

1 ENGROSSED SENATE  
2 BILL NO. 1323

By: Garvin of the Senate

3 and

4 McEntire of the House

5  
6 [ state Medicaid program - recognize certain self-  
7 funded or self-insured health care plan as health  
8 care plan under specified conditions - codification -  
9 effective date ]

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

11 SECTION 1. 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:

14 A health care plan recognized by the Insurance Department that  
15 participates in the premium assistance program created under Section  
16 1010.1 of Title 56 of the Oklahoma Statutes as of the effective date  
17 of this act that at a later date becomes a self-funded or self-  
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  
20 requirements under subsection J of Section 1010.1 of Title 56 of the  
21 Oklahoma Statutes. The health care plan shall only be considered a  
22 health care plan for the exclusive purposes of the premium  
23 assistance program created under Section 1010.1 of Title 56 of the  
24 Oklahoma Statutes.

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

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

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

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

20 D. 1. The Authority is directed to apply for a waiver or  
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.

1       4.    a.    The Authority is authorized to seek from the Centers  
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  
20   "not-for-profit employer" shall mean an entity which is exempt from  
21   taxation pursuant to the provisions of Section 501(c)(3) of the  
22   Internal Revenue Code.

23       F.    The Authority is authorized to seek from the Centers for  
24   Medicare and Medicaid Services any waivers or amendments to existing

1 waivers necessary to accomplish an extension of the premium  
2 assistance program to include qualified employees whose family  
3 income does not exceed two hundred fifty percent (250%) of the  
4 federal poverty level, subject to the limit of federal financial  
5 participation.

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

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

12 2. The fund shall be a continuing fund, not subject to fiscal  
13 year limitations, and shall consist of:

- 14 a. all monies received by the Authority pursuant to this  
15 section and otherwise specified or authorized by law,
- 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  
8 federal and state law.

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  
16 establish procedures for the secure electronic transmission of an  
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:

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