

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

STATE OF OKLAHOMA

1st Session of the 54th Legislature (2013)

PROPOSED COMMITTEE
SUBSTITUTE
FOR
HOUSE BILL NO. 1942

By: Bennett

PROPOSED COMMITTEE SUBSTITUTE

An Act relating to public health and safety; creating the Oklahoma Veterans Recovery Plan Act of 2013; requiring treatment for certain injuries; defining term; requiring Oklahoma Health Care Authority to seek certain waivers; creating the Oklahoma Evidence-based Practice Center; creating the Oklahoma TBI Treatment Act; requiring payment to be made from certain trust funds; requiring annual report; requiring priority for certain treatment; designating certain program as state health account; providing for expenditures from certain fund; providing for certain revenue sources; providing for codification; and declaring an emergency.

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

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

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

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

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

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

6 The Oklahoma Evidence-based Practice Center ("OKEBPC") is hereby
7 created, to be located at the Oklahoma University Health Sciences
8 Center College of Public Health ("OUHSC CPH"), and in partnership
9 with OU-Norman's Cognitive Science Research Center ("CSRC") and the
10 OSU Department of Education and Workforce Development. Each of
11 these organizations within the state university system shall have
12 independent jurisdiction within their areas of expertise, with OUHSC
13 CPH in charge of the overall state contract, funded from treatment
14 fee administrative costs, for biostatistical analysis and evaluation
15 created by the Oklahoma Veterans Recovery Plan Act of 2013. The
16 OKEBPC shall independently validate all treatment results, and
17 certify the receipt of those results before payment is issued, as
18 well as tracking long-term outcome measures that impact state budget
19 expenditures such as education, labor, substance abuse,
20 homelessness, incarceration, healthcare outcomes, and entitlement
21 program utilization. They shall automatically receive a per-
22 treatment fee payment from the appropriate trust fund designated for
23 a given patient, when the site receives payment for that given
24 patient. OSUCHS CAHM shall rely upon the OKEBPC for biostatistical

1 analysis and verification of treatment effectiveness as required by
2 the Oklahoma TBI Treatment Act created in Section 6 of this act.
3 The OKEBPC shall share their analysis with the International
4 Hyperbaric Medical Foundation so that data can be appropriately
5 reported under the obligations of the national studies.

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

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

11 B. Payment for treatments (including diagnostic testing) for
12 brain insults including traumatic brain injury or post-traumatic
13 stress disorder received by residents of the state shall be paid
14 from the respective trust funds in accordance with procedures
15 described.

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

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

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

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

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

- 7 a. standardized independent pretreatment and
- 8 posttreatment neuropsychological testing,
- 9 b. accepted survey instruments,
- 10 c. neurological imaging, and
- 11 d. clinical examination; and

12 5. The patient receiving the treatment shall be receiving the
13 treatment voluntarily.

14 D. Except as provided in subsection B of this section, no
15 restriction or condition for reimbursement may be placed on any
16 health care provider that is operating lawfully under the laws of
17 the state in which the provider is located with respect to the
18 receipt of payment under the Oklahoma TBI Treatment Act.

19 E. The state shall make a payment for a treatment pursuant to
20 subsection A of this section not later than thirty (30) days after a
21 member of the Armed Forces or veteran or civilian (or health care
22 provider on behalf of such member or veteran) submits to the state
23 documentation regarding the treatment. The state shall ensure that
24

1 the documentation required under this subsection may not be an undue
2 burden on the patient or on the health care provider.

3 F. A payment under the Oklahoma TBI Treatment Act shall be made
4 at the equivalent Centers for Medicare and Medicaid Services
5 reimbursement rate in effect for appropriate treatment codes for the
6 state or territory in which the treatment is received. If no such
7 rate is in effect, payment shall be made at a fair market rate, as
8 determined by the Secretary of Health.

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

14 1. For third-party payer examination;

15 2. To the appropriate governmental organizations, congressional
16 committees and employees of the Department of Defense, the
17 Department of Veterans Affairs, the Department of Health and Human
18 Services, and appropriate state agencies; and

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

22 H. In the case of a patient enrolled in a registered
23 institutional review board study, results may be publically
24 distributable in accordance with the regulations prescribed pursuant

1 to the Health Insurance Portability and Accountability Act of 1996
2 and other regulations and practices in effect as of the date of the
3 enactment of the Oklahoma TBI Treatment Act.

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

7 J. 1. The Secretary of a military department may assign a
8 member of the Armed Forces under the jurisdiction of the Secretary
9 to temporary duty or allow the member a permissive temporary duty in
10 order to permit the member to receive treatment for traumatic brain
11 injury or post-traumatic stress disorder, for which payments shall
12 be made, at a location beyond reasonable commuting distance of the
13 member's permanent duty station.

