed medical literature generally recognized by relevant medical communities,

The financial impact assessment shall include a comparison of the rate of increase in the Consumer Price Index for medical care services for the current year to the rate of increase in the Index for the previous year as reported by the Bureau of Labor Statistics,

- b. medical impacts include, but are not limited to, the extent to which the proposed mandate:
 - (1) is generally available and utilized by treating physicians,

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- (2) has credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community determining the treatment, service or equipment, supplies or drugs, as applicable to be safe, effective and appropriate and the medical efficacy of the treatment or service compared to alternatives or not providing the treatment or service,
- (3) does not diminish or eliminate access to currently available health care services,
- (4) uses methods of the appropriate professional organization that assure clinical proficiency, and
- (5) if applicable, accounts for the results of any professionally acceptable research demonstrating the medical results achieved by the additional class of practitioners relative to those already covered, and
- c. social impacts include, but are not limited, to:
 - (1) the extent to which the treatment, service or equipment, supplies or drugs, as applicable, are utilized by a significant portion of the population,

- (2) the impact of indirect costs, meaning costs other than premiums and administrative costs, on coverage,
- (3) the level of public demand for individual or group insurance coverage of the treatment or service, including the extent to which the proposed mandate is covered by self-funded employers and the state employee health insurance program,
- (4) the extent to which insurance coverage for treatment or service is already available, and if not, extent to which lack of coverage results in person being unable to obtain necessary treatment and results in unreasonable financial hardship on those persons needing treatment, and
- (5) the extent to which there are alternatives to meeting the identified need.
- C. By no later than December 1 of the same year that the request for an actuarial investigation is made, the completed actuarial investigation shall be submitted by the Actuary to the chair of the committee who requested the investigation. It shall include a summary of the findings of the Actuary, to be accompanied by the report of the Mandate Review Commission containing the information specified in this section.

D. The chair of the committee, upon receipt of the information provided for under subsection C of this section, shall cause the summary of the actuarial investigation and the report of the Mandate Review Commission to be attached to all copies of the version of the bill submitted to the Actuary and made available to committee members, other legislators and any other interested parties. The summary of the actuarial investigation shall be attached to the original version of the substitute bill, as amended by the committee if applicable, or to the original version of the bill as introduced if the bill was not changed by the committee prior to its submission to the Actuary for actuarial investigation.

SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6017 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. When a mandate bill having a fiscal impact has had an actuarial investigation pursuant to this act, the bill may be considered at the next regular session of the Legislature, if the bill as originally introduced was not changed by the committee and the original version was submitted to the Legislative Actuary for an actuarial investigation. Provided, however, that the original version of the bill is the only one, except as otherwise provided by this section, that may be considered by the committee to which it is assigned or by the House of Representatives or the Senate. If the original bill was substituted by the committee and the substitute

version was the version submitted to the Actuary, the substitute bill is the only one, except as otherwise provided by this section, that may be considered by the committee or by the House of Representatives or the Senate.

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- After completion of an actuarial investigation, any amendment to a mandate bill having a fiscal impact shall be out of order and shall not be allowed either by a committee or by the House of Representatives or the Senate without submission to the Legislative Actuary. Any amendment to a mandate bill having a fiscal impact shall be submitted to the Actuary by the chair of the committee, if a committee amendment, or by the Presiding Officer of the Senate or the House of Representatives on the day the amendment is filed, if a floor amendment. If the Actuary certifies in writing that the amendment is a nonfiscal amendment and provides an actuarial certification as required in this act, then the bill as amended, with the certification attached to the original of the amendment, may continue in the legislative process. If the Actuary issues a certification that the amendment is a fiscal amendment, the progress of the bill shall end, and the bill shall not be considered further by either the House of Representatives or the Senate.
- C. An amendment to a mandate bill having a fiscal impact that is prohibited by subsection B of this section may be withdrawn by the committee that made the amendment, if a committee amendment, or by the Senate or House of Representatives, if a floor amendment. If

the amendment is withdrawn, the bill may continue in the legislative process as any other bill, unless it is subsequently amended.

SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6018 of Title 36, unless there is created a duplication in numbering, reads as follows:

The enrolled act resulting from a bill that is subject to the legislative procedures provided for in this act shall have attached thereto the original or a true and correct copy of all certificates and summaries of actuarial investigations submitted by the Legislative Actuary pursuant to the requirements of this act.

SECTION 9. AMENDATORY 74 O.S. 2011, Section 452.15, is amended to read as follows:

Section 452.15. A. The Legislative Service Bureau is authorized and directed to enter into a contract with a person or firm for the purposes of performing the services and duties of the Legislative Actuary as provided for in the Oklahoma Pension Legislation Actuarial Analysis Act and this act.

- B. The person or firm who shall perform the duties of the Legislative Actuary shall:
- 1. Be a member of the American Academy of Actuaries, an
 Associate or Fellow of the Society of Actuaries or an enrolled
 actuary; and

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1	2. Have substantially provided actuarial services for large,
2	public retirement systems when selected for an analysis for this
3	act; and
4	3. Have substantially provided actuarial services for a large
5	health plan when selected for an analysis for this act.
6	SECTION 10. This act shall become effective November 1, 2020.
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