

Legislative Update 2019

- A. Washington DC NAHU Legislative Agenda
- B. Oklahoma Legislative Agenda
- C. Questions & Answers Session





Washington D.C. NAHU Legislation

Market Stabilizers

- Individual Market
- Individual and Employer-Based Market
- Employer-Based Market
- Surprise Billing/Balance Billing
- Medicare for All is Choice for None
- Medicare Market



Individual Market

Allow tax credits to be used outside of the Marketplace

- If fewer than two choices are offered in a state.

Reduce the 90-day grace period

- For nonpayment of premium for individuals receiving premium tax credits
- Lower it to the same 30-day grace period for other covered individuals.

Allow states to be eligible for funding for new hybrid high-risk pools.

- The new pools would not issue coverage
- Would be available as a reinsurance mechanism
- Used to insure risk above certain levels for high-risk individuals who were enrolled after going longer than 60 days without coverage.



Individual and Employer-Based Market

Repeal the Health Insurance Tax & Cadillac Tax (HR 748)

Increase Flexibility for HSAs.

- Allow contributions to equal out-of-pocket maximum
- Limit number of office visits to be covered before the deductible each year.
- Other important changes after other market-stabilization mechanisms are in place.



Employer Based Market

Preserve the employer tax exclusion.

Employer Reporting:

- Establish a new voluntary reporting system.
- Reduce the number of individuals and amount that would need to be reported.
- Eliminate the requirement to collect dependent Social Security Numbers.
- Ease other reporting provisions.

Allow states to be eligible for funding for small group reinsurance

- Which would operate similarly to the individual risk pools.
- Allowing for premium stabilization in the small group market.



Surprise Billing/Balance Billing

Prohibit healthcare providers from balance billing patients in cases of

- Emergency care.
- Involuntary care.
- Or instances where the patient had no choice in choosing their provider.

Require notice to be furnished to patients

- Informing them of their providers' network status.
- Possible options for seeking care from a different provider.

Prohibit arbitrary and excessive bills in these situations by

- Setting reimbursement criteria based on market rates .
determined by reasonable.
- Contracted amounts paid by private health plans to similar providers in a geographic area or percentage of Medicare.

Medicare

Medicare for All is Choice for None

Medicare for all would not allow consumers to maintain their current coverage.

Medicare for all would be prohibitively expensive.

- Estimates are around \$32 trillion.
- Creates an average annual tax increase of \$24,000 per household.

Medicare for all would reduce the standards of quality and access Americans currently enjoy in their health care.



Medicare Markets

Allow COBRA coverage to count as creditable coverage

- For Medicare beneficiaries just as employer-sponsored coverage does.
- This will allow beneficiaries to have access to Part B on a timely basis without penalties for late entry into the program.

Modify Medicare Advantage marketing rules

- To suspend the scope of appointment requirements for agents and brokers, allowing better counseling for beneficiaries.

Many Medicare beneficiaries are classified as being on “observation”

- Can result in significantly higher claims
- Prevent Medicare coverage from being applied for nursing home care for patients who do not have a three-day inpatient hospital stay.
- Observation stays would be counted toward the three-day mandatory inpatient stay for Medicare coverage of a skilled nursing facility.

March 14, 2019 Oklahoma Legislative Update

We have been monitoring the following House Bills:

HB1035, by Rep. Collin Walke, D-Oklahoma City
Update: Bill is DEAD. Provide coverage for evidence based pain management treatment
OPPOSE-Mandate

HB1053, by Rep. Marcus McEntire, R-Duncan
Fully Insured AHP bill. Removes 5 yr requirement & reduces minimum number of covered employees from 2 to 1, at the option of the carrier/AHP.
SUPPORT*

HB1060, by Rep. Marcus McEntire, R-Duncan
Adds HMO's to Oklahoma Guarantee Association.
NEUTRAL*

HB1130, by Rep. Forrest Bennett, D-Oklahoma City
Update: Bill is DEAD. Caps insurance copays for insulin at \$100
OPPOSE-Mandate

HB1157, by Rep. Rande Worthen, R-Lawton
Relates to debit card payments for medical provider services
WATCHING*

March 14, 2019 Oklahoma Legislative Update



HB2315, by Rep. T.J. Marti, R-Tulsa

Update: Bill is DEAD. Patients Right to Pharmacy Act. “Any Willing Provider” bill for pharmacies.

OPPOSE

HB2316, by Rep. T.J. Marti, R-Tulsa

Update: Bill is DEAD. Requires carriers to make payment on services provided by pharmacist.

OPPOSE-Mandate

HB2417, by Rep. Lewis Moore, R-Arcadia

Update: Bill is DEAD. Oklahoma Right to Shop Act.

