

The logo for the Oklahoma Hospital Association (OHA) features a stylized white outline of the state of Oklahoma on a blue background, followed by the letters 'OHA' in a bold, white, sans-serif font.

*Oklahoma
Hospital
Association*

A photograph of the Oklahoma State Capitol building, featuring a large white dome and classical columns. The building is partially obscured by vibrant pink cherry blossoms in the foreground. The sky is a clear, bright blue with some light clouds.

First Session of the 55th Oklahoma State Legislature

State Legislative Report

July 2015

President's Message

2015 Legislative Report

At the heart of the Oklahoma Hospital Association's advocacy agenda for the 2015 legislative session were two primary objectives: 1) advance a proposal initiated by OHA to reform the delivery and payment of health care services to the state's most vulnerable citizens, and 2) protect Medicaid payments to providers in the midst of challenging economic times for the state. For certain, these same themes will carry forward into 2016.

Last year our members faced challenges aimed at outsourcing the state's Medicaid program as well as decreased funding for state services, issues that were certain to escalate in the ensuing months. Following the 2014 legislative session, the OHA board of trustees decisively took action to proactively address reforms to the state's Medicaid program and offer a solution to broaden coverage to the growing number of uninsured Oklahomans. In November 2014, OHA announced its "Transforming Health Care: A Proposal for Oklahoma's Future," developed in partnership with Mannat Health Solutions. It was essential that a provider-led proposal be an integral part of the health care debate moving forward.

As the OHA met with legislative leaders early this year, it became clear there would be no political support this session for any discussion of broadening coverage. Therefore, HB 1718 (Cox), an OHA sponsored bill seeking to broaden coverage through Insure Oklahoma, was held in House committee. However, in forming a partnership with the Oklahoma Association of Health Care Providers and Blue Cross and Blue Shield of Oklahoma, we were successful in passing a *first step* in the process of advancing OHA's transforming proposal, in particular, payment and delivery system reforms.

Under HB 1566 (Mulready/David), a provider-led initiative, the Oklahoma Health Care Authority (OHCA) will initiate requests for proposals to health care providers and health plans to establish care coordination models for health care services directed to aged, blind and disabled (ABD) persons. Currently, only 22 percent of Oklahoma Medicaid participants are in the ABD category, yet they consume 57 percent of total Medicaid expenditures.

We remain vigilant in our efforts to realize the *second step* in the process of "Transforming Health Care for Oklahoma" by broadening eligibility and coverage through Insure Oklahoma. Our proposal demonstrates the state can achieve substantial financial savings and access additional resources toward improving Oklahoma's health outcomes while providing coverage to low-income working Oklahomans. While it is difficult to gain support from elected officials, mostly because of political ideology, the OHA is committed to intensifying its efforts in the months ahead by taking our message to community leaders across the state to stand with us and urge legislators to support accepting available federal funds. By accepting \$9.9 billion in federal funds, Oklahoma would realize \$18 billion in total new revenue, generating at least 24,000 new jobs and an increase in state/local tax revenue of \$620 million (2016-23).

Our state faces significant challenges. In February, due to a drop in oil prices, the state's revenue deficit was revised to \$611 million for fiscal year 2016, or an 8.5 percent decrease in funding state services. However, many of you helped carry our message forward and, in the final budget for FY 2016, while many state agency appropriations were reduced or held flat, the OHCA received an additional \$18 million to avoid across-the-board provider rate cuts. The revenue picture for the 2016 session looks increasingly dim as lawmakers will again likely face a budget deficit of more than \$500 million.

The OHA is offering responsible solutions to serious problems that our elected and appointed officials should thoughtfully consider, debate and enact. We appreciate your ongoing support in this endeavor.



Craig W. Jones, FACHE
President



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The First Session of Oklahoma’s 55th Legislature convened on Feb. 2 and adjourned on May 22. In the first session, or 2015 session of the Legislature:

- 2,162 bills and joint resolutions were introduced.
- 398 measures were signed by Gov. Mary Fallin out of the 415 sent to her desk.
- 17 measures were vetoed by Gov. Fallin.
- 1 vetoed measure was overridden by the Legislature.

Bills and resolutions that were not heard in committee or on the floor of either house of the Legislature may be considered in the Second Session beginning in February 2016.

OHA wishes to acknowledge the following for contributing to this report: Oklahoma Health Care Authority, Oklahoma Department of Mental Health & Substance Abuse Services, Oklahoma State Department of Health, Oklahoma Association of Health Plans, and Oklahoma Policy Institute.

Medicaid Budget for FY 2016

The Oklahoma Legislature passed a budget that received much criticism. HB 2242 appropriated \$7.139 billion to the agencies of the legislative, judicial and executive branches of state government. This is \$74.3 million or 1.03 percent less than FY 2015's appropriated budget. (See page 20, State Budget Highlights)

HB 2242 reduces most state agencies' FY 2016 appropriations by 0.75 percent to as much as 7.25 percent while some agencies are held flat and others received small increases. Ultimately, the Legislature balanced the budget by taking more than \$500 million from various sources, including the Rainy Day Fund.

The Oklahoma Health Care Authority (OHCA) received \$18 million, with hopes of avoiding an *across-the-board provider rate cut*, but the agency needed an increase of around \$60 million to avoid payment cuts to providers in targeted categories. As the legislative session was ending, and into June, the OHCA proposed to reduce Medicaid payment rates to physician assistants (PAs) and nurse practitioners (NPs) to 95 percent of the rates paid to physicians. In June 2015, at the State Plan Amendment Rate Committee meeting, the OHCA announced that the 15 percent payment cut to PAs and NPs would not be implemented.

Included in the targeted cuts, hospital inpatient services will be paid at the lesser of the Diagnosis-Related Group (DRG) amount or the hospital's charges. Hospitals currently are paid a flat DRG amount, which is usually far less than the hospital's charges for the service, but can be more than the charges in certain uncommon situations. OHA Vice President of Finance & Information Services Rick Snyder commented at the OHCA Medical Advisory Committee (MAC) meeting that this cut would be poor public policy because it penalizes the hospitals with the lowest charges, and he pointed out that hospitals will be disproportionately affected by the agency's proposed cuts.

Hospital payment cuts for DRG outliers and transfer cases were reviewed and adopted by OHCA's State Plan Amendment Rate Committee (SPARC). While the MAC advises the OHCA board on changes in agency rules, the SPARC reviews rate amendments in OHCA's state plan, a CMS-approved document that details the state's Medicaid payment provisions. OHA presented comments to the SPARC on the proposed hospital payment rate changes.



Rep. Doug Cox, MD, (R-Grove), discusses health care issues with Tim Bowen (right), president, INTEGRIS Grove Hospital, during OHA Advocacy Day at the Capitol.



At the state Capitol are, left to right, Jeff Hamilton, Wagoner; Debi Hamilton, board chair, Wagoner Community Hospital; Jimmy Leopard, CEO, Wagoner Community Hospital; and Rep. Wade Rousselot (D-Wagoner).

Broadening Coverage through *Insure Oklahoma*

HB 1718, Broadening Coverage – Insure Oklahoma (Cox), changes eligibility requirements in Oklahoma’s existing premium assistance program **Insure Oklahoma.**

(Held in House committee)

As Oklahoma faces serious budget challenges, our state also has an opportunity to change direction and become a smarter purchaser of care, stabilizing, if not reducing, its health care expenditures, broadening coverage, and creating jobs. Oklahoma has the opportunity to build on a tested Oklahoma model – *Insure Oklahoma*. The OHA recommends a coverage approach that builds on the existing *Insure Oklahoma* by offering a new option for higher income beneficiaries to obtain insurance on the commercial market and incorporating personal responsibility features for newly eligible adults, including cost sharing, non-coverage of non-emergent use of the ER, healthy behavior incentives, and referrals to work and education programs. By accepting \$9.9 billion in federal funds, Oklahoma is projected* to reap an \$18 billion impact in total new revenue.

- At least 24,000 new jobs will be created (18,000 jobs from 2016 - 2019).
- State and local tax revenue will increase \$620 million from 2016 - 2023.

The state can use the following safeguards:

- Retaining savings in the initial years to pay its matching share in later years.
- Terminating expansion if the federal government changes the federal matching rate to be less than what is authorized in statute.
- Increasing the provider assessment to generate revenue to cover certain additional costs.

