

**COMMITTEE AMENDMENT**

HOUSE OF REPRESENTATIVES

State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB1942 \_\_\_\_\_  
Of the printed Bill  
Page \_\_\_\_\_ Section \_\_\_\_\_ Lines \_\_\_\_\_  
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by  
inserting in lieu thereof the following language:

**AMEND TITLE TO CONFORM TO AMENDMENTS**

Amendment submitted by: John Bennett

Adopted: \_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

1 STATE OF OKLAHOMA

2 1st Session of the 54th Legislature (2013)

3 PROPOSED COMMITTEE  
4 SUBSTITUTE  
5 FOR  
6 HOUSE BILL NO. 1942

By: Bennett

8 PROPOSED COMMITTEE SUBSTITUTE

9 An Act relating to public health and safety; creating  
10 the Oklahoma Veterans Recovery Plan Act of 2013;  
11 requiring treatment for certain injuries; defining  
12 term; authorizing Insurance Department to draw from  
13 certain funds; creating the Oklahoma Evidence-based  
14 Practice Center; creating the Oklahoma TBI Treatment  
15 Act; requiring payment to be made from certain trust  
16 funds; requiring annual report; requiring priority  
17 for certain treatment; designating certain program as  
18 state health account; providing for expenditures from  
19 certain fund; providing for certain revenue sources;  
20 providing for codification; and declaring an  
21 emergency.

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

23 SECTION 1. NEW LAW A new section of law to be codified  
24 in the Oklahoma Statutes as Section 1-291 of Title 63, unless there  
is created a duplication in numbering, reads as follows:

Sections 1 through 5 of this act shall be known and may be cited  
as the "Oklahoma Veterans Recovery Plan Act of 2013".

1       SECTION 2.       NEW LAW       A new section of law to be codified  
2 in the Oklahoma Statutes as Section 1-291.1 of Title 63, unless  
3 there is created a duplication in numbering, reads as follows:

4       Effective biological repair treatments and other therapies shall  
5 be made available for treatment of brain insults and post-traumatic  
6 stress disorder, and other service-connected injuries to citizens of  
7 this state.

8       Treatment shall begin and payment for treatment shall be  
9 organized under observational study regulations creating controlled  
10 deployment, with shared responsibility between the state's two  
11 medical schools, medical treatment, education, data collection,  
12 workforce education and training, and capital resources as well as  
13 coordination of resources throughout the state to meet the state  
14 emergency. The Insurance Department shall begin recovery of the  
15 state's costs for delivering such treatments.

16       SECTION 3.       NEW LAW       A new section of law to be codified  
17 in the Oklahoma Statutes as Section 1-291.2 of Title 63, unless  
18 there is created a duplication in numbering, reads as follows:

19       A. For the purposes of the Oklahoma Veterans Recovery Plan Act  
20 of 2013, hyperbaric oxygen treatment ("HBOT") shall mean treatment  
21 in a hyperbaric chamber cleared by the United States Food and Drug  
22 Administration ("FDA") with a valid prescription, or a device with  
23 an appropriate FDA-approved investigational device exemption, at a  
24 location in compliance with applicable state fire codes, supervised

1 in accordance with requirements in the Oklahoma Veterans Recovery  
2 Plan Act of 2013, which shall be deemed to meet all third-party  
3 payer requirements, and delivered by authorized, licensed or  
4 nationally certified health care providers and otherwise in  
5 accordance with state law. No other more restrictive rules  
6 restricting payment shall be placed upon the practitioner or health  
7 care provider in the state. No payment shall be denied by a third  
8 party payer when treatment is delivered under these rules, under  
9 valid prescription for any FDA-cleared HBOT indication or when  
10 delivered under the auspices of an Institutional-Review-Board-  
11 approved observational study with an NCT number. The requirement  
12 for physician supervision shall permit the use of telemedicine tools  
13 to provide such supervision. The physical presence of a physician  
14 is not necessary.

