

1 ENGROSSED HOUSE AMENDMENT
TO
2 ENGROSSED SENATE BILL NO. 1323 By: Garvin of the Senate
3 and
4 McEntire of the House
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7 [state Medicaid program - recognize certain self-
8 funded or self-insured health care plan as health
9 care plan under specified conditions - codification -
10 effective date]

11 AMENDMENT NO. 1. Strike the stricken title, enacting clause, and
12 entire bill and insert:

13 "An Act relating to the state Medicaid program;
14 authorizing Insurance Department to recognize
15 certain self-funded or self-insured health care plan
16 as health care plan under specified conditions;
17 amending 56 O.S. 2021, Section 1010.1, which relates
18 to premium assistance program; allowing certain
19 self-funded or self-insured health care plan to
20 participate in premium assistance program under
21 specified conditions; updating statutory language;
22 updating statutory reference; providing for
23 codification; and providing an effective date.

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

25 SECTION 1. NEW LAW A new section of law to be codified
26 in the Oklahoma Statutes as Section 6012 of Title 36, unless there
27 is created a duplication in numbering, reads as follows:

1 A health care plan recognized by the Insurance Department that
2 participates in the premium assistance program created under Section
3 1010.1 of Title 56 of the Oklahoma Statutes as of the effective date
4 of this act that at a later date becomes a self-funded or self-
5 insured health care plan may continue to be recognized by the
6 Insurance Department as a health care plan if such plan meets the
7 requirements under subsection J of Section 1010.1 of Title 56 of the
8 Oklahoma Statutes. The health care plan shall only be considered a
9 health care plan for the exclusive purposes of the premium
10 assistance program created under Section 1010.1 of Title 56 of the
11 Oklahoma Statutes.

12 SECTION 2. AMENDATORY 56 O.S. 2021, Section 1010.1, is
13 amended to read as follows:

14 Section 1010.1 A. Section 1010.1 et seq. of this title shall
15 be known and may be cited as the "Oklahoma Medicaid Program Reform
16 Act of 2003".

17 B. Recognizing that many Oklahomans do not have health care
18 benefits or health care coverage, that many small businesses cannot
19 afford to provide health care benefits to their employees, and that,
20 under federal law, barriers exist to providing Medicaid benefits to
21 the uninsured, the ~~Oklahoma~~ Legislature hereby establishes
22 provisions to lower the number of uninsured, assist businesses in
23 their ability to afford health care benefits and coverage for their
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1 employees, and eliminate barriers to providing health coverage to
2 eligible enrollees under federal law.

3 C. Unless otherwise provided by law, the Oklahoma Health Care
4 Authority shall provide coverage under the state Medicaid program to
5 children under the age of eighteen (18) years whose family incomes
6 do not exceed one hundred eighty-five percent (185%) of the federal
7 poverty level.

8 D. 1. The Authority is directed to apply for a waiver or
9 waivers to the Centers for ~~Medicaid~~ Medicare and ~~Medicare~~ Medicaid
10 Services (CMS) that will accomplish the purposes outlined in
11 subsection B of this section. The Authority is further directed to
12 negotiate with CMS to include in the waiver authority provisions to:

- 13 a. increase access to health care for Oklahomans,
- 14 b. reform the Oklahoma Medicaid Program to promote
15 personal responsibility for health care services and
16 appropriate utilization of health care benefits
17 through the use of public-private cost sharing,
- 18 c. enable small employers, and/or employed, uninsured
19 adults with or without children to purchase employer-
20 sponsored, state-approved private, or state-sponsored
21 health care coverage through a state premium
22 assistance payment plan. If by January 1, 2012, the
23 Employer/Employee Partnership for Insurance Coverage
24 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

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.

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.

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

1 paragraph and shall be eligible to qualify for the
2 premium assistance program provided for in this
3 section if supported by existing funding.

4 E. For purposes of this paragraph, "for-profit employer" shall
5 mean an entity which is not exempt from taxation pursuant to the
6 provisions of Section 501(c)(3) of the Internal Revenue Code and
7 "not-for-profit employer" shall mean an entity which is exempt from
8 taxation pursuant to the provisions of Section 501(c)(3) of the
9 Internal Revenue Code.

10 F. The Authority is authorized to seek from the Centers for
11 Medicare and Medicaid Services any waivers or amendments to existing
12 waivers necessary to accomplish an extension of the premium
13 assistance program to include qualified employees whose family
14 income does not exceed two hundred fifty percent (250%) of the
15 federal poverty level, subject to the limit of federal financial
16 participation.

17 G. The Authority is authorized to create as part of the premium
18 assistance program an option to purchase a high-deductible health
19 insurance plan that is compatible with a health savings account.

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

23 2. The fund shall be a continuing fund, not subject to fiscal
24 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 and to fund the state share for the Oklahoma Medicaid program on or after ~~the effective date of this act~~ July 1, 2020, unless otherwise provided by law.

I. 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 accordance with federal and state law with the Authority to establish procedures for the secure electronic transmission of an applicant's individual income data to the Authority.

1 3. The Department of Public Safety shall cooperate in
2 accordance with federal and state law with the Authority to
3 establish procedures for the secure electronic transmission of an
4 applicant's individual identification data to the Authority.

