# An Act

ENROLLED SENATE
BILL NO. 494

By: Holt and Pittman of the Senate

and

Hall of the House

An Act relating to the Oklahoma Health Care Authority; requiring certain coordination; directing promulgation of rules; creating the Commitment to Care for People with Complex Physical Disabilities Act; defining certain terms; requiring Oklahoma Health Care Authority to consider certain needs when preparing budget, provide certain coverage and establish certain regulations and policies; providing for codification; and providing an effective date.

SUBJECT: Oklahoma Health Care Authority

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5028 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma Health Care Authority shall coordinate with domestic violence sexual assault programs certified by the Office of the Attorney General who provide counseling services for victims of domestic violence to ensure that any information relating to billing or explanation of benefits (EOB) provided, maintained, monitored or otherwise handled by the Authority or any other state agency including, but not limited to, services rendered by such facilities,

is not sent by paper mail to the actual physical address of persons receiving such services.

B. The Oklahoma Health Care Authority Board shall promulgate rules to implement the provisions of this act.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1012.1 of Title 56, unless there is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Commitment to Care for People with Complex Physical Disabilities Act".

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1012.2 of Title 56, unless there is created a duplication in numbering, reads as follows:

As used in the Commitment to Care for People with Complex Physical Disabilities Act:

1. "Complex physical disability" means a diagnosis or medical condition that results in significant physical impairment and/or functional limitation. Such term shall include, but not be limited to, individuals with spinal cord injury, traumatic brain injury, cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, arthrogryposis, amyotrophic lateral sclerosis, multiple sclerosis, demyelinating disease, myelopathy, myopathy, progressive muscular atrophy, anterior horn cell disease, post-polio syndrome, cerebellar degeneration, dystonia, Huntington's disease, spinocerebellar disease, and certain types of amputation, paralysis, or paresis that result in significant physical impairment and/or functional limitation. The term "complex physical disability" does not negate the requirement that an individual meet medical necessity requirements under Oklahoma Health Care Authority rules to qualify for receiving complex rehabilitation technology;

2. "Complex rehabilitation technology" (CRT) means items classified within the Medicaid program as of January 1, 2013, as durable medical equipment that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically

necessary. Such items shall include, but not be limited to, complex rehabilitation manual and power wheelchairs and options/accessories, adaptive seating and positioning items and options/accessories, and other specialized equipment such as standing frames and gait trainers and options/accessories;

3. "Employee" means a person whose taxes are withheld by a qualified CRT supplier and reported to the Internal Revenue Service;

4. "Healthcare Common Procedure Coding System (HCPCS)" means the billing codes used by Medicare and overseen by the federal Centers for Medicare and Medicaid Services that are based on the current procedural technology codes developed by the American Medical Association;

5. "Individually configured" means a device has a combination of sizes, features, adjustments, or modifications that a qualified complex rehabilitation technology supplier can customize to the specific individual by measuring, fitting, programming, adjusting, or adapting the device as appropriate so that the device is consistent with an assessment or evaluation of the individual by a qualified health care professional and consistent with the individual's medical condition, physical and functional needs and capacities, body size, period of need, and intended use;

6. "Qualified complex rehabilitation technology professional" means an individual who is certified as an Assistive Technology Professional (ATP) by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA);

7. "Qualified complex rehabilitation technology supplier" means a company or entity that:

a. is accredited by a recognized accrediting organization as a supplier of CRT,

b. is an enrolled Medicare supplier and meets the supplier and quality standards established for durable medical equipment suppliers, including those for CRT, under the Medicare program,

c. employs as a W-2 employee at least one qualified CRT professional for each location to:

(1) analyze the needs and capacities of the complex-needs patient in consultation with qualified heath care professionals,

(2) participate in the selection of appropriate CRT for such needs and capacities, and

(3) provide technology-related training in the proper use of the CRT,

d. requires a qualified complex rehabilitation technology professional be physically present for the evaluation and determination of appropriate CRT,

e. has the capability to provide service and repair by qualified technicians for all CRT it sells, and

f. provides written information to the complex-needs patient prior to ordering CRT as to how the complex-needs patient may receive service and repair; and

8. "Qualified health care professional" means a health care professional licensed by the State Department of Health who has no financial relationship with a qualified complex rehabilitation technology supplier. Qualified health care professional includes, but is not limited to:

a. a licensed physician,

b. a licensed physical therapist,

c. a licensed occupational therapist, or

d. other licensed health care professional who performs specialty evaluations within the professional's scope of practice.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1012.3 of Title 56, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma Health Care Authority shall take into consideration the unique medical and functional needs of members with complex physical disabilities when preparing or adjusting its budget.

B. The Oklahoma Health Care Authority shall provide coverage for specialty provider services, specialized equipment, and supplies for people with complex physical disabilities. Such coverage shall take into consideration the unique medical and functional needs of people with complex physical disabilities by:

1. Identifying a means by which to recognize people with complex physical disabilities through ID codes and/or billing modifiers;

2. Determining current procedure terminology billing codes that recognize specialized provider care and preserve a specialized rate which will ensure access to care;

3. Identifying criteria required to establish qualifications as a specialty provider; and

4. Classifying specialty products and goods into a separate category and establishing a reasonable access protocol for certain items.

SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1012.4 of Title 56, unless there is created a duplication in numbering, reads as follows:

The Oklahoma Health Care Authority shall establish focused regulations and policies for CRT products and services. These focused regulations and policies shall take into consideration the customized nature of CRT and the broad range of services necessary to meet the unique medical and functional needs of people with complex physical disabilities by:

1. Designating specific HCPCS billing codes as CRT and, as needed, creating new billing codes or modifiers for services and products covered for people with complex physical disabilities;

2. Establishing specific supplier standards for companies or entities that provide CRT and restricting the provision of CRT to only qualified CRT suppliers that meet such standards as defined in Section 3 of this act;

3. Requiring complex-needs patients receiving a complex rehabilitation manual wheelchair, power wheelchair, or seating component to be evaluated by:

a. a qualified health care professional as defined in Section 3 of this act, and

b. a qualified complex rehabilitation technology professional as defined in Section 3 of this act;

4. Maintaining payment policies and rates for complex rehabilitation technology to ensure payment amounts are adequate to provide people with complex physical disabilities with access to such items. Such policies and rates shall take into account the significant resources, infrastructure, and staff needed to appropriately provide CRT to meet the unique needs of complex-needs patients;

5. Exempting the HCPCS billing codes defined in Section 3 of this act from inclusion in any bidding, selective contracting, or similar such initiative, if the specialty provider service, specialized equipment or supply can only be obtained from a sole source;

6. Requiring that Managed Care Medicaid plans adopt the regulations and policies outlined in this act and contract with any willing, qualified CRT supplier; and

7. Making other changes as needed to protect access to CRT for complex-needs patients.

SECTION 6. This act shall become effective November 1, 2015.

Passed the Senate the 5th day of May, 2015.

Presiding Officer of the Senate

Passed the House of Representatives the 14th day of April, 2015.

Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this 6th
day of May, 2015, at 5:30 o'clock P M.
By: Audrey Rockwell

Approved by the Governor of the State of Oklahoma this 12th
day of May, 2015, at 3:39 o'clock P M.

Mary Fallin
Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this 12th
day of May, 2015, at 4:31 o'clock P. M.
By: Chris Benge