15 B. 1. Physician supervision shall be paid at the Centers for  
16 Medicare and Medicaid Services (CMS) published Part B facility rate.  
17 Of this fee, no less than fifty percent (50%) of the published rate  
18 shall be paid to the physician who actually provides the  
19 supervision, after contractual or institutional fees are subtracted  
20 from the gross payment.

21 2. Physician supervision provided by telemedicine shall be  
22 considered the equivalent of physician supervision provided by the  
23 physical presence of a physician under this requirement. Where  
24 possible or practicable, physical physician presence is preferable.

1        3. The purpose of physician supervision is to validate:

2            a. that the treatment protocol is being followed,

3            b. that clearly indicated patient risks are being  
4            avoided,

5            c. that symptoms of rare side effects are not being  
6            manifested, and

7            d. that treatment was provided for in accordance with the  
8            required FDA-approved research protocols as  
9            applicable.

10        4. Patient interaction is intended to ensure patient progress  
11 and reassurance as their treatment progresses. The bench marks  
12 being evaluated under the research protocols involved may be missed  
13 by personnel of lesser training. Therefore, the physician shall:

14            a. converse with the patient or caregiver prior to  
15            treatment to ensure the patient is making adequate  
16            progress anticipated under the specified treatment  
17            protocol,

18            b. perform, or cause to be performed by a qualified  
19            person, any appropriate pre-dive exam should questions  
20            during the pretreatment interview warrant such  
21            examination,

22            c. record patient progress notes appropriately,

23            d. validate that the treatment given was in accordance  
24            with the patient prescription or protocol,

- e. check with the provider during the treatment time to make sure treatment is proceeding smoothly,
- f. be available posttreatment should any concerns have arisen during treatment, and
- g. enter data into the patient's treatment record appropriately, validating the date of treatment, the protocol followed, the duration of treatment, and any expected or unexpected adverse events, in accordance with best practices guidelines.

5. Other physician responsibilities to other duties during the time of treatment are not to be restricted.

6. No other more restrictive requirements may be imposed in the State of Oklahoma outside of these guidelines by any payer.

7. Where HBOT has been shown to reduce the costs of treatment of certain conditions and injuries, the Oklahoma Health Care Authority shall seek any waivers or approvals required from the CMS in order to implement the safe and effective use of HBOT throughout the state Medicaid system. If a Medicare Administrative Contractor ("MAC") or Fiscal Intermediary ("FI") creates or enforces a Local Coverage Determination ("LCD") that restricts access to treatment or the availability of treatment for any CMS National Coverage Determination to patients needing HBOT, the Authority shall seek to have the MAC or FI override the LCD. State health care providers shall not be restricted by any such LCD and state funds and

1 resources shall be used to pay for all treatments at all providers,  
2 whether they are facility or nonfacility under CMS rules, at the  
3 standard published Part A CMS-facility rates or higher facility rate  
4 per one-half-hour increment, with the appropriate Part B facility  
5 rate for physician supervision, as applicable.

6 SECTION 4. NEW LAW A new section of law to be codified  
7 in the Oklahoma Statutes as Section 1-291.3 of Title 63, unless  
8 there is created a duplication in numbering, reads as follows:

9 The Insurance Department shall be the state institution with  
10 authority to draw from the National Guard Relief Fund and the Trauma  
11 Care Assistance Revolving Fund ("TCARF") for all authorized  
12 expenditures. All providers who are seeking payment for services to  
13 persons receiving services under the Oklahoma Veterans Recovery Plan  
14 Act of 2013 shall bill the Insurance Department in accordance with  
15 published procedures. Providers shall be paid for those services at  
16 Medicare published rates for those services, less the appropriate  
17 administrative, program fees, capital improvement or training fees  
18 applicable to each site. The Insurance Department shall approve the  
19 installation of needed equipment and approve expenditures for  
20 training or education. The Center for Aerospace and Hyperbaric  
21 Medicine of the Oklahoma State University Center for Health Sciences  
22 (OSUCHS CAHM) shall have full statewide jurisdiction over all  
23 medical treatments provided to validate delivery, verify testing,  
24 and to conduct appropriate inspections, in partnership with the

