OKLAHOMA STATE SENATE
GENERAL CONFERENCE COMMITTEE ON APPROPRIATIONS
COMMITTEE REPORT

May 19, 2025

Mr. President:

Mr. Speaker:

The Conference Committee, to which was referred

SB202

By: Daniels of the Senate and Hills of the House

Title: Medicaid; modifying eligibility requirements for self-funded or self-insured health care plan to participate in certain premium assistance program. Emergency.

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together with Engrossed House Amendments thereto, beg leave to report that we have had the same under consideration and herewith return the same with the following recommendations:

1. Advise that the conferees have been unable to agree.

Senate Action_____________Date_________ House Action_____________Date________

SB 202

Respectfully submitted,

SENATE CONFEREES:

Hall	Pederson
Brooks	Prieto
Dossett	Pugh
Gollihare	Rader
Goodwin	Reinhardt
Green	Rosino
Haste	Sacchieri
Hicks	Seifried
Howard	Stanley
Jech	Stewart
Kirt	Thompson
Murdock	Weaver
	Woods

HOUSE CONFEREES:

Conference Committee on Commerce and Economic Development Oversight

Senate Action______________Date_________ House Action______________Date_________

SB202 CCR (A)

HOUSE CONFEREES

Adams, Stacy

Banning, Chris

Burns, Ty

Hall, Rob

Johns, Ronny

Maynard, Cody

Miller, Nicole

Tedford, Mark

Wilk, Jonathan

Alonso Sandoval, Arturo

Blancett, Meloyde

Gann, Tom

Hill, Brian

Lay, Mike

Menz, Annie

Sneed, Chris

Townley, Tammy

ENGROSSED HOUSE AMENDMENT
TO
ENGROSSED SENATE BILL NO. 202 By: Daniels of the Senate

and

Hill of the House

An Act relating to the state Medicaid program; amending 56 O.S. 2021, Section 1010.1, as last amended by Section 2, Chapter 133, O.S.L. 2024 (56 O.S. Supp. 2024, Section 1010.1), which relates to premium assistance program; modifying eligibility requirements for self-funded or self-insured health care plan to participate in premium assistance program; conforming language; updating statutory language; updating statutory references; and declaring an emergency.

AMENDMENT NO. 1. Page 1, lines 6 through 10 1/2, strike the title to read:

"[state Medicaid program - premium assistance program - eligibility requirements - self-funded or self-insured health care plan -

emergency]"

Passed the House of Representatives the 1st day of May, 2025.

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Presiding Officer of the House of Representatives

Passed the Senate the ____ day of __________, 2025.

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Presiding Officer of the Senate

ENGROSSED SENATE
BILL NO. 202

By: Daniels of the Senate

and

Hill of the House

An Act relating to the state Medicaid program; amending 56 O.S. 2021, Section 1010.1, as last amended by Section 2, Chapter 133, O.S.L. 2024 (56 O.S. Supp. 2024, Section 1010.1), which relates to premium assistance program; modifying eligibility requirements for self-funded or self-insured health care plan to participate in premium assistance program; conforming language; updating statutory language; updating statutory references; and declaring an emergency.

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

SECTION 1. AMENDATORY 56 O.S. 2021, Section 1010.1, as last amended by Section 2, Chapter 133, O.S.L. 2024 (56 O.S. Supp. 2024, Section 1010.1), is amended to read as follows:

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

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

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

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

a. increase access to health care for Oklahomans,

b. reform the ~~Oklahoma~~ state Medicaid ~~Program~~ 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 Oklahoma 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.

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

E. For purposes of this paragraph, "for-profit employer" shall mean an entity which is not exempt from taxation pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and "not-for-profit employer" shall mean an entity which is exempt from taxation pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

F. 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 extension of the premium assistance program to include qualified employees whose family income does not exceed two hundred fifty percent (250%) of the federal poverty level, subject to the limit of federal financial participation.

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

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

2. The fund shall be a continuing fund, not subject to fiscal 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~~ <u>state</u> Medicaid ~~Program~~ <u>program</u> on or after 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.

3. The Department of Public Safety 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 identification data to the Authority.

J. ~~An employer participating in the premium assistance program created under this section as of May 1, 2024, may utilize a~~ A self-funded or self-insured health care plan ~~as a participating health care plan~~ shall be eligible to participate in the premium assistance program created under this section if:

1. The self-funded or self-insured health care plan meets at least one of the following conditions:

a. the plan is utilized by an employer that was participating in the premium assistance program as of May 1, 2024, or

b. the plan is owned and operated by an interlocal self-funded public trust formed under the Oklahoma Statutes and comprised of local government employers;

2. The self-funded or self-insured health care plan is:

a. recognized by the Insurance Department under Section 6012 of Title 36 of the Oklahoma Statutes, if the plan meets the conditions of subparagraph a of paragraph 1 of this subsection, or

b. under the oversight of the Office of the Attorney General, if the plan meets the conditions of subparagraph b of paragraph 1 of this subsection;

~~2.~~ 3. The self-funded or self-insured health care plan covers all essential health benefits as required by the Authority and all other health benefits required under applicable federal laws;

~~3.~~ 4. The self-funded or self-insured health care plan otherwise complies with all applicable federal laws including, but not limited to, the Employee Retirement Income Security Act of 1974 (ERISA);

~~4.~~ 5. The self-funded or self-insured health care plan assesses a monthly premium on members and maintains a rate schedule for ~~provider~~ employer reimbursement;

~~5.~~ 6. The self-funded or self-insured health care plan meets actuarial standards for the premium assistance program as determined by the Authority and the employer submits an attestation to the Insurance Department or the Office of the Attorney General, as applicable, that the self-funded or self-insured health care plan meets such actuarial standards; and

~~6.~~ 7. The Authority receives the necessary federal approval for self-funded or self-insured health care plans to participate in the premium assistance program.

SECTION 2. 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.

Passed the Senate the 12th day of March, 2025.

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Presiding Officer of the Senate

Passed the House of Representatives the ____ day of __________, 2025.

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Presiding Officer of the House
of Representatives