**"The Economic Impact of the Proposed Insure Oklahoma Expansion, 2016-2023," Oklahoma State University, March 2015.*

Bills Supported by OHA Signed by the Governor

HB 1515 (Cooksey/Sharp)

Insurance Coverage of Proton Therapy

(Effective Nov. 1, 2015)

The legislation prohibits a health plan that provides coverage for cancer therapy from holding proton radiation therapy to a higher standard of clinical evidence than the health plan requires for coverage of any other radiation therapy treatment. The measure prohibits a mandate on the coverage of proton radiation therapy by a health benefit plan.

HB 1562 (Hall/Standridge)

Mechanical Restraints by Mid-Level Practitioners

(Effective Nov. 1, 2015)

The legislation addresses the use of mechanical restraints for medical necessity by expanding the list of licensed health care providers permitted to determine if mechanical restraint is required by the medical needs of the consumer. The list of providers includes allopathic and osteopathic physicians, physician assistants, or advanced practice registered nurses who are authorized to order restraints by a hospital or community-based structured crisis center policy. The measure also requires that the consumer receive a face-to-face examination by an approved health care provider trained in restraint management in accordance with standards by the U.S. Department of Health and Human Services and authorized by hospital policy, within one hour after the restraint is applied.

HB 1566 (Mulready/David)

Care Coordination

(Effective Nov. 1, 2015)

The legislation requires the Oklahoma Health Care Authority (OHCA) to initiate requests for proposals (RFP) for care coordination models for aged, blind and disabled (ABD) persons. Care coordination models for members receiving institutional care shall be phased in two years after the initial enrollment period of a care coordination program. The bill was amended in the Senate to clarify that nursing homes will be included, but not immediately. OHA will be working with the OHCA and other stakeholders during the interim to provide input into the RFPs.

HB 2217 (Mulready/Stanislawski)

Credentialing

(Effective Nov. 1, 2015)

The legislation modifies the credentialing process when applied to a physician who joins an established medical group that has a current contract with a health plan. The measure requires that within 31 days after a provider has been credentialed by a health plan, the provider shall be considered in-network for purposes of reimbursement.

SB 236 (Yen/Cox)

Insurance Navigator Act

(Effective Nov. 1, 2015)

The legislation amends the *Navigator Registration Act* (HB 3286 enacted in 2014) to address patient privacy protections in the transmission of records to the Oklahoma Insurance Department (OID). The measure permits health insurance navigators and navigator entities, including certified application counselors, to provide summary reports requested by the insurance commissioner when they are prohibited from including personally identifiable information. Personally identifiable information is defined. The bill also requires a health insurance navigator, navigator entities or certified application counselor, upon inquiry by the insurance commissioner, to verify the name, contact information, and date of contact for an individual or group assisted in enrolling on the Health Insurance Exchange.

SB 701 (Griffin/Denney)

EOD Authority

(Effective Nov. 1, 2015)

The legislation removes restrictions to allow physician assistants and advance practice nurses to assess patients for emergency order of detention in the emergency department.

SB 753 (David/Cox)

Modernization of Physician Assistant Act

(Effective Nov. 1, 2015)

The legislation modifies the Physician Assistant Practice Act by permitting the supervising physician to be available to a physician assistant by telemedicine, enabling the requirement for co-signature of hospital orders to be determined by the hospital, revising the four-hour-per-week on-site supervision to be determined by the supervising physician, and eliminating confusion regarding how PAs and physicians provide follow up for new patients and patients presenting with chronic or complex illnesses. The Oklahoma Board of Medical Licensure and Supervision will be promulgating rules in the fall of 2015 to enact the new law.



Craig W. Jones, OHA president, speaks with Rep. Glen Mulready (R-Tulsa).

Carryover Bills Supported by OHA

Carryover bills are bills or resolutions that were introduced in the first half of the legislative session (2015) and did not advance through both houses of the Legislature to the governor or secretary of state for action. These measures may be considered in the second half of the legislative session (2016) as long as the measure meets the deadline for action set by the Legislature.

HB 1536 (Thomsen/Justice) Telemedicine

(Passed House; Held in Senate committee)

The legislation addresses Oklahoma Universal Service Fund changes to continue modernizing the telemedicine law by clarifying for the Oklahoma Corporation Commission (OCC) the process to be used for schools, libraries and telemedicine providers that are qualified entities to obtain funding from the Oklahoma Universal Service Fund, which is administered at the OCC. The bill addresses three areas of interest for schools, libraries and telemedicine providers:

- Clarifies the public interest served by the provision of Special OUSF for schools, libraries and telemedicine providers.
- Requires notice of telecommunications carriers when they apply for Special OUSF. Some schools and telemedicine providers are not aware of filings being conducted on their behalf by a few telecommunications carriers. Providing notice helps the recipient of OUSF funds know where their application is in the process at the OCC.
- Requires competitive bidding for Oklahoma to utilize the same bidding requirements as federal programs previously applied, so that applicants only use one set of bidding criteria for telephone companies wanting to serve schools, libraries and telemedicine.

OCC Rules: On March 12, 2015, OCC commissioners voted unanimously to adopt the recommendations of OCC staff with the improvements agreed to by industry and OHA. OHA decided to ask our bill authors to hold HB 1536 in Senate committee to use as a vehicle for the 2016 session should further issues need to be addressed with the OCC. The primary issue of concern in the legislation was addressed in the OCC rules as follows:

- Telemedicine users are now required to complete an affidavit that the telemedicine provider has solicited for competitive bids, but are not prescribed on how the bids will be issued.

Taking out the prescriptive language is a major win as the OCC-proposed rules dealing with competitive bidding were in conflict with rules to receive federal funds, which must be applied for first. For complete information see www.okoha.com/telemedicine.

HB 1718 (Cox)

Broadening Coverage – Insure Oklahoma

(Held in House committee)

The legislation changes eligibility requirements in Oklahoma's existing premium assistance program Insure Oklahoma. (See page 5.)

HB 1719 (Cox)

Tobacco Tax Increase

(Held in House committee)

The legislation imposes an additional \$1 excise tax on a pack of cigarettes.

SB 495 (Holt/Ritze)

Removing Protected Class

(Held in Senate committee)

The legislation requires a restriction on smoking or other use of tobacco products be considered a bona fide occupational requirement when the employee works for an employer whose principal business is the provision or promotion of health care.

SB 640 (Treat/Cox)

Assessment Tool

(Passed Senate; Held in House committee)

The legislation directs the Oklahoma Health Care Authority to make payments to nursing facilities for individuals who are financially eligible for the Medicaid program and who meet certain medical necessity requirements, and to apply those standards to individuals who apply to receive services in their home under a Medicaid waiver program. The measure also directs the OHCA to consult with technical experts and essential stakeholders regarding the best use of an instrument to determine the medical needs and health status of an individual at the time of application and on a quarterly basis after service initiation. Lastly, the bill specifies that these requirements will take effect Jan. 1, 2016, for individuals initially applying for nursing facility or home or community-based services.

SB 727 (Brooks)

Nurse Practitioner Prescriptive Authority

(Held in Senate Committee)

The legislation permits nurse practitioners to order, administer and dispense legend drugs and certain controlled substances.

Carryover Bills Opposed by OHA

HB 1600 (Kern)

Child Abuse Reporting

(Held in House committee)

The legislation adds additional burden to the reporting of suspected child abuse by requiring every physician, surgeon or other health care professional, and every teacher, administrator or other school employee to promptly report suspected child abuse or neglect to the law enforcement agency with jurisdiction over the report in addition to reporting to the Oklahoma Department of Human Services. HB 1326 (Biggs/Loveless) contained the same language as HB 1600 and passed the House but failed the Senate floor.

HB 1618 (Derby)

Consolidation

(Held in House committee)

The legislation abolishes the State Employees Insurance and Benefits Board and moves the duties to the Health Care Authority.

HB 1695 (Denny)

Dense Breast Reporting

(Held in House committee)

The legislation requires facilities where a mammogram is performed to give notice to the patient of a dense breast.

HB 1940 and SB 161 (Roberts/Brecheen)

Pricing

(Held in committees)

The legislation requires hospital pricing transparency.