1 International Hyperbaric Medical Foundation's responsibilities under  
2 the nationally sponsored studies.

3 For purposes of the Oklahoma Veterans Recovery Plan Act of 2013,  
4 and treatment conducted in a state-owned facility or any treatment  
5 conducted in a private facility by a state-employed or a university-  
6 employed physician or private physician shall be covered by the  
7 Oklahoma Governmental Tort Claims Act and subject to applicable  
8 limits of liability.

9 SECTION 5. NEW LAW A new section of law to be codified  
10 in the Oklahoma Statutes as Section 1-291.4 of Title 63, unless  
11 there is created a duplication in numbering, reads as follows:

12 The Oklahoma Evidence-based Practice Center ("OKEBPC") is hereby  
13 created, to be located at the Oklahoma University Health Sciences  
14 Center College of Public Health ("OUHSC CPH"), and in partnership  
15 with OU-Norman's Cognitive Science Research Center ("CSRC") and the  
16 OSU College of Education, Department of Occupational Education or  
17 its successor. Each of these organizations within the state  
18 university system shall have independent jurisdiction within their  
19 areas of expertise, with OUHSC CPH in charge of the overall state  
20 contract, funded from treatment fee administrative costs, for  
21 biostatistical analysis and evaluation created by the Oklahoma  
22 Veterans Recovery Plan Act of 2013. The OKEBPC shall independently  
23 validate all treatment results, and certify the receipt of those  
24 results before payment is issued, as well as tracking long-term



1 outcome measures that impact state budget expenditures such as  
2 education, labor, substance abuse, homelessness, incarceration,  
3 healthcare outcomes, and entitlement program utilization. They  
4 shall automatically receive a per-treatment fee payment from the  
5 appropriate trust fund designated for a given patient, when the site  
6 receives payment for that given patient. The Insurance Department  
7 shall rely upon the OKEBPC for biostatistical analysis and  
8 verification of treatment effectiveness as required by the Oklahoma  
9 TBI Treatment Act created in Section 6 of this act. The OKEBPC  
10 shall share their analysis with the International Hyperbaric Medical  
11 Foundation so that data can be appropriately reported under the  
12 obligations of the national studies.

13 SECTION 6. NEW LAW A new section of law to be codified  
14 in the Oklahoma Statutes as Section 1-291.5 of Title 63, unless  
15 there is created a duplication in numbering, reads as follows:

16 A. This section shall be known and may be cited as the  
17 "Oklahoma TBI Treatment Act".

18 B. Payment for treatments (including diagnostic testing) for  
19 brain insults including traumatic brain injury or post-traumatic  
20 stress disorder received by residents of the state shall be paid  
21 from the respective trust funds in accordance with procedures  
22 described.

23 C. The approval of a treatment payment pursuant to subsection B  
24 of this section shall be subject to the following conditions:

1        1. Any drug or device used in the treatment must be approved or  
2 cleared by the Food and Drug Administration for any purpose. All  
3 adjunctive therapies under protocols designated below, must be  
4 available without regard to other FDA oversight;

5        2. The protocol or treatment must have been approved by an  
6 institutional review board operating in accordance with regulations  
7 issued by the Secretary of Health and Human Services;

8        3. The treatment (including any patient disclosure  
9 requirements) must be used by the health care provider delivering  
10 the treatment;

11       4. The patient receiving the treatment must demonstrate an  
12 improvement as a result of the treatment on one or more of the  
13 following:

- 14           a. standardized independent pretreatment and
- 15           posttreatment neuropsychological testing,
- 16           b. accepted survey instruments,
- 17           c. neurological imaging, and
- 18           d. clinical examination; and

19       5. The patient receiving the treatment shall be receiving the  
20 treatment voluntarily.

