



OKLAHOMA OSTEOPATHIC ASSOCIATION  
ADVOCACY AND WELL BEING

# **121<sup>st</sup> OOA Annual Convention**

**Legislative Chair LeRoy E. Young, DO,  
OOA Lobbyist Jami Longacre**

April 29, 2021



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# Budget Outlook FY '22

- BOE in Feb approved \$9,640,475,940 in revenue to be appropriated by the Legislature for Fiscal Year 2022.
- An increase of \$1,807,310,758 over appropriated expenditures for FY 2021, but \$1.7 billion of that is one-time cash or non-recurring revenue.



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# Budget Outlook FY '22

## FMAP

- Oklahoma is also poised to pick up a separate 5 percent FMAP increase starting July 1 when the state expands Medicaid to cover low-income adults. That provision was included in Congress' latest COVID-19 relief package, the American Rescue Plan, and is specifically for states that have not yet adopted Medicaid expansion from the Obama-era Affordable Care Act.
- **\$860 million over 8 quarters (2 years)**



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# Budget Outlook FY '22

## YTD

- Total GRF collections through the first nine months of fiscal year 2021 are \$4.8 billion, which is **\$27.5 million, or 0.6%, above the estimate,**
- And \$94.1 million, or 2%, above prior year collections for the same period.



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# Medicaid Expansion

- Voters approved SQ 802 on June 30, placing Medicaid expansion into the Oklahoma constitution.
- **Medicaid expansion will begin July 1, 2021.**
- SQ 802 expands Medicaid eligibility to all adults ages 19 to 64 years old making up to 133% of the Federal Poverty Level no later than July 1, 2021.
- This will provide coverage for individuals making up to **\$16,970 or \$34,846** for a family of **four**.
- The margin of victory was slim: 50.5%-49.5% with the question decided by 6,688 votes.
- Oklahoma became the 5<sup>th</sup> state to approve expansion by voter referendum.



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# Medicaid Expansion

## June 2020 - Governor Stitt Announces Plan for RFP for Medicaid Managed Care

The Request for Proposals (RFP) was released this fall and an anticipated implementation date of [October 1, 2021](#).



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# Managed Care Organizations

- **Upper Payment Limit programs = \$665M prior slide includes the following:**
  - Physician Provider Rates embedded in current SHOPP = \$30M state/\$75M total
  - OU THRP (aka Trauma) at risk = \$157M in FY20
- **Academic Physicians Enhanced Rate (OU & OSU) = \$120M est.**
  - OSU 657 Physicians statewide



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# Managed Care Organizations

- Tribes \$88M to \$100M
- Enhanced Tier Payment System EPTS (MH)  
at risk = \$6M
- Long term care fee (later in ABD) = \$80M  
state/\$170M Fed

**Total Supplemental Funding not solved  
for =\$1B**



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# Managed Care Organizations

- **OHCA Board approved four MCO contracts on January 26, 2021.**
- Legislation filed to attempt to limit and constrain how MCOs may work in Oklahoma. **HB 1091** and **HB 2299** – passed House overwhelmingly and failed to be heard in the Senate.



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# Managed Care Organizations

## CMS

- *On **February 19, 2021**, Oklahoma submitted an amendment to SoonerCare to authorize a managed care delivery system, enroll the new adult group and the former foster care group into the mandatory managed care delivery system authorized under the demonstration effective October 1, 2021 and waive retroactive eligibility for the new adult group (except for pregnant women and people in the aged blind and disabled eligibility group) effective July 1, 2021.*
- *The federal public comment period will be open from **March 23, 2021 through April 22, 2021.***



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# Managed Care Organizations

## SB 131

- Identical to SoonerCare 2.0 from 2020 session.
- The Oklahomans Caring for Oklahomans Act will build on the existing primary care case management model within the Oklahoma Health Care Authority for improving health outcomes and controlling costs.
- This bill will stop the privatization of SoonerCare (Medicaid) and keep it within the Oklahoma Health Care Authority.
- Passed the House 73 to 17 (veto proof) and now awaits it's fate in the Oklahoma State Senate.



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## STOP THE HEALTH CARE HOLDUP

To the distinguished members of the Oklahoma Legislature:

We are writing today to express our united opposition to the governor's proposed managed care plan. Local providers are deeply concerned about this plan and the impact it will have on health care in Oklahoma.

