I move to amend Senate Bill No. 712 by substituting the attached floor substitute (Request #2009) for the title, enacting clause and entire body of the measure.

Submitted by:

Senator Rosino

I hereby grant permission for the floor substitute to be adopted.

Senator Rosino, Chair (required)

Senator Pemberton

Senator Haste

Senator Prieto

Senator Daniels

Senator Pugh

Senator Hall

Senator Standridge

Carri Hicks

Senator Stanley

Senator Montgomery

Senator Young

Senator Treat, President Pro Tempore

Senator McCortney, Majority Floor Leader

Note: Health and Human Services committee majority requires six (7) members’ signatures.

I hereby grant permission for the floor substitute to be adopted.

Senator Thompson (Roger)
Appropriations Committee Chair

Rosino-DC-FS-SB712
3/7/2023 9:01 AM

(Floor Amendments Only)  Date and Time Filed: 3-7-23 9:32 am
STATE OF OKLAHOMA

1st Session of the 59th Legislature (2023)

FLOOR SUBSTITUTE
FOR
SENATE BILL NO. 712

By: Rosino of the Senate

and

McEntire and Waldron of the House

FLOOR SUBSTITUTE

[ hospitals - emergency opioid antagonists -
technical assistance - reimbursement - information -
immunities - codification - effective date ]

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 2-401.2 of Title 43A, unless
there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Emergency opioid antagonist" means a drug including but not
limited to naloxone that blocks the effects of opioids and that is
approved by the United States Food and Drug Administration for the
treatment of an opioid overdose; and

2. "Health benefit plan" has the same meaning as provided by
Section 6060.4 of Title 36 of the Oklahoma Statutes.
B. Subject to allocation of federal funding for the purchase of emergency opioid antagonists, the Department of Mental Health and Substance Abuse Services shall distribute emergency opioid antagonists to hospitals for distribution by hospitals of emergency opioid antagonists to patients not covered by the state Medicaid program or by a health benefit plan as described in subsection C of Section 2 of this act.

C. The State Department of Health shall provide necessary technical assistance for the implementation of this section and Section 2 of this act.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-706.21 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Emergency opioid antagonist" means a drug including but not limited to naloxone that blocks the effects of opioids and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose; and

2. "Health benefit plan" has the same meaning as provided by Section 6060.4 of Title 36 of the Oklahoma Statutes.

B. A hospital shall distribute to a person who presents to an emergency department with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use, two doses of an emergency opioid antagonist upon discharge, unless:
1. The treating practitioner determines in his or her clinical and professional judgment that distributing the emergency opioid antagonist is not appropriate or the practitioner has confirmed that the patient already has at least two doses of an emergency opioid antagonist; or

2. The hospital is not required to distribute the emergency opioid antagonist due to the conditions described in paragraph 2 of subsection C of this section.

C. 1. The provisions of subsection B of this section shall apply without exception in cases where a patient is covered by the state Medicaid program or by a health benefit plan.

2. The provisions of subsection B of this section shall apply in cases where a patient is not covered by the state Medicaid program or by a health benefit plan only if the hospital receives a supply of one or more emergency opioid antagonists from the Department of Mental Health and Substance Abuse Services under Section 1 of this act.

D. To comply with the requirements of this section, a hospital may, notwithstanding any other provision of state law, utilize any of the following individuals employed by or under contract with the hospital to distribute emergency opioid antagonists under this section:

1. Any health care provider licensed or certified in this state including, but not limited to, a licensed pharmacist; or
2. Any mental health or substance abuse provider licensed or certified in this state.

E. 1. In cases where a patient to whom an opioid antagonist is distributed under this section is covered under the state Medicaid program, the hospital may bill the state Medicaid program for the emergency opioid antagonist utilizing the appropriate billing codes established by the Oklahoma Health Care Authority. The state Medicaid program shall reimburse such claims in accordance with applicable law, rules, and contract terms. This billing shall be separate from and in addition to the payment for the other services provided during the hospital visit.

2. In cases where a patient to whom an opioid antagonist is distributed under this section is covered by a health benefit plan, the hospital may bill the patient’s health benefit plan for the cost of the emergency opioid antagonist, and the health plan shall reimburse such claims.

F. When a hospital distributes an emergency opioid antagonist, it shall provide:

1. Directions for use; and

2. Information and resources about medication for opioid use disorder and harm reduction strategies and services which may be available, such as substance use disorder treatment services and substance use disorder peer counselors.
This information shall be available in all languages relevant to the communities that the hospital serves.

G. This section does not prohibit a hospital from distributing an emergency opioid antagonist to a patient at no cost to the patient and at no cost to a third-party payor out of the hospital's prepurchased supply.

H. Nothing in this section prohibits or modifies a hospital's ability or responsibility to bill a patient's health benefit plan or to provide financial assistance as required by state or federal law.

I. A hospital, its employees, its contractors, and its practitioners are immune from suit in any action, civil or criminal, or from professional or other disciplinary action, for action or inaction in compliance with this section.

SECTION 3. This act shall become effective November 1, 2023.