14 2. A member who is away from the member's permanent station may
15 be paid a per diem in lieu of subsistence in an amount not more than
16 the amount to which the member would be entitled if the member were
17 performing travel in connection with a temporary duty assignment.

18 3. Notwithstanding any rule of any department or agency with
19 respect to ethics or the receipt of gifts, any assistance provided
20 to a member of the Armed Forces with a service-connected injury or
21 disability for travel, meals, or entertainment incidental to
22 receiving treatment under the Oklahoma TBI Treatment Act, or for the
23 provision of such treatment, shall not be subject to or covered by
24 any such rule.

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

5 L. For purposes of the Oklahoma TBI Treatment Act, a
6 university-affiliated or nationally accredited institutional review
7 board shall be treated in the same manner as a government
8 institutional review board.

9 M. The state, the Secretary of Defense and the Secretary of
10 Veterans Affairs shall seek to expeditiously enter into memoranda of
11 understandings with civilian institutional review boards described
12 in subsection L of this section for the purpose of providing for
13 members of the Armed Forces and veterans to receive treatment
14 carried out by civilian health care practitioners under a treatment
15 approved by and under the oversight of civilian institutional review
16 boards that would qualify for payment under the Oklahoma TBI
17 Treatment Act.

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

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

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

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

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

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

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

22 Q. The Insurance Department of the State of Oklahoma shall have
23 the responsibility to collect payments from the payer responsible
24 for a given patient's treatment as specified under the Oklahoma TBI

1 Treatment Act. These funds less the expenses of the Insurance
2 Commissioner's office shall be paid to the respective fund from
3 which original payment was made. Any requirement of medical
4 necessity or preapproval will be deemed as having already been met
5 regardless of a payer's objection. Medical necessity shall have
6 been determined by whether positive health outcomes were achieved
7 under the treatment requirements of the Oklahoma TBI Treatment Act.

8 To prevent retaliation against those who received treatment
9 under the Oklahoma TBI Treatment Act, patient confidentiality shall
10 be maintained. Independent verification procedures, such as
11 independent auditing of patient records validating the payer's
12 responsibility, shall be created.

13 R. The purchase of equipment and facility installation is
14 authorized under the Oklahoma TBI Treatment Act in order to meet the
15 emergency presented by the tens of thousands of injured individuals.
16 The CAHM shall be in charge of approving these expenditures and
17 collecting a fee from each treatment paid to reimburse the
18 respective trust fund used, at a rate of Fifty Dollars (\$50.00) per
19 treatment, until the equipment or facility is completely paid for.
20 At such time as the equipment or facility is paid for, the title of
21 ownership for the equipment or facility will be given without
22 further compensation, to the hosting organization.

23 S. To meet the emergency need for personnel to provide
24 qualified treatment to eligible patients under the Oklahoma TBI

1 Treatment Act, funds to pay for training may be drawn by OSUCHS CAHM
2 for courses to be conducted that meet recognized standards for the
3 particular treatment that is administered. Persons undergoing such
4 education or training will incur an obligation to the state for this
5 revolving scholarship, which shall be satisfied by physicians who
6 provide supervision for treatment at the rate of Twenty-five Dollars
7 (\$25.00) per hour, and for health care practitioners at the rate of
8 Ten Dollars (\$10.00) per hour. National Guard medical personnel may
9 be activated for both the purposes of receiving training and
10 providing services. Continuing medical education credits, college
11 credits, or vocational/technical school tuitions for these training
12 courses are all eligible for payment under this scholarship. Normal
13 other tuition or education assistance applies to training or
14 education under these provisions.

15 T. Since the number in need of treatment at present is greater
16 than available resources, priority will be provided based upon the
17 following criteria:

- 18 1. National Guard or veterans (priority to those in crisis or
19 imminent danger to themselves or others);
- 20 2. Suicide risks;
- 21 3. Domestic violence (victim or perpetrator);
- 22 4. All first responders who have served in combat, or have been
23 wounded or injured in the line of duty;
- 24 5. Imminent redeployment;

1 6. Law enforcement interaction;

2 7. Homeless;

3 8. Trained military medical or former military medical
4 personnel;

5 9. Unemployment or threat of unemployment due to behavior or
6 job performance (priority to military-trained medical personnel);

7 10. Incarceration (especially involvement in Veterans Court);

8 11. Enrollment at college in remedial education courses;

9 12. Enrollment in vocational technical education when an
10 individual already possesses a college degree; and

11 13. Older veterans who have served in previous wars and need
12 relief from symptoms of traumatic brain injury or PTSD. (Vietnam,
13 Korea, World War II.)