HB 2097 (Moore)

Repeal Mandated Benefits

(Held in House committee)

The legislation states that state insurers are not required to offer or provide state mandated health benefits; requires insurers to offer at least one policy that does not provide any of the mandated health benefits. The measure deletes the requirements for decision on emergency service and repeals language related to coverage of off-label uses of prescription drugs as it relates to the Kidney Health Planning Act of Oklahoma.

HB 2207 (Fourkiller)

Surgical Techs

(Held in House Committee)

The legislation requires hospitals to hire only certified surgical technicians.

SB 761 (Bass)

Nonprofit Hospitals

(Held in Senate committee)

The legislation requires nonprofit hospitals, as a condition of tax-exempt status, to offer charity care following certain standards.

SB 127 (David/Newell)

Appoint OHCA Executive Director

(Passed Senate; Held in House committee)

The legislation removes the power of the Oklahoma Health Care Authority board to hire an executive director and grants the power to the governor.

SB 168 (Standridge)

HEPA Filters

(Passed Senate committee; author withdrew bill from consideration)

The legislation requires hospitals to provide verification to the Commissioner of Health that low pressure rooms are equipped with HEPA filters.

SB 172 (Loveless/Newell)

State Employee Incentives

(Held in House committee)

The legislation requires the state to propose a plan which incentivizes state employees to purchase health services from providers who post transparent pricing online.

SB 280 (Stanislowski)

Birth Certificates

(Held in Senate committee; author withdrew bill from consideration)

The legislation requires institutions responsible for filing birth certificates with the state registrar to include blood type on the birth certificate.

SB 519 (Fry)

Staffing Ratios

(Held in Senate Committee)

The legislation requires hospital construction plans submitted to the Health Department to specify the number of nurses and support staff.

SB 734 (Sykes/Osborn)

OHCA Claims

(Passed Senate and House committee; Held on House floor)

The legislation requires the Health Care Authority to comply with the Administrative Procedures Act in the processing of appeals and medical claims for payment.

SB 829 (Dahm)

Ten Agency Directors – Appointed by Governor

(Held in Senate committee)

Starting Jan. 1, 2016, employment of the executive director, commissioner or chief executive officer of agencies, board or commissions outlined in the bill who were previously hired are terminated and the governor will appoint or re-appoint such positions to be confirmed by the Senate. The bill states such agencies impacted include the Oklahoma Board of Dentistry, the Oklahoma Health Care Authority, the Office of Juvenile Affairs and the Oklahoma Department of Mental Health and Substance Abuse Services, among others on the list of ten agencies.

Bills Impacting Hospitals & Other Health Care Facilities

HB 1037 *(Faught/Holt)*

Body Cameras on Law Enforcement

(Effective June 4, 2015)

The legislation adds language clarifying and specifying exemptions to the Open Records Act for audio and video recordings from law enforcement dash cameras and associated audio recording devices. It also establishes exemptions from the Open Records Act for audio and video recordings from body cameras worn by law enforcement officers, including an exemption for personal medical information that is not already public. The bill also exempts from the Open Records Act recordings that would undermine the assertion of a privilege as provided in Section 1-109 or Section 3-428 of Title 43A of the Oklahoma Statutes for detention or transportation for mental health evaluation or treatment, or drug or alcohol detoxification purposes.

HB 1074 *(Morrissette/Standridge)*

Right to Try Clinical Trial Drugs Act

(Effective Nov. 1, 2015)

The legislation states an eligible patient may participate directly with a manufacturer in an investigational trial of a drug or biologic product or device. The eligible patient must sign a written informed consent form, which states the patient was diagnosed with a terminal illness, has considered all treatments currently approved, is unable to participate in a clinical trial, received a recommendation from a physician, and given written consent for the use of the investigational drug. Eligible patient does not include a person being treated inpatient at a licensed hospital.

HB 1584 *(Park/Jech)*

Oklahoma Employment Security Commission Contributions

(Effective Nov. 1, 2015)

The legislation entitles a successor employer to damages and expenses incurred from a predecessor employer if that predecessor fails to provide notice of all current or delinquent contributions, interest, penalties and fees owed to the Oklahoma Employment Security Commission.

HB 1890 *(Kirby/Newberry)*

Oklahoma Uniform Building Code Commission

(Effective Nov. 1, 2015)

The legislation requires the Oklahoma Uniform Building Code Commission to establish a code academy as part of a certification process through which employees of the state, counties, municipalities, and other individuals may be educated in the Uniform Building Code, and in methodologies and techniques of inspection for residential and commercial construction, in order to become certified as state, county and municipal inspectors, or other inspectors.

SB 115 *(Simpson/Hardin)*

Veterans Medical Foster Homes

(Effective Nov. 1, 2015)

The legislation broadens the definition of employer as it relates to medical foster homes to include any facility approved and annually reviewed by the U.S. Department of Veterans Affairs as a medical foster home in which care is provided exclusively to three or fewer veterans.

SB 128 *(David/Grau)*

Fees for Copies of Medical Records

(Effective Nov. 1, 2015)

The legislation provides that all requests for medical records are subject to the fee schedule in Oklahoma regardless of where the copies or electronic versions of such records are actually produced.

SB 578 *(Shaw/Cox)*

Long Term Care Facility for Persons Incarcerated

(Effective Nov. 1, 2015)

The legislation requires the Department of Corrections (DOC) to initiate a request for proposals for a stand-alone long term care facility for any incarcerated offender deemed by the DOC to be either critically or terminally ill.

SB 789 *(Sykes/Grau)*

Admissibility of Medical Bills

(Effective Nov. 1, 2015)

The legislation modifies language related to the admissibility of medical bills in civil cases arising from personal injury. The bill allows for sworn testimony in lieu of a bill. If no medical bills have been paid or other conditions met, then the medical bill shall be admissible at trial, subject to limitations of any lien filing.

Government Operations

State Agency Rules

For the second year in a row, Gov. Fallin had to take executive action on rules submitted by state agencies. In 2013 the law changed to require all rules to be approved by general reference in an omnibus joint resolution and for disapproved rules to be listed individually. This year, omnibus resolution, HJR 1030, passed the House but was not taken up by the Senate before it adjourned sine die May 22. Gov. Fallin approved all rules submitted by the April 1 deadline except one proposed by the State Athletic Commission. Four others were individually disapproved by the Legislature.

HB 1681 (Grau/Holt) Government Tort Claims Act

(Effective May 12, 2015)

The legislation requires an action, if it is commenced alleging tort liability on the part of the state, to name as a defendant the state or political subdivision. The bill states in no instance will an employee of the state be named defendant unless the employee was not acting within their scope of employment.

SB 189 (Sharp/Casey) Oklahoma Performance Informed Budget and Transparency Act of 2015

(Effective July 1, 2015)

The legislation creates Oklahoma Performance Informed Budget and Transparency Act of 2015. The bill changes references to “zero-based” budgeting to “performance-informed” budgeting for state agencies to submit annual budgets. The intent of the bill is to allow legislators to have a more in-depth look at where money is being spent and to examine duplication between agencies.



Rep. Mike Sanders (R-Kingfisher) with Shelly Dunham, CEO, Okeene Municipal Hospital.



Left to right, Justin McLaughlin, Ron Peterson and Richard Boone of St. John Health System, with Rep. Ken Walker (R-Tulsa).

Legislation of Health Care Interest

Insurance, State & Education Employees Insurance (OMES EGID), Workers' Compensation

The Office of Management & Enterprise Services (formerly the Office of State Finance) and the Employee Group Insurance Division (formerly State & Education Employees Insurance Board, OSEEGIB) are now known as OMES EGID.

HB 1515 (Cooksey/Sharp) Insurance Coverage of Proton Therapy

(Effective Nov. 1, 2015)

The legislation prohibits a health benefit plan that provides coverage for cancer therapy from holding proton radiation therapy to a higher standard of clinical evidence for medical policy benefit coverage decisions than the health plan requires for coverage of any other radiation therapy treatment. It also prohibits a mandate on the coverage of proton radiation therapy by a health benefit plan.

HB 1567 (Mulready/Treat) State Employees Insurance

(Effective Nov. 1, 2015)

The legislation affects state employee benefits. It amends current law to permit the State Account Health Insurance Plan to provide for the application of deductibles and copayment or coinsurance provisions that are based on contracts with providers for specific services, based on levels of outcomes or cost of provider. In effect, the bill allows EGID to set different HealthChoice deductible and copayment amounts for different types of providers.

