1	STATE OF OKLAHOMA
2	2nd Session of the 59th Legislature (2024)
3	COMMITTEE SUBSTITUTE FOR
4	SENATE BILL NO. 1588 By: Hall
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7	<u>COMMITTEE SUBSTITUTE</u>
8	An Act relating to state and education employee benefits; amending 63 O.S. 2021, Section 5003, which
9	relates to powers and duties of the Oklahoma Health Care Authority; directing the Authority to administer
10	state-sponsored benefits; amending 74 O.S. 2021, Sections 1306.2, 1306.5, 1318, and 1321, which relate
11	to the administration of state-sponsored plans; conforming language; providing an effective date; and
12	declaring an emergency.
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15	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
16	SECTION 1. AMENDATORY 63 O.S. 2021, Section 5003, is
17	amended to read as follows:
18	Section 5003. A. The Legislature recognizes that the state is
19	a major purchaser of health care services, and the increasing costs
20	of such health care services are posing and will continue to pose a
21	great financial burden on the state. It is the policy of the state
22	to provide comprehensive health care as an employer to state
23	employees and officials and their dependents and to those who are
2.4	dependent on the state for necessary medical care. It is imperative

- that the state develop effective and efficient health care delivery
 systems and strategies for procuring health care services in order
 for the state to continue to purchase the most comprehensive health
 care possible.
 - B. It is therefore incumbent upon the Legislature to establish the Oklahoma Health Care Authority whose purpose shall be to:

- 1. Purchase state and education employees' health care benefits and Medicaid benefits;
 - 2. Study all state-purchased and state-subsidized health care, alternative health care delivery systems and strategies for the procurement of health care services in order to maximize cost containment in these programs while ensuring access to quality health care; and
 - 3. Make recommendations aimed at minimizing the financial burden which health care poses for the state, its employees and its charges, while at the same time allowing the state to provide the most comprehensive health care possible; and
- 4. Administer the state-sponsored health and dental benefits

 plans known as HealthChoice and life insurance plans in accordance

 with the Oklahoma Employees Insurance and Benefits Act and the State

 Employees Flexible Benefits Act. The Office of Management and

 Enterprise Services shall cause transfer of all necessary assets,

 data, records, and personnel necessary for the administration of

 HealthChoice not later than the effective date of this act.

SECTION 2. AMENDATORY 74 O.S. 2021, Section 1306.2, is amended to read as follows:

Section 1306.2. A. The Director of the Office of Management and Enterprise Services Oklahoma Health Care Authority shall submit to the Insurance Commissioner the following information regarding utilization review performed by employees of the Office Authority:

1. A utilization review plan that includes:

- a. an adequate summary description of review standards, protocol and procedures to be used in evaluating proposed or delivered hospital and medical care,
- b. assurances that the standards and criteria to be applied in review determinations are established with input from health care providers representing major areas of specialty and certified by the boards of the various American medical specialties, and
- c. the provisions by which patients or health care providers may seek reconsideration or appeal of adverse decisions concerning requests for medical evaluation, treatment or procedures;
- 2. The type and qualifications of the personnel either employed or under contract to perform the utilization review;
- 3. The procedures and policies to ensure that an employee of the Office Authority is reasonably accessible to patients and health care providers five (5) days a week during normal business hours,

such procedures and policies to include as a requirement a toll-free telephone number to be available during said such business hours;

- 4. The policies and procedures to ensure that all applicable state and federal laws to protect the confidentiality of individual medical records are followed;
- 5. The policies and procedures to verify the identity and authority of personnel performing utilization review by telephone;
- 6. A copy of the materials designed to inform applicable patients and health care providers of the requirements of the utilization review plan;
- 7. The procedures for receiving and handling complaints by patients, hospitals and health care providers concerning utilization review; and
- 8. Procedures to ensure that after a request for medical evaluation, treatment, or procedures has been rejected in whole or in part and in the event a copy of the report on said such rejection is requested, a copy of the report of the personnel performing utilization review concerning the rejection shall be mailed by the insurer, postage prepaid, to the ill or injured person, the treating health care provider, hospital or to the person financially responsible for the patient's bill within fifteen (15) days after receipt of the request for the report.
- B. The Office Authority shall pay an annual fee to the Insurance Commissioner of Five Hundred Dollars (\$500.00).

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        SECTION 3.
                       AMENDATORY
                                  74 O.S. 2021, Section 1306.5, is
    amended to read as follows:
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        Section 1306.5. A network provider facility or physician
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    contract, or any part or section of it, may be amended at any time
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    during the term of the contract only by mutual written consent of
    duly authorized representatives of the Office of Management and
 6
    Enterprise Services Oklahoma Health Care Authority and the facility
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    or physician.
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        SECTION 4.
                       AMENDATORY
                                      74 O.S. 2021, Section 1318, is
    amended to read as follows:
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        Section 1318. No former employee who is reemployed by a
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    participating entity within twenty-four (24) months after the date
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    of termination of previous employment shall be enrolled in the
    Oklahoma Employees Insurance and Benefits Plan authorized by
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    Sections 1301 through 1329.1 of this title, for a greater amount of
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    life insurance or life benefit than the amount for which the life of
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    the former employee was insured under the plan at the date of
    termination of employment, except upon the former employee
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    furnishing evidence of insurability, satisfactory to the Office of
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    Management and Enterprise Services Oklahoma Health Care Authority,
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    and any greater amount of benefit or insurance provided the employee
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    shall be at the former employee's cost.
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        SECTION 5.
                                      74 O.S. 2021, Section 1321, is
                       AMENDATORY
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    amended to read as follows:
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Services Oklahoma Health Care Authority shall have the authority to determine all rates and life, dental and health benefits for state—sponsored plans. All rates shall be compiled in a comprehensive Schedule of Benefits. The Schedule of Benefits shall be available for inspection during regular business hours at the Office of Management and Enterprise Services Authority. The Office Authority shall have the authority to annually adjust the rates and benefits based on claim experience.

- B. The premiums for such insurance plans offered for the next plan year shall be established as follows:
- 1. For active employees and their dependents, the Office's

 Authority's premium determination shall be made no later than the bid submission date for health maintenance organizations set by the Oklahoma State Employees Benefits Council Oklahoma Employees

 Insurance and Benefits Board, which shall be set in August no later than the third Friday of that month; and
- 2. For all other covered members and dependents, the Office's Authority's and the health maintenance organizations' premium determinations shall be no later than the fourth Friday of September.
- C. The Office may approve a mid-year adjustment requested by the Authority provided the need for an adjustment is substantiated by an actuarial determination or more current experience rating.

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    The only publication or notice requirements that shall apply to the
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    Schedule of Benefits shall be those requirements provided in the
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    Oklahoma Open Meeting Act and within this section. It is the intent
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    of the Legislature that the benefits provided not include cosmetic
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    dental procedures except for certain orthodontic procedures as
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    adopted by the Director Chief Executive Officer of the Authority.
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        SECTION 6. This act shall become effective July 1, 2024.
        SECTION 7. It being immediately necessary for the preservation
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    of the public peace, health or safety, an emergency is hereby
    declared to exist, by reason whereof this act shall take effect and
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    be in full force from and after its passage and approval.
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