14 U. 1. In order to meet the state's emergency presented by the
15 presence of tens of thousands of National Guard and other injured
16 veterans in the state, it is necessary to create the ability to
17 rapidly and rationally deploy treatment. Market rates shall apply
18 to this deployment. The goal is to rescue as many at-risk and
19 injured veterans as possible in order to restore wholeness to their
20 lives and improve productivity, opportunity, and community.

21 Therefore, compliance with provisions of The Oklahoma Central
22 Purchasing Act shall not be required of OSUCHS, OUHSC, OU-Norman or
23 the IHMF. However, each of these organizations shall observe
24 internal purchasing procedures approved by the Purchasing Director

1 of the Department of Central Services and keep records of
2 acquisitions which shall be subject to audit by the Department of
3 Central Services.

4 2. Compliance with provisions of the Public Competitive Bidding
5 Act of 1974, the Public Building Construction and Planning Act, and
6 Consulting Services through the Construction and Properties Division
7 of the Department of Central Services shall not be required of the
8 OSUCHS, OUHSC, OU-Norman or the IHMF. However, the OSUCHS, OUHSC,
9 OU-Norman or the IHMF shall observe internal procurement and bidding
10 procedures and keep records of contracts and acquisitions which
11 shall be subject to audit by the Department of Central Services.

12 3. Compliance with provisions of the Oklahoma Surplus Property
13 Act shall not be required of the OSUCHS, OUHSC, OU-Norman or the
14 IHMF; however, OSUCHS, OUHSC, OU-Norman or the IHMF shall observe
15 internal property disposition procedures and keep records of
16 property dispositions which shall be subject to audit by the
17 Department of Central Services.

18 4. OSUCHS, OUHSC, OU-Norman or the IHMF shall be exempted from
19 the requirements of the Office of Management and Enterprise Services
20 to file the annual budget work program, budget request, information
21 systems plan and telecommunications plan. However, IHMF shall
22 continue to file an annual audited financial statement in accordance
23 with governmental accounting standards.

1 5. OSUCHS, OUHSC, OU-Norman or the IHMF shall be further
2 exempted from conversion to CORE Phase II requirements of the Office
3 of Management and Enterprise Services.

4 6. OSUCHS, OUHSC, OU-Norman or the IHMF shall continue to be
5 accountable to provide a report annually to the President Pro
6 Tempore of the Senate, Speaker of the House of Representatives and
7 Governor describing the methods and innovations utilized in its
8 research and treatment deployment processes and the improved
9 services and the savings that have accrued as a result of these
10 exceptions.

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

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

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

1 B. A subsection of this account is designated as a revolving
2 trust fund to be operated in accordance with state investment
3 practices.

4 C. Expenditures from the OKNGRF trust fund subsection are
5 authorized as follows:

6 1. Medical treatment and adjunctive therapies for all current
7 and former members of the Oklahoma National Guard and all current
8 and former active duty U.S. military personnel residing within the
9 State of Oklahoma;

10 2. Expenditures related to receiving such treatment such as
11 travel and housing when treatment is not locally available or
12 specialized care is needed for a qualified person to receive
13 treatment;

14 3. Purchase and installation of durable medical equipment
15 needed to carry out treatment under paragraphs 1 and 2 of this
16 subsection;

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

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

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

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

5 1. Medical treatment and adjunctive therapies for all state
6 residents who are not current or former members of the Oklahoma
7 National Guard or current or former active duty U.S. military
8 personnel residing within the State of Oklahoma;

9 2. Expenditures related to receiving such treatment such as
10 travel and housing when treatment is not locally available or
11 specialized care is needed for a qualified person to receive
12 treatment;

13 3. Purchase and installation of durable medical equipment
14 needed to carry out treatment under paragraphs 1 and 2 of this
15 subsection;

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

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

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

1 1. Appropriations from the State of Oklahoma;

2 2. Bond issues;

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

6 4. Collections from third-party payers, such as Tricare,
7 Veterans Administration, state Workers Compensation, Medicaid, or
8 others with legal responsibility to have delivered effective
9 treatment at the time an injury may have occurred. There will be no
10 statute of limitations in determining this liability. Proportional
11 responsibility for payment may be determined based upon patient
12 injury history, severity of given injuries and related matters.

13 Where the individual qualifies for state Medicaid, Workers
14 Compensation, or other public health assistance, the TCARF will be
15 reimbursed accordingly at standard published facility reimbursement
16 rates for the treatment for each carrier, or the Medicare
17 reimbursement rate, whichever is higher.

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

22 H. It is recommended that the state appropriations committees
23 apply ten percent (10%) of the documented projected or realized
24 savings from other state programs into these respective programmatic

1 accounts so that effective treatment can be expanded with the state.
2 These elections shall be the responsibility of the Insurance
3 Department.

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

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9 54-1-7038 AM 02/18/13

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