HB 2238 (Casey/Jolley) Workers' Compensation Omnibus Bill

(Effective July 1, 2015)

The bill creates the Workers' Compensation Commission Revolving Fund to fund operations of the commission and administration of the Administrative Workers' Compensation Act and for any other purposes related to the Administrative Workers' Compensation Act that the Commission deems appropriate. It apportions \$5 million to the Workers' Compensation Commission Revolving Fund for FY 2016 and \$3 million for FY 2017 and each fiscal year thereafter. It apportions \$4 million to the Workers' Compensation Administrative for FY 2016; \$3.5 million for FY 2017 and FY 2018; \$3 million for FY 2019; and \$2.5 million for FY 2020.

SB 455 (Brown/Kirby) Oklahoma Insurance Department (OID) Omnibus Bill

(Effective date Nov. 1, 2015)

The legislation modifies various provisions of the Oklahoma Insurance Code. Provisions of interest to OHA include: Section 1 – removes the requirement that insurers provide certification of creditable coverage to individuals whose group health insurance has terminated because it is now required by federal law; Section 12 – expands the methods in which an insurer may make a claims payment to an insured to include electronic funds transfers and prepaid cards; Section 13 – clarifies the commissioner's authority over entities regulated outside title 36, such as hospitals and federally qualified health centers engaged in enrollment of patients in the Affordable Care Act as this relates to the Oklahoma Navigator Act; and, Section 28 – gives the commissioner discretion regarding the filing of closed claims annual reports by medical professional liability insurers.

SB 560 (Standridge/Derby) Concierge Medicine Act

(Effective April 21, 2015)

The legislation prohibits state law from banning a physician, medical professional or medical facility from accepting payment for out-of-network services or medical products, or for private services or medical products provided to a Medicaid beneficiary. The bill defines "direct primary care membership agreement." The bill provides a direct primary care membership agreement is not insurance and is not subject to regulation by the Insurance Department. It also provides that entering into a direct primary care membership agreement is not the business of insurance and is not subject to regulations under the Oklahoma Insurance Code. It also provides that a direct primary care membership agreement is not a medical discount plan, as defined by state law or regulation under the Insurance Department and a direct primary care provider is not required to register as a medical discount plan.

SB 767 (Sykes/Echols) Workers' Compensation Medical Records

(Effective Nov. 1, 2015)

The legislation requires medical records created for the purpose of treatment and medical opinions obtained during an investigation of a workers' compensation proceeding to be admissible at the preliminary hearing without the appearance of the medical professional. The bill allows material evidence dispositive to the issues of whether there was probable cause that was not admitted at the preliminary hearing to be presented at a pretrial hearing. Immunity from any civil or criminal liability is created by the bill for any person who, in good faith, reports workers' compensation or insurance fraud or allows access to medical records by persons authorized to investigate a report of fraud.

Medicaid

HB 1628 (Derby/Griffin) **Medicaid Prior Authorization of Drugs**

(Effective Aug. 20, 2015)

The legislation expands the requirement for SoonerCare to provide coverage under prior authorization for any new drugs approved by the U.S. Food and Drug Administration. If a new drug does not fall into a class that is already placed under prior authorization, that drug must be reviewed by the Drug Utilization Review Board of the SoonerCare program within 100 days of approval by the federal government.

SB 293 (Simpson/Ownbey) **SoonerCare Applications from Active Duty Personnel**

(Effective Nov. 1, 2015)

The legislation requires the Oklahoma Health Care Authority and the Department of Human Services, if a similar request was made in a different state, to consider applications for services of active duty in the U.S. Armed Forces or the service of an immediate family member, from the date in which the individual has made the request in another state, to be considered for eligibility as if it had been made in this state at the time it was originally made in the other state.



Rep. Todd Russ (R-Cordell) (left) with Corey Lively, CEO, Great Plains Regional Medical Center, Elk City.

SB 338 (Standridge/Martin) **Oklahoma Tax Commission Information for SoonerCare Recipients**

(Effective Nov. 1, 2015)

The legislation authorizes the Oklahoma Tax Commission to disclose specific income information to the Oklahoma Health Care Authority for purposes of determining eligibility for current or potential recipients of assistance from the Oklahoma Medicaid program.



Left to right, Don Armes, lobbyist, Southwestern Medical Center, Lawton; Butch Hooper, director of business development, Southwestern Medical Center; Steve Hyde, CEO, Southwestern Medical Center; and Sen. Randy Bass (D-Lawton).

SB 494 (Holt/Hall) **Medicaid Coordination with Domestic Violence Sexual Assault Programs & Complex Physical Disabilities**

(Effective Nov. 1, 2015)

The legislation requires the Oklahoma Health Care Authority to coordinate with domestic violence sexual assault programs certified by the Office of the Attorney General that provide counseling services for victims of domestic violence to ensure that any explanation of benefits and billing information is not sent by paper mail to the actual physical address of persons receiving services for domestic violence. The bill also creates the Commitment to Care for People with Complex Physical Disabilities Act and defines related terms. The bill requires the Oklahoma Health Care Authority to take into consideration the unique medical and functional needs of members with complex physical disabilities when preparing or adjusting its budget and promulgation of policies and regulations. OHCA shall provide coverage for specialty provider services, specialized equipment, and supplies for people with complex physical disabilities.

SB 704 (Griffin/Cox) **Medicaid Liens in SoonerCare**

(Effective Nov. 1, 2015)

The legislation provides that the Oklahoma Health Care Authority may file a lien if a SoonerCare recipient has declared the intent not to return home. Any proceeds exceeding \$6,000 in prepaid burial expenses shall be returned to OHCA. The bill removed the requirement that the lien amount begins after one year from a certain date.

Hospital Executive's 2015 Checklist

The OHA recommends hospital and health system CEOs hold internal discussions with key staff members and groups within the hospital to alert them to legislative changes that will impact hospital operations or patient care.

The following listing of legislation provides a short description of each measure. Please refer to the explanation of the legislation described in this report for additional information. To retrieve the "enacted" or final version of the bill signed by the governor, go to the Oklahoma House of Representatives Home page, www.okhouse.gov, Find Legislation, Versions, select Enrolled and the bill will appear, or contact Melanie Morriss, OHA legislative assistant, morrissme@okoha.com.

Clinical

Mechanical Restraints - Allopathic and osteopathic physicians, physician assistants, or advanced practice registered nurses, beginning Nov. 1, 2015, are authorized to order mechanical restraints based on the medical needs of the consumer in a hospital or community-based structured crisis center. See HB 1562, page 6.

PMP - Before Nov. 1, 2015, all physician and other prescribers should check with their licensure boards on what screening of new patients and refills at 180 days will require and what the licensure boards will enforce for Uniform Controlled Dangerous Substances. All prescribers include: osteopathic and allopathic physicians, dentists, veterinarians, optometrists, nurses, and podiatrists. See HB 1948, page 15.

Reporting — Children & Families

Current law states that when treating children, hospital personnel are required to report any suspected cases of child abuse or neglect to the Oklahoma Department of Human Services (OKDHS) Hotline for investigation. Please note that there were several changes to the definitions of child abuse and neglect and the addition of sexual exploitation to the definition for required reporting. Employees should be trained on the latest requirements for reporting under Oklahoma law.

Sexual exploitation - Hospital personnel must begin to mandatorily report to OKDHS hotline any sexual exploitation for investigation of child abuse and neglect beginning Nov. 1, 2015. See HB 1066, page 17. See also HB 1273, which modifies the scope of the definition of "sexual exploitation," page 17.

Residential care facility personnel - Beginning Nov. 1, 2015, at least one person in the child's residential care facility shall be authorized to apply "the reasonable and prudent parental standard" in decisions for the child in foster care or institutions. At least one employee of

the residential care facility shall be trained and certified in the "reasonable and prudent parental standard." See HB 1078, page 17

Failure to protect child for mandatory reporting - The definition of "failure to protect" a child has been modified, which impacts the mandatory hospital reporting of child abuse or neglect to the DHS. Beginning Nov. 1, 2015, "failure to protect" means failure to take reasonable action to remedy or prevent child abuse or neglect, and includes the conduct of a non-abusing parent or guardian who knows the identity of the abuser or the person neglecting the child, but lies, conceals or fails to report the child abuse or neglect or otherwise take reasonable action to end the abuse or neglect. See SB 292, page 17.