21       D. Except as provided in subsection B of this section, no  
22 restriction or condition for reimbursement may be placed on any  
23 health care provider that is operating lawfully under the laws of  
24

1 the state in which the provider is located with respect to the  
2 receipt of payment under the Oklahoma TBI Treatment Act.

3 E. The state shall make a payment for a treatment pursuant to  
4 subsection A of this section not later than thirty (30) days after a  
5 member of the Armed Forces or veteran or civilian (or health care  
6 provider on behalf of such member or veteran) submits to the state  
7 documentation regarding the treatment. The state shall ensure that  
8 the documentation required under this subsection may not be an undue  
9 burden on the patient or on the health care provider.

10 F. A payment under the Oklahoma TBI Treatment Act shall be made  
11 at the equivalent Centers for Medicare and Medicaid Services  
12 reimbursement rate in effect for appropriate treatment codes for the  
13 state or territory in which the treatment is received. If no such  
14 rate is in effect, payment shall be made at a fair market rate, as  
15 determined by the Secretary of Health.

16 G. The database containing data from each patient case  
17 involving the use of a treatment under the Oklahoma TBI Treatment  
18 Act shall be accessible to all relevant policy makers and policy-  
19 making bodies, as well as to payers. The state shall ensure that  
20 the database preserves confidentiality and be made available only:

- 21 1. For third-party payer examination;
- 22 2. To the appropriate governmental organizations, congressional  
23 committees and employees of the Department of Defense, the  
24

1 Department of Veterans Affairs, the Department of Health and Human  
2 Services, and appropriate state agencies; and

3 3. To the primary investigator of the institutional review  
4 board that approved the treatment, in the case of data relating to a  
5 patient case involving the use of such treatment.

6 H. In the case of a patient enrolled in a registered  
7 institutional review board study, results may be publically  
8 distributable in accordance with the regulations prescribed pursuant  
9 to the Health Insurance Portability and Accountability Act of 1996  
10 and other regulations and practices in effect as of the date of the  
11 enactment of the Oklahoma TBI Treatment Act.

12 I. The state shall include a list of all civilian institutional  
13 review board studies that have received a payment under the Oklahoma  
14 TBI Treatment Act.

15 J. 1. The Secretary of a military department may assign a  
16 member of the Armed Forces under the jurisdiction of the Secretary  
17 to temporary duty or allow the member a permissive temporary duty in  
18 order to permit the member to receive treatment for traumatic brain  
19 injury or post-traumatic stress disorder, for which payments shall  
20 be made, at a location beyond reasonable commuting distance of the  
21 member's permanent duty station.

22 2. A member who is away from the member's permanent station may  
23 be paid a per diem in lieu of subsistence in an amount not more than  
24

1 the amount to which the member would be entitled if the member were  
2 performing travel in connection with a temporary duty assignment.

3 3. Notwithstanding any rule of any department or agency with  
4 respect to ethics or the receipt of gifts, any assistance provided  
5 to a member of the Armed Forces with a service-connected injury or  
6 disability for travel, meals, or entertainment incidental to  
7 receiving treatment under the Oklahoma TBI Treatment Act, or for the  
8 provision of such treatment, shall not be subject to or covered by  
9 any such rule.

10 K. No retaliation may be made against any member of the Armed  
11 Forces or veteran or other state resident who receives treatment as  
12 part of registered institutional review board study carried out by a  
13 civilian health care practitioner.

14 L. For purposes of the Oklahoma TBI Treatment Act, a  
15 university-affiliated or nationally accredited institutional review  
16 board shall be treated in the same manner as a government  
17 institutional review board.

18 M. The state, the Secretary of Defense and the Secretary of  
19 Veterans Affairs shall seek to expeditiously enter into memoranda of  
20 understandings with civilian institutional review boards described  
21 in subsection L of this section for the purpose of providing for  
22 members of the Armed Forces and veterans to receive treatment  
23 carried out by civilian health care practitioners under a treatment  
24 approved by and under the oversight of civilian institutional review

boards that would qualify for payment under the Oklahoma TBI Treatment Act.