5 J. A health care plan participating in the premium assistance
6 program created under this section as of the effective date of this
7 act that at a later date becomes a self-funded or self-insured
8 health care plan may continue to participate in the premium
9 assistance program if:

10 1. The health care plan has continuously participated in the
11 premium assistance program without interruption up to the date it
12 becomes a self-funded or self-insured health care plan;

13 2. The self-funded or self-insured health care plan continues
14 to be recognized as a health care plan by the Insurance Department
15 under Section 1 of this act;

16 3. The self-funded or self-insured health care plan continues
17 to cover all essential health benefits as required by the Centers
18 for Medicare and Medicaid Services; and

19 4. The Authority receives the necessary federal approval for
20 self-funded or self-insured health care plans to participate in the
21 premium assistance program.

22 SECTION 3. This act shall become effective November 1, 2022."
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1 Passed the House of Representatives the 28th day of April, 2022.

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4 Presiding Officer of the House of
Representatives
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6 Passed the Senate the ____ day of _____, 2022.

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9 Presiding Officer of the Senate
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1 ENGROSSED SENATE
2 BILL NO. 1323

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7 funded or self-insured health care plan as health
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11 SECTION 4. NEW LAW A new section of law to be codified
12 in the Oklahoma Statutes as Section 6012 of Title 36, unless there
13 is created a duplication in numbering, reads as follows:

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15 participates in the premium assistance program created under Section
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18 insured health care plan may continue to be recognized by the
19 Insurance Department as a health care plan if such plan meets the
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1 SECTION 5. AMENDATORY 56 O.S. 2021, Section 1010.1, is
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18 do not exceed one hundred eighty-five percent (185%) of the federal
19 poverty level.

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21 waivers to the Centers for ~~Medicaid~~ Medicare and ~~Medicare~~ Medicaid
22 Services (CMS) that will accomplish the purposes outlined in
23 subsection B of this section. The Authority is further directed to
24 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, 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
- 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.

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.

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2 for Medicare and Medicaid Services any waivers or
3 amendments to existing waivers necessary to accomplish
4 an expansion of the premium assistance program to:

5 (1) include for-profit employers with two hundred
6 fifty employees or less up to any level supported
7 by existing funding resources, and

8 (2) include not-for-profit employers with five
9 hundred employees or less up to any level
10 supported by existing funding resources.

11 b. Foster parents employed by employers with greater than
12 two hundred fifty employees shall be exempt from the
13 qualifying employer requirement provided for in this
14 paragraph and shall be eligible to qualify for the
15 premium assistance program provided for in this
16 section if supported by existing funding.

17 E. For purposes of this paragraph, "for-profit employer" shall
18 mean an entity which is not exempt from taxation pursuant to the
19 provisions of Section 501(c)(3) of the Internal Revenue Code and
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21 taxation pursuant to the provisions of Section 501(c)(3) of the
22 Internal Revenue Code.

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3 income does not exceed two hundred fifty percent (250%) of the
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5 participation.

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7 assistance program an option to purchase a high-deductible health
8 insurance plan that is compatible with a health savings account.

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10 revolving fund to be designated the "Health Employee and Economy
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- 16 b. monies received by the Authority due to federal
17 financial participation pursuant to Title XIX of the
18 Social Security Act, and
- 19 c. interest attributable to investment of money in the
20 fund.

21 3. All monies accruing to the credit of the fund are hereby
22 appropriated and shall be budgeted and expended by the Authority to
23 implement a premium assistance plan and to fund the state share for
24

1 the Oklahoma Medicaid program on or after ~~the effective date of this~~
2 ~~act~~ July 1, 2020, unless otherwise provided by law.

3 I. 1. The Authority shall establish a procedure for verifying
4 an applicant's individual income by utilizing available Oklahoma Tax
5 Commission records, new hire report data collected by the Oklahoma
6 Employment Security Commission, and child support payment data
7 collected by the Department of Human Services in accordance with
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9 2. The Oklahoma Tax Commission, Oklahoma Employment Security
10 Commission, and Department of Human Services shall cooperate in
11 accordance with federal and state law with the Authority to
12 establish procedures for the secure electronic transmission of an
13 applicant's individual income data to the Authority.

14 3. The Department of Public Safety shall cooperate in
15 accordance with federal and state law with the Authority to
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17 applicant's individual identification data to the Authority.

18 J. A health care plan participating in the premium assistance
19 program created under this section as of the effective date of this
20 act that at a later date becomes a self-funded or self-insured
21 health care plan may continue to participate in the premium
22 assistance program if:

1. The health care plan has continuously participated in the premium assistance program without interruption up to the date it becomes a self-funded or self-insured health care plan;

2. The self-funded or self-insured health care plan continues
to be recognized as a health care plan by the Insurance Department
under Section 1 of this act;

3. The self-funded or self-insured health care plan continues to cover all essential health benefits as required by the Centers for Medicare and Medicaid Services; and

4. The Authority receives the necessary federal approval for self-funded or self-insured health care plans to participate in the premium assistance program.

SECTION 6. This act shall become effective November 1, 2022.

Passed the Senate the 21st day of March, 2022.

Presiding Officer of the Senate

Passed the House of Representatives the ____ day of _____,
2022.

Presiding Officer of the House
of Representatives