Human resources

Health professionals licensure - Persons who have committed certain felonies will be allowed licensure, effective Nov. 1, 2015, from the State Board of Medical Licensure, the State Board of Examiners of Psychologists, State Board of Behavioral Health Licensure and other boards if five years have passed since conviction of the felony and felony was not in any way related to the position or poses a threat to public safety. See HB 2168, page 19.

Health plan credentialing - Effective Nov. 1, 2015, for an established medical group that has a current contract with a health plan, if a new physician joins the group the credentialing process is now governed by statute. The measure requires that within 31 days after a provider has been credentialed by a health plan, the provider shall be considered in-network for purposes of reimbursement. See HB 2217, page 6.

Medical records

All requests for medical records are subject to the fee schedule in Oklahoma regardless of where the copies or electronic versions of such records are actually produced, beginning Nov. 1, 2015. See SB 128, page 9.

Behavioral health

EOD - Physician assistants and advance practice nurses are allowed to assess patients for emergency orders of detention in the emergency department as of Nov. 1, 2015. See SB 701, page 14.

Transport - A law enforcement agency can contract with a third party to transport individuals to and from designated mental health institutions for the purpose of examination, emergency detention, protective custody and inpatient services, beginning Nov. 1, 2015. See SB 751, page 14.

Mental Health & Substance Abuse

FY 2016 DMHSAS Appropriations

The Oklahoma Department of Mental Health and Substance Abuse Services received \$2 million more in appropriations this year than last year. This represents a 0.6 percent increase to support operations. The agency had requested \$10 million in maintenance funding to meet required expenditures, such as the state share of behavioral health Medicaid. This represents funding in excess of baseline appropriations. In this case, anything less than a \$10 million increase in funding means cuts to other services. The maintenance request is to maintain a current level of services, not an increase. The additional \$2 million will go towards meeting maintenance needs, leaving an approximate \$8 million budget gap that the department will need to close by pulling funds from other program budget areas.

- **Unmet maintenance request in FY 2015** - Last year, appropriations failed to address a \$20 million maintenance request, which meant cuts to services for nearly 25,000 Oklahomans. Lost services also meant a \$56 million reduction in provider billing, as cuts impacted behavioral health Medicaid services. Federal funding that would have otherwise been available had to be forfeited due to the lack of state matching dollars.
- **Unmet maintenance request in FY 2016** - The department is currently planning how it will address budget shortfalls. All decisions will seek to impact the fewest number of people and maintain as many services as possible for those individuals who are most in need.

The announcement that Oklahoma's federal Medicaid match for CHIP (Children's Health Insurance Program) related services will increase slightly will help minimize possible reductions in service. Increased federal share is expected to reduce projected state share by approximately \$5.5 million in FY16. This would in turn reduce needed maintenance funds.

HB 1150 (Grau/Griffin) Treatment Facilities & School Zoning

(Effective July 1, 2015)

The legislation eliminates treatment facilities from a list of certain mental health recovery facilities prohibited from being located within 1,000 feet of certain schools.

HB 1562 (Hall/Standridge) Mechanical Restraints by Mid-Level Practitioners

(Effective Nov. 1, 2015)

The legislation addresses the use of mechanical restraints for medical necessity by expanding the list of licensed health care providers permitted to determine if mechanical restraint is required by the medical needs of the consumer. The measure clarifies that every use of restraint, regardless of who ordered it, shall be part of the clinical record and signed by the attending physician. The list of providers includes allopathic and osteopathic physicians, physician assistants, or advanced practice registered nurses who are authorized to order restraints by a hospital or community-based structured crisis center policy. The measure also requires that the consumer receive a face-to-face examination by a health care provider trained in restraint management in accordance with standards

by the U.S. Department of Health and Human Services and authorized by hospital policy, within one hour after the restraint is applied, with an approved health care provider.

HB 1616 (Derby/Standridge) Changes in Drug Classifications

(Effective Aug. 20, 2015)

The legislation eliminates hydrocodone with another active ingredient from schedule III. The bill modifies submission requirements for destroying controlled dangerous substances.

SB 701 (Griffin/Denney) EOD Authority

(Effective Nov. 1, 2015)

The legislation removes restrictions to allow physician assistants and advance practice nurses to assess patients for emergency order of detention in the emergency department.

SB 713 (Simpson/Ownbey) Veterans Mental Health

(Effective July 1, 2015)

The legislation allows the Department of Mental Health and Substance Abuse Services to facilitate the development of seven peer-supported, drop-in centers for serving Oklahoma veterans.

SB 751 (David/McCall) Mental Health Transportation

(Effective Nov. 1, 2015)

The legislation allows a law enforcement agency to contract with a third party to transport individuals to and from a designated mental health institution for the purpose of examination, emergency detention, protective custody and inpatient services, provided the third party meets minimum standards as determined by the Department of Mental Health and Substance Abuse Services.



Rep. Glen Mulready (R-Tulsa); Rep. Tom Newell (R-Seminole); Sen. Marty Quinn (R-Claremore); David Keith, president/CEO, McAlester Regional Health Center; and Rep. Sean Roberts (R-Tulsa).

Public Health

HB 1085 (Ownbey/Treat) **Home Care, Hospice and Palliative Care Advisory Council**

(Effective Nov. 1, 2015)

The legislation modifies the Home Care and Hospice Advisory Council at the State Department of Health to include Palliative Care. The bill increases membership of the Council. It also modifies the purposes of the Council to include reviewing best practices from home care, hospice and palliative care programs in the state.

HB 1463 (Hall/Smalley) **Stroke Care Protocol Establishment**

(Effective Nov. 1, 2015)

This legislation requires the State Department of Health to develop and coordinate implementation of a statewide system of care for stroke. The focus of the system shall be on evidence based treatments for stroke and shall include protocols for assessment, treatment and transportation of patients.

HB 1685 (Denney/Halligan) **24/7 Tobacco-Free Schools Act**

(Effective Aug 20, 2015)

The legislation establishes the 24/7 Tobacco-Free Schools Act. The bill prohibits the use of a tobacco product on the grounds of an educational facility that offers early childhood education. This bill designates all educational facilities to be non-smoking.

HB 1948 (Cox/Griffin) **Prescription Monitoring Program**

(Effective Nov. 1, 2015)

The legislation clarifies language related to the Uniform Controlled Dangerous Substance Act and establishes a Prescription Monitoring Program for all prescribers: osteopathic and allopathic physicians, dentists, veterinarians, optometrists, nurses, and podiatrists. Further, the measure:

- Grants registrants access to the central repository for the purposes of patient treatment and for determination in prescribing or screening new patients and for refills if 180 days have elapsed prior to the previous access and check of opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisoprodol;
- Permits the patient's history to be disclosed to the patient for the purposes of treatment of information at the discretion of the physician;
- Establishes prescription limitations;
- Provides for exceptions to the registry's requirements;
- Grants the sole responsibility for enforcement of the patient screening requirements to the licensing entity for each profession subject to the Act and states that a listing of the top 20 prescribers of controlled dangerous substances will be sent to their licensing entity;
- Requires, upon discovering that a registrant is prescribing outside the limitations of their licensure or outside of drug registration rules or applicable state laws, the respective licensing board be notified by the Oklahoma



Kevin Gross, OHA board chairman, president & CEO, Hillcrest HealthCare System, visits with Rep. Mike Ritze, DO, (R-Broken Arrow) during the OHA Legislative Reception.

State Bureau of Narcotics and Dangerous Drugs Control (OBND) in writing; and

- Clarifies that OBND has no authority to assess administrative fines and that respective licensure boards have exclusive authority to take action against licensees.

HB 2154 (Echols/Crain) **Legalized Marijuana Oil Usage for Children with Certain Diseases**

(Effective April 30, 2015)

The legislation creates Katie and Cayman's Law. It modifies the definition of "marihuana" to exclude cannabidiol derived from the seeds of the marihuana plant or cannabidiol derived from mature stalks. It also exempts persons under 18 participating in a clinical trial or in an expanded-access program related to administering cannabidiol for the treatment of severe forms of epilepsy. The bill prohibits a person acting in compliance with these provisions from being arrested, prosecuted, or from being included in any civil or administrative penalty, including a civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege, for the use, prescription, administration, possession, manufacture, or distribution of medical cannabidiol. The bill permits a statewide investigational new drug application to be established if approved by the U.S. Food and Drug Administration, to conduct clinical trials using cannabidiol on qualifying patients with severe forms of epilepsy. The bill allows licensed physicians to apply for Investigational New Drug authorization from the U.S. FDA.