N. The Secretary of Veterans and Military Affairs shall notify each veteran with a service-connected injury or disability of the opportunity to receive treatment pursuant to the Oklahoma TBI Treatment Act. The Secretary of Veterans and Military Affairs shall notify each member of the Armed Forces within the state with a service-connected injury or disability of the opportunity to receive treatment pursuant to the Oklahoma TBI Treatment Act.

O. Not later than thirty (30) days after the last day of each fiscal year during which the state is authorized to make payments under the Oklahoma TBI Treatment Act, the Secretary shall jointly submit to the Legislature and the Governor an annual report on the implementation of the Oklahoma TBI Treatment Act. Such report shall include each of the following for that fiscal year:

1. The number of individuals for whom the Secretary has provided payments under the Oklahoma TBI Treatment Act;

2. The condition for which each such individual receives treatment for which payment is provided under the Oklahoma TBI Treatment Act and the success rate of each such treatment;

3. Treatment methods that are used by entities receiving payment provided under the Oklahoma TBI Treatment Act and the respective rate of success of each such method; and

1        4. The recommendations of the Secretary with respect to the  
2 integration of treatment methods for which payment is provided under  
3 the Oklahoma TBI Treatment Act into facilities of the Department of  
4 Defense and Department of Veterans Affairs.

5        P. The authority to make a payment under the Oklahoma TBI  
6 Treatment Act shall terminate on the date that is five (5) years  
7 after its enactment.

8        Q. The Insurance Department of the State of Oklahoma shall have  
9 the responsibility to collect payments from the payer responsible  
10 for a given patient's treatment as specified under the Oklahoma TBI  
11 Treatment Act. These funds less the expenses of the Insurance  
12 Commissioner's office shall be paid to the respective fund from  
13 which original payment was made. Any requirement of medical  
14 necessity or preapproval will be deemed as having already been met  
15 regardless of a payer's objection. Medical necessity shall have  
16 been determined by whether positive health outcomes were achieved  
17 under the treatment requirements of the Oklahoma TBI Treatment Act.

18        To prevent retaliation against those who received treatment  
19 under the Oklahoma TBI Treatment Act, patient confidentiality shall  
20 be maintained. Independent verification procedures, such as  
21 independent auditing of patient records validating the payer's  
22 responsibility, shall be created.

23        R. The purchase of equipment and facility installation is  
24 authorized under the Oklahoma TBI Treatment Act in order to meet the

1 emergency presented by the tens of thousands of injured individuals.  
2 The Insurance Department shall be in charge of approving these  
3 expenditures and collecting a fee from each treatment paid to  
4 reimburse the respective trust fund used, at a rate of Fifty Dollars  
5 (\$50.00) per treatment, until the equipment or facility is  
6 completely paid for. At such time as the equipment or facility is  
7 paid for, the title of ownership for the equipment or facility will  
8 be given without further compensation, to the hosting organization.

9 S. To meet the emergency need for personnel to provide  
10 qualified treatment to eligible patients under the Oklahoma TBI  
11 Treatment Act, funds to pay for training may be drawn by OSUCHS CAHM  
12 for courses to be conducted that meet recognized standards for the  
13 particular treatment that is administered. Persons undergoing such  
14 education or training will incur an obligation to the state for this  
15 revolving scholarship, which shall be satisfied by physicians who  
16 provide supervision for treatment at the rate of Twenty-five Dollars  
17 (\$25.00) per hour, and for health care practitioners at the rate of  
18 Ten Dollars (\$10.00) per hour. National Guard medical personnel may  
19 be activated for both the purposes of receiving training and  
20 providing services. Continuing medical education credits, college  
21 credits, or vocational/technical school tuitions for these training  
22 courses are all eligible for payment under this scholarship. Normal  
23 other tuition or education assistance applies to training or  
24 education under these provisions.