DEAD

HB2419, by Rep. Lewis Moore, R-Arcadia

Update: Bill is DEAD. Freestanding ER Medical Care Facility bill.

DEAD

HB2420, by Rep. Lewis Moore, R-Arcadia

Immunization bill relating to carrier & provider relationship

NEUTRAL

March 14, 2019 Oklahoma Legislative Update



HB2424, by Rep. Lewis Moore, R-Arcadia
MEWA & Self Funded Association Health Plan bill. Removes 5 year
requirement.

SUPPORT*

HB2426, by Rep. Lewis Moore, R-Arcadia
Update: Bill is DEAD. \$100,000 lifetime cap on inpatient treatment for
substance abuse disorders.
OPPOSE - Mandate & Conflicts with ACA Unlimited Benefit Requirements

HB2441, by Rep. Sean Roberts, R-Hominy
Bill is DORMANT. ER & Non ER inpatient claims with non-contracted
provider.

HB2652, by Rep. Ajay Pittman, D-Oklahoma City
Update: Bill is DEAD. Requires health insurance plans to cover
complementary & alternative medicine.
OPPOSE-Mandate

March 14, 2019 Oklahoma Legislative Update



SB68, by Sen. Dewayne Pemberton, R-Muskogee
Update: Bill is DEAD. Free Standing ER medical care facilities.
DEAD

SB139, by Sen. J.J. Dossett, D-Sperry
Update: Bill is DEAD. Invitro fertilization mandate.
OPPOSE-Mandate

SB216, by Sen. Dewayne Pemberton, R-Muskogee
Update: Bill is DEAD. Prohibits carriers from removing providers from network while policy is in force.
OPPOSE-Concept should be market driven

SB218, by Sen. Dewayne Pemberton, R-Muskogee
Bill is DEAD. Right to Shop Act.

SB324, by Sen. Julie Daniels, R-Bartlesville
Update: Bill is DEAD. Exempts ages 65+ from penalty for H.S.A. non-qualified expenses.

March 14, 2019 Oklahoma Legislative Update



SB505, by Sen. Joe Newhouse, R-Broken Arrow
Bill is DEAD. Excludes STM plans from child immunization benefit if renewal up to 36 months.

SB508, by Sen. Joe Newhouse, R-Broken Arrow
Requires claim reason on appeals/denials, including personal contact information on claim processor/employee.
OPPOSE as written – Title stricken as of 2-11-19.UPDATE: Passed*

SB509, by Sen. Dave Rader, R-Tulsa
Step Therapy protocol requirements with OID & OHCA setting rules.
OPPOSE – Mandate*

SB677, by Sen. Stephanie Bice, R-Oklahoma City
Update: Bill is DEAD. Network Adequacy & Out of Network Provider Act.
DEAD

SB704, by Sen. Jason Smalley, R-Stroud
Living Organ Donor bill regarding underwriting criteria for Life, Disability & Long Term Care plan.
WATCHING-Title Stricken on 2-28-19.UPDATE: Passed*

March 14, 2019 Oklahoma Legislative Update

SB841, by Sen. Greg McCortney, R-Ada
Any Willing Provider pharmacy bill.
OPPOSE*

SB899, by Sen. Kimberly Davis, R-Porter
Autism supervised assistant behavior analyst bill.
NEUTRAL*

SB943, by Sen. Greg Treat, R-Oklahoma City
Fully Insured Association Health Plan bill. Removes 5 yr requirement & reduces minimum number of covered employees from 2 to 1, at the option of the carrier/AHP.
SUPPORT*

SB948, by Sen. Dave Rader, R-Tulsa
Dental coverage denial bill.
WATCHING – Title stricken as of 2-28-19. UPDATE: Passed House*

SB990, by Sen. Paul Scott, R-Duncan
Medicare Supplement bill.
WATCHING*

March 14, 2019 Oklahoma Legislative Update

SB992, by Sen. David Bullard, R-Durant

Bill is DEAD. Prohibits carriers from removing providers from network while policy is in force.

SB993, by Sen. Nathan Dahm, R-Broken Arrow

Short Term Medical (OID) bill. Allows STM plans to renew up to 36 months.

SUPPORT*

SB1010, by Sen. Marty Quinn, R-Claremore

OMNIBUS bill.

SUPPORT

SB1011, by Sen. Marty Quinn, R-Claremore

Out-of-Network Unforeseen Billing Transparency Act. “Surprise Billing” bill.

WATCHING – Title stricken as of 2-28-19



Thank You For Attending Today!

- Please Note All Information is Subject to Change Without Notice
- Questions & Answers with Seth Rott of McSpadden, Milner & Robinson government relations firm and Oklahoma State Association of Health Underwriters Legislative Chair, Connie Morgan Kitchen

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