HB 2185 (Hickman/Schulz) **Tobacco Settlement Endowment Trust Fund**

(Effective Nov. 1, 2015)

The legislation requires any unsolicited application, proposal, bid, or any other document to obtain funding to not be considered to be confidential and be subject to the Oklahoma Open Records Act and Oklahoma Open Meeting Act at all times as it relates to the Tobacco Settlement Endowment Trust Fund and its board.

Public Health (cont.)

HCR 1013 (Nelson/Treat) Prioritization of Need for Developmental Disabilities Waiting List

(Effective May 22, 2015)

The concurrent resolution directs the Oklahoma Department of Human Services to implement a waiting list for Developmental Disabilities Services Division waiver services that ranks individuals based on a Prioritization of Need (PON) and takes into account the age of the applicant, the age of the caregiver, the medical condition of the caregiver, and significant life events. This is a change from the “first come, first served” servicing of individuals waiting for waiver services.

SB 249 (Holt/McBride) Catastrophic Emergency Counseling

(Effective Nov. 1, 2015)

The legislation requires the State Board of Behavioral Health to promulgate emergency rules for the provision of counseling services following a declaration of emergency or catastrophic health emergency issued by the governor or Legislature. The emergency rules will only be valid during the declaration of emergency.

SB 250 (Paddock/Denney) Diabetes Benchmarks in Public Health

(Effective Nov. 1, 2015)

The legislation directs the Oklahoma Health Care Authority and the State Department of Health to collaborate to identify benchmarks and develop goals regarding diabetes. The bill requires both entities to submit a report to the president pro tempore of the Senate and the speaker of the House by Jan. 10 of odd numbered years.

Children & Families

Hospital personnel are required to report any suspected cases of child abuse or neglect to the Oklahoma Department of Human Services Hotline for investigation. Please note that there were several changes to the definitions of child abuse and neglect and the addition of sexual exploitation to the definition for required reporting. Employees should be trained on the latest requirements for reporting under Oklahoma law.



At the OHA Legislative Reception are (left to right) Jay Johnson, president & CEO, Duncan Regional Hospital, Sen. Corey Brooks (R-Washington), and Scott Stone, trustee, Duncan Regional Hospital.

HB 1066 (Nollan/Griffin) **Sexual Exploitation of Children added to Reporting**

(Effective Nov. 1, 2015)

The legislation adds sexual exploitation to the information to be reported in the Department of Human Services central registry for investigation of child abuse and neglect. **See also HB 1273 (Nollan/Griffin)** *(Effective April 13, 2015)*, which modifies the scope of the definition of "sexual exploitation."

HB 1078 (Ownbey/Griffin) **Successful Adulthood Act for Children in State Custody**

(Effective Nov. 1, 2015)

The legislation requires at least one person in the child's facility be authorized to apply "the reasonable and prudent parental standard" in decisions for the child in foster care or institutions. At least one employee of the residential care facility shall be trained and certified in the "reasonable and prudent parental standard." This bill also establishes the Successful Adulthood Act. The act requires a child's permanency plan be developed in consultation with the child and the conditions of that plan. The bill allows the DHS to establish policies and procedures addressing children at risk of sex trafficking and sets procedural requirements of the department when a child is reported missing or runs away.

HB 1079 (Ownbey/Simpson) **Foster Child Reports**

(Effective Nov. 1, 2015)

The legislation allows the foster parents of a child to submit a report to the court for presentation at a review hearing to assist the court in reviewing the placement or status of a child.

HB 1118 (Peterson/Marlatt) **Child Care Center Bill of Rights**

(Effective June 4, 2015)

The legislation creates the Child Care Center Bill of Rights, which prohibits a child care center from being penalized if a center employee has completed required training by the Department of Human Services and provided written documentation, but computer documentation is not updated by the training provider.

HB 1273 (Nollan/Griffin) **Sexual Exploitation of a Child Clarified**

(Effective Nov. 1, 2015)

The bill modifies the definition of "sexual exploitation" of a child to include allowing, permitting, encouraging, or forcing a child to engage in prostitution, as defined by law, by any person 18 years of age or older or by a person responsible for the health, safety, or welfare of the child.

HB 1274 (Walker/Boggs) **Employment of Child Care Facility Workers**

(Effective Nov. 1, 2015)

This legislation permits any relevant information about the ability of an individual to perform tasks requiring direct contact with children to be released to another child care facility in response to a request from the child care facility that is considering employing or contracting with said individual, unless deemed confidential by state and federal laws. It also requires requirements for confidentiality and recordkeeping with regard to the information to be the same for the child care facility receiving the information in response to a request as those provided in the bill for the child care facility releasing such information.

SB 180 (Griffin/Newell) **Review of Children's Placement in Any Child Custody Matter**

(Effective Nov. 1, 2015)

The legislation adds the requirement that a guardian ad litem review a child's current placement to the guardian ad litem's list of responsibilities in any child custody matter.

SB 292 (Griffin/Jordan) **New Definition for Failure to Protect Child for Child Abuse Reporting**

(Effective Nov. 1, 2015)

The legislation modifies the definition of "failure to protect" in the Oklahoma Children's Code, which includes hospital reporting of child abuse or neglect to the Oklahoma Department of Human Services. "Failure to protect" means failure to take reasonable action to remedy or prevent child abuse or neglect, and includes the conduct of a non-abusing parent or guardian who knows the identity of the abuser or the person neglecting the child, who lies, conceals or fails to report the child abuse or neglect or otherwise take reasonable action to end the abuse or neglect.

SB 457 (Griffin/Nelson) **Child Competency Determinations**

(Effective Jan. 1, 2016)

The legislation defines certain terms related to child competency proceedings. The bill permits the court to find a child incompetent without ordering a competency evaluation or hearing if certain conditions apply. The bill establishes procedures concerning motions to determine competency. The bill establishes procedures for the evaluation of a child who does not appear to be a person who is intellectually disabled. The bill establishes requirements for competency reports. It also establishes requirements for hearings to determine the child's competency to participate in the proceeding.

Children & Families (cont.)

SB 541 (Brooks/Cockroft) **Online Child Care Restricted Employment Registry**

(Effective Nov. 1, 2015)

The legislation modifies grounds for placement on the Online Child Care Restricted Registry to include a conviction of abuse or neglect, supported by written findings of fact and conclusions of law. The measure allows for placement of operators of child care facilities on the Restricted Registry in certain circumstances.

Public Safety

HB 1965 (O'Donnell/Senate Public Safety Committee) **Prohibits Texting While Driving**

(Effective Nov. 1, 2015)

The legislation was requested by the Oklahoma Highway Patrol to address the need for law enforcement officers to have "reasonable suspicion to stop someone and probable cause" before a citation is issued. The measure prohibits a person from operating a motor vehicle while using a hand-held electronic communication device to manually compose, send or read an electronic text message while the vehicle is in motion. The measure establishes a fine of not more than \$100. The Department of Public Safety is not to record or assess points for violations. The measure provides that the prohibition on the use of a device does not apply if the person is communicating with an emergency response operator: hospital, ambulance service, firefighting services, or law enforcement. It specifies that a violation of this act will not serve as the basis for denying otherwise applicable motor vehicle insurance coverage.

Abortion

HB 1409 (Billy/Treat) **72-Hour Wait Time for Abortion**

(Effective Nov. 1, 2015)

The legislation increases the time period of voluntary and informed consent prior to an abortion to 72 hours. The bill requires any facility performing abortions that has a website to publish an easily identifiable link on the homepage that directly links to the State Board of Medical Licensure and Supervision's website, which provides informed consent material under the Woman's Right-to-Know Act.

HB 1721 (Peterson/Brecheen) **Child Protection from Dismemberment Abortion Act**

(Effective Nov. 1, 2015)

The legislation establishes the Oklahoma Unborn Child Protection from Dismemberment Abortion Act. The bill makes it unlawful to perform or attempt a dismemberment abortion unless necessary to prevent serious health risk to the mother. The bill states only a physician or someone acting as a physician may be liable for performing a dismemberment abortion. It states violators will be fined \$10,000 and/or imprisoned for not more than two years.