1       T. 1. In order to meet the state's emergency presented by the  
2 presence of tens of thousands of National Guard and other injured  
3 veterans in the state, it is necessary to create the ability to  
4 rapidly and rationally deploy treatment. Market rates shall apply  
5 to this deployment. The goal is to rescue as many at-risk and  
6 injured veterans as possible in order to restore wholeness to their  
7 lives and improve productivity, opportunity, and community. The  
8 waivers under this subsection shall expire in two (2) years.  
9 Therefore, compliance with provisions of The Oklahoma Central  
10 Purchasing Act shall not be required of the Insurance Department,  
11 OSUCHS, OUHSC, OU-Norman or the IHMF. However, each of these  
12 organizations shall observe internal purchasing procedures approved  
13 by the Purchasing Director of the Department of Central Services and  
14 keep records of acquisitions which shall be subject to audit by the  
15 Department of Central Services.

16       2. Compliance with provisions of the Public Competitive Bidding  
17 Act of 1974, the Public Building Construction and Planning Act, and  
18 Consulting Services through the Construction and Properties Division  
19 of the Department of Central Services shall not be required of the  
20 Insurance Department, OSUCHS, OUHSC, OU-Norman or the IHMF.  
21 However, the Insurance Department, OSUCHS, OUHSC, OU-Norman or the  
22 IHMF shall observe internal procurement and bidding procedures and  
23 keep records of contracts and acquisitions which shall be subject to  
24 audit by the Department of Central Services.

1        3. Compliance with provisions of the Oklahoma Surplus Property  
2 Act shall not be required of the Insurance Department, OSUCHS,  
3 OUHSC, OU-Norman or the IHMF; however, the Insurance Department,  
4 OSUCHS, OUHSC, OU-Norman or the IHMF shall observe internal property  
5 disposition procedures and keep records of property dispositions  
6 which shall be subject to audit by the Department of Central  
7 Services.

8        4. The Insurance Department, OSUCHS, OUHSC, OU-Norman or the  
9 IHMF shall be exempted from the requirements of the Office of  
10 Management and Enterprise Services to file the annual budget work  
11 program, budget request, information systems plan and  
12 telecommunications plan. However, these organizations shall  
13 continue to file an annual audited financial statement in accordance  
14 with governmental accounting standards.

15        5. The Insurance Department, OSUCHS, OUHSC, OU-Norman or the  
16 IHMF shall be further exempted from conversion to CORE Phase II  
17 requirements of the Office of Management and Enterprise Services.

18        6. The Insurance Department, OSUCHS, OUHSC, OU-Norman or the  
19 IHMF shall continue to be accountable to provide a report annually  
20 to the President Pro Tempore of the Senate, Speaker of the House of  
21 Representatives and Governor describing the methods and innovations  
22 utilized in its research and treatment deployment processes and the  
23 improved services and the savings that have accrued as a result of  
24 these exceptions.

1        7. Due to the emergency nature of the deployment of hyperbaric  
2 treatment facilities to all areas of the state, and the permanent  
3 and temporary need for in-theater and local equipment, for a period  
4 of two (2) years the Oklahoma National Guard shall also be exempt  
5 from procurement provisions as specified in this subsection.

6        SECTION 7.        NEW LAW        A new section of law to be codified  
7 in the Oklahoma Statutes as Section 238 of Title 44, unless there is  
8 created a duplication in numbering, reads as follows:

9        A. The Oklahoma National Guard Relief Program ("OKNGRF") shall  
10 be designated as the state health account to begin paying for all  
11 effective treatments and related costs at published Medicare rates  
12 for the State of Oklahoma following the rules as set forth in  
13 Section 6 of this act for all active duty, national guard, or  
14 veterans in the state who qualify for treatment.

15        B. A subsection of this account is designated as a revolving  
16 trust fund to be operated in accordance with state investment  
17 practices.