### **The governor's plan puts insurance companies in charge of patient care.**

Simply put, managed care puts insurance companies in charge of patient care — something Oklahomans do not want. The Oklahoma Health Care Authority's own actuarial advisor has said that to achieve cost savings under the managed care plan, Oklahoma would need to reduce services to Medicaid patients by up to 40%. This ill-conceived plan would create delays for patients and allow insurance companies to ration medically necessary care for patients in Oklahoma.

### **This plan is fiscally irresponsible.**

The Oklahoma Health Care Authority is already managing Medicaid services — and they're doing it with administrative costs that are among the lowest in the nation at around 4%. If enacted, the governor's managed care plan will increase administrative costs up to an estimated 15%. We can't afford this plan.

### **We already have a shortage of doctors, nurses and providers — and managed care will make it worse.**

Reducing services by 40% will no doubt lead to access issues for patients and reductions in staff. Managed care will also lead to Emergency Medical Service (EMS) closings, especially in rural areas, and will result in longer response times and lives lost. The managed care plan would negatively impact all Oklahomans — not just those receiving Medicaid services.

### **SB 131 needs your overwhelming support to stop SoonerSelect in Oklahoma.**

The Oklahomans Caring for Oklahomans Act will build on the existing primary care case management model within the Oklahoma Health Care Authority for improving health outcomes and controlling costs. This bill will stop the privatization of SoonerCare (Medicaid) and keep it within the Oklahoma Health Care Authority.

**Please stand with Oklahoma patients and the health care community against the proposed managed care plan, which only benefits insurance companies.**

Sincerely,



For more information, visit: [www.HealthCareHoldup.com](http://www.HealthCareHoldup.com) | Contact: [info@healthcareholdup.com](mailto:info@healthcareholdup.com)



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# Scope of Practice

**Started with 12 Scope Bills and down to just a few.**

**PA's - SB 516** – Unlimited number of PA's a DO or MD may supervise – in conference.

**APRN - HB2009**, advanced practice nurses in those who can sign death certificates – Signed by Gov

**Optometry - HB 2680**, tightens up dispensing of medications to treat ocular abnormalities. Current language includes a broad authorization to dispense drugs. ***Signed into law; effective Nov. 1, 2021***



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# Scope of Practice

## Bills that Are DEAD for 2021

### PMTc

- **HB2121**, by Rep Marcus McEntire - add a nurse and PA PMTC Board plus adds surgery as primary care.

### PT

- **HB 2595**, by Rep Sean Roberts – went from 30 to 90 day that a PT could see a patient without a referral.
- **SB 399**, by Sen Paul Rosino – plan was to allow PT's to be called physicians of PT



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# Scope of Practice

## Bills that Are DEAD for 2021

- **SB 497**, by Sen. Greg McCortney, R-Ada, pertains to advertising and only DO's and MD's can call themselves doctors.
- **SB0478**, by Sen. Bill Coleman, R-Ponca City, expands the prescriptive authority of certain drugs by Advanced Practice Registered Nurses,
- **SB0496**, by Sen. Greg McCortney, R-Ada, adds a Certified Nurse Practitioner who has obtained independent prescriptive authority to the definition of the term "licensed practitioner" under the Oklahoma Pharmacy Act.



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# Surprise Billing

## Bills that Are DEAD for 2021

**SB 548** - Surprise Bill and Medical Debt collection prohibition - failed on the House floor 58 N/35 Y)



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# Opioids

- **SB 58** exempts a practitioner who orders a controlled dangerous substance to be administered through a hospice program from electronic prescription requirement. ***Signed into law; took effect upon the Governor's approval***

## Bills that Are DEAD for 2021

**SB 888** – Required all Pain Mgmt Clinics to register with the state.



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# Telemedicine

**SB 674** – Reimbursements for telemedicine services must be provided on the same basis and at least at the rate of reimbursement that the insurer is responsible for coverage for the provision of the same service through in-person consultation. Additionally, any benefit restrictions imposed on telemedicine treatments must be equally applied to in-person treatments. Lastly, no insurer may prohibit the prescription of medicine through telemedicine that are more restrictive than applicable state and federal law.

***Senate to accept House amendments today***



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# Vaccines

- **Oklahoma State Health Department Rules for Pre-School and K-12**
- **19 Vaccine Related Bills introduced and now down to one.**
- **SB 658 – requires schools to post exemption info on their website.**



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# Questions and Closing Comments

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