SB 726 (Crain/O'Donnell) **Family Safety Center for Domestic Violence Services**

(Effective Nov. 1, 2015)

The legislation allows a county to administer a five-year pilot program of a Family Safety Center to provide certain domestic violence program services, contingent on funding. The bill establishes the services to include assistance obtaining emergency protective orders, assistance and resources to children exposed to domestic and family

SB 219 (Brooks/Sean Roberts) **Off-Duty Police Officers May Carry Weapons at All Times**

(Effective Nov. 1, 2015)

This legislation removes the requirement of an off-duty police officer not wearing his or her uniform and carrying a certified weapon to have written authorization for that weapon on his or her person. The off-duty police officer must still have their badge, Commission Card or CLEET certification card in their possession.

SB 234 (Justice/Osborn) **Concealed Weapons Off-Duty Peace Officers**

(Effective Nov. 1, 2015)

The legislation authorizes off-duty, full-time peace officers to carry an approved concealed weapon anywhere in the state of Oklahoma.

HB 1729 (Sean Roberts/David) **Definition of Fetal Death**

(Effective Nov. 1, 2015)

The legislation creates Ashlen's Law, which modifies the definition of fetal death by specifying that the fetus has advanced to the 12th week of uterogestation.

SB 642 (Treat/Grau) **Restrictions on Abortions for Children Less than 14 Years of Age**

(Effective Nov. 1, 2015)

The legislation requires any physician who performs an abortion on a child who is less than 14 years of age at the time of the abortion procedure to preserve, in accordance with rules promulgated by the State Board of Health, fetal tissue extracted during such abortion and to submit the tissue to the State Department of Health. The bill establishes that the failure of a physician to comply with any provision of the bill or any rule adopted constitutes unprofessional conduct under state statutes and will result in the physician being deemed guilty of a felony.

Professions & Licensure Boards

HB 1081 (*Ownbey/Simpson*)

Board of Nursing

(Effective Nov. 1, 2015)

The legislation allows the Board of Nursing to impose a corrective action to a licensed person who violates certain rules. The bill requires that the corrective action not be considered as disciplinary action, unless the action is a subsequent violation of the Nursing Practice Act, Board rule or corrective action order.

HB 1435 (*McDaniel/Simpson*)

Nurse Aide Certifications

(Effective Nov. 1, 2015)

The legislation states the requirements for which a nurse aide may have his or her certification suspended or revoked. The bill requires nurse aides and nurse aide trainees to give written notification of their current residential address to a State Department of Health registry.

HB 1438 (*Caldwell/Yen*)

Hospice Program Requirements

(Effective Nov. 1, 2015)

The legislation requires hospice programs to be managed by administrators who complete eight hours of continuing educational courses each year. The bill requires the hospice program to maintain records demonstrating the completion of the required courses.

HB 2168 (*McCollough/Newberry*)

Felony Convictions and Licensure

(Effective Nov. 1, 2015)

The legislation pertains to numerous boards, including the State Board of Medical Licensure, the State Board of Examiners of Psychologists, and State Board of Behavioral Health Licensure, and allows those who have committed certain felonies to not be denied employment certification provided five years have passed since conviction of the felony and felony was not in any way related to the position or poses a threat to public safety.

SB 434 (*Floyd/Echols*)

Board of Chiropractic Examiners Omnibus Bill

(Effective Nov. 1, 2015)

The legislation allows the executive director of the Board of Chiropractic Examiners, in consultation with the chair of the advisory committee, or designee, to assign a complaint to an investigator if the board determines a complaint merits further investigation. The bill states guidelines for international applicants for a license to practice chiropractic in Oklahoma.

SB 612 (*Newberry/Wright*)

Establishment of Health Workforce Subcommittee

(Effective Nov. 1, 2015)

The legislation modifies the membership of the Governor's Council for Workforce and Economic Development and requires compliance with the federal Workforce Innovation and Opportunity Act. The bill also directs the council to form a Health Workforce Subcommittee for the purpose of informing, coordinating, and facilitating statewide efforts to ensure that a well-trained, adequately distributed, and flexible health workforce is available to meet the needs of an efficient and effective health care system in Oklahoma.

SB 753 (*David/Cox*)

Modernization of Physician Assistant Act

(Effective Nov. 1, 2015)

The legislation modifies the Physician Assistant Practice Act by permitting the supervising physician to be available to a physician assistant by telemedicine, enabling the requirement for co-signature of hospital orders to be determined by the hospital, revising the four-hour per week on-site supervision to be determined by the supervising physician, and eliminating confusion regarding how PAs and physicians provide follow up for new patients and patients presenting with chronic or complex illnesses.

SB 781 (*Jolley/Cox*)

Board of Dentistry Omnibus Bill

(Effective July 1, 2015)

The legislation modifies the duties of the Board of Dentistry. The bill modifies: which acts constitute a person practicing dentistry; requirements for applying to the board for dental certification; testing procedures; and requirements for a dentist to be considered a specialist and what the specialties will include. The bill prohibits an oral maxillofacial surgery assistant from practicing without permit and gives requirements for such.

SB 787 (*Standridge/Derby*)

Oklahoma Pharmacy Act Modifications

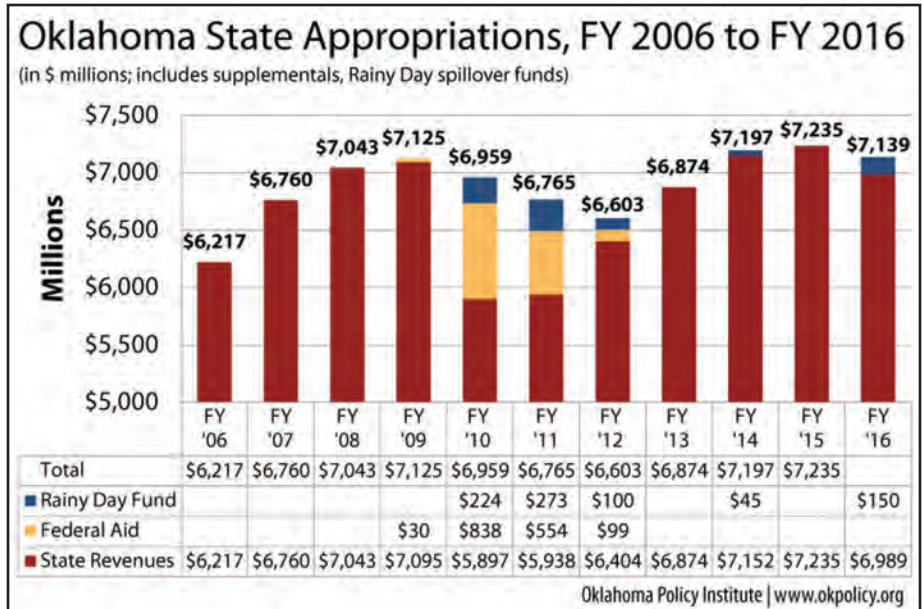
(Effective Nov. 1, 2015)

The legislation is a request bill from the State Board of Pharmacy and brings Oklahoma into compliance with the federal Drug Quality and Security Act of 2013. The bill requires the Board to employ an executive director who is a licensed pharmacist in the state. The bill modifies the conditions for the issuance of a pharmacy license. This bill requires that an outsourcing facility attempting to dispense pharmaceuticals to customers must be properly licensed as a pharmacy and requires out-of-state pharmacies to have one pharmacist with an Oklahoma license as the pharmacist in charge for pharmacies compounding sterile drugs shipped into state. The measure requires all in-state pharmacies and hospitals to have an Oklahoma licensed pharmacist in charge.

