1	STATE OF OKLAHOMA
2	2nd Session of the 59th Legislature (2024)
3	COMMITTEE SUBSTITUTE
4	FOR SENATE BILL 1588 By: Hall
5	
6	
7	COMMITTEE SUBSTITUTE
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.
13	
14	
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
24	dependent on the state for necessary medical care. It is imperative

Req. No. 3466

1 that the state develop effective and efficient health care delivery 2 systems and strategies for procuring health care services in order 3 for the state to continue to purchase the most comprehensive health 4 care possible.

5 B. It is therefore incumbent upon the Legislature to establish6 the Oklahoma Health Care Authority whose purpose shall be to:

7 1. Purchase state and education employees' health care benefits
8 and Medicaid benefits;

9 2. Study all state-purchased and state-subsidized health care,
10 alternative health care delivery systems and strategies for the
11 procurement of health care services in order to maximize cost
12 containment in these programs while ensuring access to quality
13 health care; and

14 3. Make recommendations aimed at minimizing the financial 15 burden which health care poses for the state, its employees and its 16 charges, while at the same time allowing the state to provide the 17 most comprehensive health care possible; and

<u>4. Administer the state-sponsored health and dental benefits</u>
<u>plans known as HealthChoice and life insurance plans in accordance</u>
<u>with the Oklahoma Employees Insurance and Benefits Act and the State</u>
<u>Employees Flexible Benefits Act. The Office of Management and</u>
<u>Enterprise Services shall cause transfer of all necessary assets,</u>
<u>data, records, and personnel necessary for the administration of</u>
HealthChoice not later than the effective date of this act.

Req. No. 3466

1SECTION 2.AMENDATORY74 O.S. 2021, Section 1306.2, is2amended to read as follows:

3 Section 1306.2. A. The Director of the Office of Management 4 and Enterprise Services <u>Oklahoma Health Care Authority</u> shall submit 5 to the Insurance Commissioner the following information regarding 6 utilization review performed by employees of the Office <u>Authority</u>:

1. A utilization review plan that includes:

7

19

an adequate summary description of review standards, 8 a. 9 protocol and procedures to be used in evaluating proposed or delivered hospital and medical care, 10 assurances that the standards and criteria to be 11 b. applied in review determinations are established with 12 input from health care providers representing major 13 areas of specialty and certified by the boards of the 14 various American medical specialties, and 15 the provisions by which patients or health care 16 с. providers may seek reconsideration or appeal of 17 adverse decisions concerning requests for medical 18

evaluation, treatment or procedures;

20 2. The type and qualifications of the personnel either employed
 21 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;

3 4. The policies and procedures to ensure that all applicable
4 state and federal laws to protect the confidentiality of individual
5 medical records are followed;

5. The policies and procedures to verify the identity and
authority of personnel performing utilization review by telephone;

8 6. A copy of the materials designed to inform applicable
9 patients and health care providers of the requirements of the
10 utilization review plan;

11 7. The procedures for receiving and handling complaints by 12 patients, hospitals and health care providers concerning utilization 13 review; and

8. Procedures to ensure that after a request for medical 14 evaluation, treatment, or procedures has been rejected in whole or 15 in part and in the event a copy of the report on said such rejection 16 is requested, a copy of the report of the personnel performing 17 utilization review concerning the rejection shall be mailed by the 18 insurer, postage prepaid, to the ill or injured person, the treating 19 health care provider, hospital or to the person financially 20 responsible for the patient's bill within fifteen (15) days after 21 receipt of the request for the report. 22

B. The Office Authority shall pay an annual fee to the
Insurance Commissioner of Five Hundred Dollars (\$500.00).

Req. No. 3466

1SECTION 3.AMENDATORY74 O.S. 2021, Section 1306.5, is2amended to read as follows:

Section 1306.5. A network provider facility or physician
contract, or any part or section of it, may be amended at any time
during the term of the contract only by mutual written consent of
duly authorized representatives of the Office of Management and
Enterprise Services Oklahoma Health Care Authority and the facility
or physician.

9 SECTION 4. AMENDATORY 74 O.S. 2021, Section 1318, is 10 amended to read as follows:

Section 1318. No former employee who is reemployed by a 11 participating entity within twenty-four (24) months after the date 12 13 of termination of previous employment shall be enrolled in the Oklahoma Employees Insurance and Benefits Plan authorized by 14 Sections 1301 through 1329.1 of this title, for a greater amount of 15 life insurance or life benefit than the amount for which the life of 16 17 the former employee was insured under the plan at the date of termination of employment, except upon the former employee 18 furnishing evidence of insurability, satisfactory to the Office of 19 Management and Enterprise Services Oklahoma Health Care Authority, 20 and any greater amount of benefit or insurance provided the employee 21 shall be at the former employee's cost. 22

23 SECTION 5. AMENDATORY 74 O.S. 2021, Section 1321, is 24 amended to read as follows:

Req. No. 3466

1 Section 1321. A. The Office of Management and Enterprise 2 Services Oklahoma Health Care Authority shall have the authority to determine all rates and life, dental and health benefits for state-3 sponsored plans. All rates shall be compiled in a comprehensive 4 5 Schedule of Benefits. The Schedule of Benefits shall be available for inspection during regular business hours at the Office of 6 Management and Enterprise Services Authority. The Office Authority 7 shall have the authority to annually adjust the rates and benefits 8 9 based on claim experience.

B. The premiums for such insurance plans offered for the next plan year shall be established as follows:

For active employees and their dependents, the Office's
 <u>Authority's</u> premium determination shall be made no later than the
 bid submission date for health maintenance organizations set by the
 Oklahoma State Employees Benefits Council <u>Oklahoma Employees</u>
 <u>Insurance and Benefits Board</u>, which shall be set in August no later
 than the third Friday of that month; and

For all other covered members and dependents, the Office's
 <u>Authority's</u> 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 <u>requested by</u>
 <u>the Authority</u> provided the need for an adjustment is substantiated
 by an actuarial determination or more current experience rating.

Req. No. 3466

1	The only publication or notice requirements that shall apply to the
2	Schedule of Benefits shall be those requirements provided in the
3	Oklahoma Open Meeting Act and within this section. It is the intent
4	of the Legislature that the benefits provided not include cosmetic
5	dental procedures except for certain orthodontic procedures as
6	adopted by the Director Chief Executive Officer of the Authority.
7	SECTION 6. This act shall become effective July 1, 2024.
8	SECTION 7. It being immediately necessary for the preservation
9	of the public peace, health or safety, an emergency is hereby
10	declared to exist, by reason whereof this act shall take effect and
11	be in full force from and after its passage and approval.
12	
13	59-2-3466 RD 2/8/2024 12:04:04 PM
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	