18        C. Expenditures from the OKNGRF trust fund subsection are  
19 authorized as follows:

20        1. Medical treatment and adjunctive therapies for all current  
21 and former members of the Oklahoma National Guard and all current  
22 and former active duty U.S. military personnel residing within the  
23 State of Oklahoma;

1        2. Expenditures related to receiving such treatment such as  
2 travel and housing when treatment is not locally available or  
3 specialized care is needed for a qualified person to receive  
4 treatment;

5        3. Purchase and installation of durable medical equipment  
6 needed to carry out treatment under paragraphs 1 and 2 of this  
7 subsection;

8        4. Education or training expenses necessary to provide  
9 treatments under paragraphs 1 and 3 of this subsection; and

10       5. A level of Twenty Million Dollars (\$20,000,000.00) is  
11 authorized as an initial level for the fund, which may be increased  
12 by written agreement between the Governor and House and Senate  
13 leadership and relevant committee representatives of the committees  
14 with jurisdiction over the National Guard and veterans who reside  
15 within the State of Oklahoma.

16       D. Nonveteran civilians who qualify under the Oklahoma TBI  
17 Treatment Act shall receive payment from the Trauma Care Assistance  
18 Revolving Fund ("TCARF").

19       E. Expenditures from the TCARF are authorized as follows:

20       1. Medical treatment and adjunctive therapies for all state  
21 residents who are not current or former members of the Oklahoma  
22 National Guard or current or former active duty U.S. military  
23 personnel residing within the State of Oklahoma;  
24

1        2. Expenditures related to receiving such treatment such as  
2 travel and housing when treatment is not locally available or  
3 specialized care is needed for a qualified person to receive  
4 treatment;

5        3. Purchase and installation of durable medical equipment  
6 needed to carry out treatment under paragraphs 1 and 2 of this  
7 subsection;

8        4. Education or training expenses necessary to provide  
9 treatments under paragraphs 1, 2 and 3 of this subsection; and

10       5. A level of Ten Million Dollars (\$10,000,000.00) is  
11 authorized as an initial level for the fund, which may be increased  
12 by written agreement between the Governor and House and Senate  
13 leadership and relevant committee representatives of the committees  
14 with jurisdiction over the National Guard and veterans who reside  
15 within the State of Oklahoma.

16       F. Revenue sources for the revolving trust funds shall be:

17       1. Appropriations from the State of Oklahoma;

18       2. Bond issues;

19       3. Reprogrammed funds from other sources in the state budget as  
20 needed during the year to meet the needs of authorized residents  
21 needing treatment;

22       4. Collections from third-party payers, such as Tricare,  
23 Veterans Administration, state Workers Compensation, Medicaid, or  
24 others with legal responsibility to have delivered effective

1 treatment at the time an injury may have occurred. There will be no  
2 statute of limitations in determining this liability. Proportional  
3 responsibility for payment may be determined based upon patient  
4 injury history, severity of given injuries and related matters.

5 Where the individual qualifies for state Medicaid, Workers  
6 Compensation, or other public health assistance, the TCARF will be  
7 reimbursed accordingly at standard published facility reimbursement  
8 rates for the treatment for each carrier, or the Medicare  
9 reimbursement rate, whichever is higher.

10 G. Where the individual is covered by private carrier  
11 insurance, reimbursement to the fund will be pursued by the state,  
12 in accordance with applicable laws or regulations that may need  
13 enactment to carry out this provision.

14 H. It is recommended that the state appropriations committees  
15 apply ten percent (10%) of the documented projected or realized  
16 savings from other state programs into these respective programmatic  
17 accounts so that effective treatment can be expanded with the state.  
18 These elections shall be the responsibility of the Insurance  
19 Department.

20 SECTION 8. It being immediately necessary for the preservation  
21 of the public peace, health and safety, an emergency is hereby  
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23  
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1 declared to exist, by reason whereof this act shall take effect and  
2 be in full force from and after its passage and approval.

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4 54-1-7257 AM 02/25/13

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