Fiscal Year 2016 – State Budget Highlights

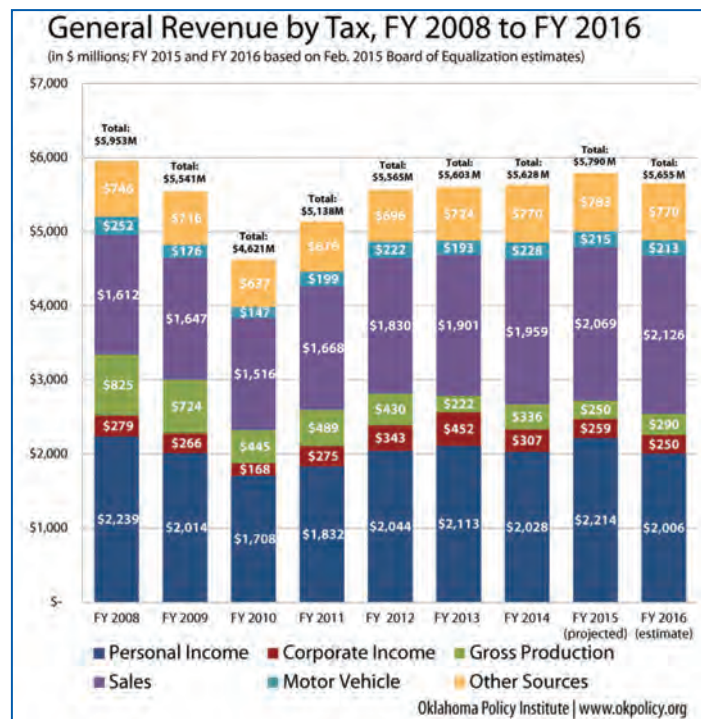
Total appropriations for FY 2016 are \$7.139 billion.

- Appropriations are \$96.4 million less than the final FY 2015 budget, a decrease of 1.3 percent.
- Certified revenue accounts for \$6.6 billion (92 percent) of the budget.
- An additional \$590 million was appropriated out of cash reserves, agency revolving funds, the Rainy Day Fund, and other revenue sources.



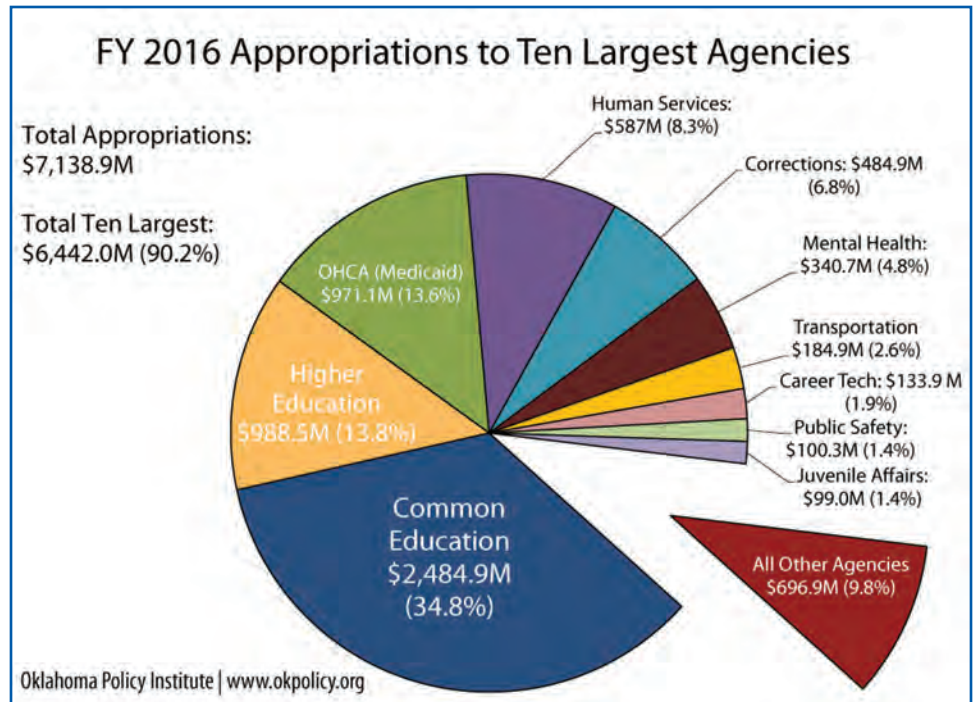
Most agency budgets have not kept up with inflation.

- The FY 2016 budget is \$719 million, or 9.1 percent, below FY 2009, adjusted for inflation.
- This year, 62 out of 72 appropriated state agencies, boards, and commissions received budget cuts or flat funding. Cuts to agencies ranged from 0.25 percent to 7.25 percent.
- Almost half of appropriated state agencies remain more than 20 percent below pre-recession funding levels.
- After inflation, the state aid formula for public schools is \$376 million less than in FY 2008, even as schools are tasked with educating about 50,000 additional students.



A few agencies received funding increases.

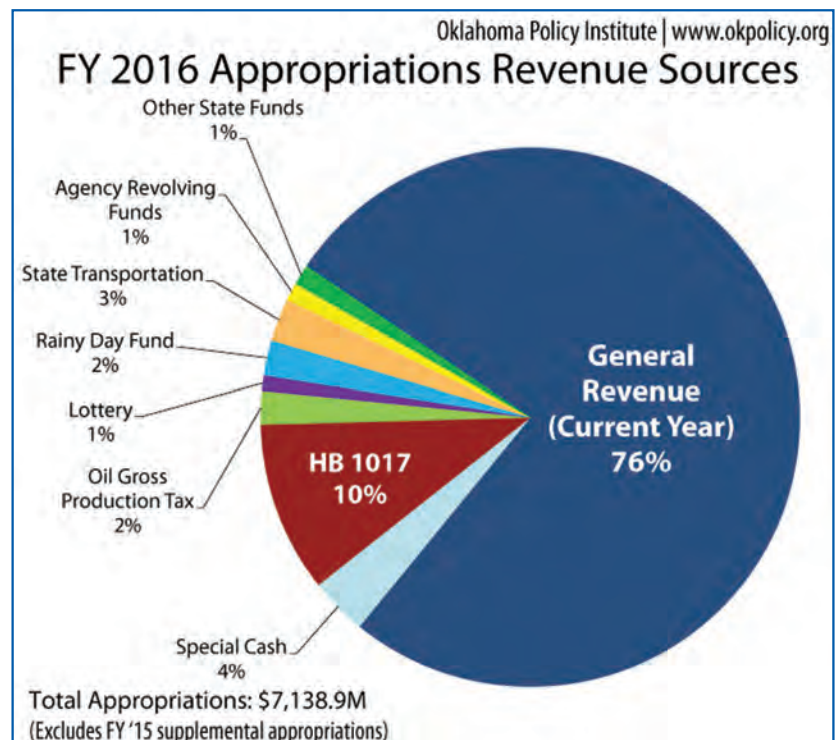
- Oklahoma Health Care Authority: \$18 million for general operations. Even with this increase, OHCA will proceed with \$110 million in cuts to provider rates and benefits due to rising costs and a declining federal match.
- Department of Corrections: \$14 million that will be used to ease prison overcrowding by sending more state inmates to private prisons.
- Department of Public Safety: \$4.6 million for pay raises for state troopers and other employees.
- Department of Juvenile Affairs: \$2.5 million to maintain a facility for female juveniles.
- Department of Mental Health and Substance Abuse Services: \$2 million for general operations.
- Increases of less than \$1 million each went to the Department of Rehabilitation Services, the Oklahoma School of Science and Math, and the Ethics Commission.



The budget sets up a large shortfall going into next year.

- The budget uses up hundreds of millions in one-time revenues, and lawmakers also allowed a cut to the top income tax rate that will reduce revenues by \$57 million in FY 2016 and \$147 million in FY 2017. Together, these mean that Oklahoma will go into next year's budget with a built-in hole of more than half a billion dollars.

Information and analysis provided by the Oklahoma Policy Institute.



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9	HB 1890	Oklahoma Uniform Building Code Commission	8	SB 734	OHCA Claims
8	HB 1940	Pricing	14	SB 751	Mental Health Transportation
15	HB 1948	Prescription Monitoring Program	6, 19	SB 753	Modernization of Physician Assistant Act
18	HB 1965	Prohibits Texting While Driving	11	SB 767	Workers' Compensation Medical Records
8	HB 2097	Repeal Mandated Benefits	19	SB 781	Board of Dentistry Omnibus Bill
15	HB 2154	Legalized Marijuana Oil Usage for Children with Certain Diseases	19	SB 787	Oklahoma Pharmacy Act Modifications
19	HB 2168	Felony Convictions and Licensure	9	SB 789	Admissibility of Medical Bills
15	HB 2185	Tobacco Settlement Endowment Trust Fund	8	SB 829	Ten Agency Directors - Appointed by Governor
8	HB 2207	Surgical Techs			
6	HB 2217	Credentialing			
11	HB 2238	Workers' Compensation Omnibus Bill			



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