

Oklahoma Health Care Authority

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

OHCA COMMENT DUE DATE: January 6, 2025

The proposed policy changes are currently in effect as Emergency Rules and must be promulgated as Permanent Rules. The proposed policy was presented at the Tribal Consultations held on September 3, 2024 and November 5, 2025 and the Medical Advisory Committee meeting held on September 12, 2024. The proposed changes will be presented at a Public Hearing on January 6, 2025, and will be presented as Permanent Rules to Medical Advisory Committee on January 9, 2025 and the OHCA Board of Directors on January 15, 2025.

SUMMARY

The proposed additions will implement pharmacists' services as a covered benefit to SoonerCare members as directed by HB2322 of the 2022 legislative session. The policy additions require pharmacists to be licensed by the Oklahoma State Board of Pharmacy, allows coverage of medical services within pharmacists' statutory scope of practice, and establishes a reimbursement methodology for pharmacists that is identical to physicians'. Further, the proposed changes allow I/T/U pharmacists' services to be reimbursed at the OMB rate.

LEGAL AUTHORITY

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board, Section 4002.12 of Title 56 of Oklahoma Statutes

RULE IMPACT STATEMENT

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY

SUBJECT: Rule Impact Statement
APA WF # 24-20

A. Brief description of the purpose of the rule:

The proposed policy revisions establish coverage and reimbursement guidelines for pharmacists' services. House Bill 2322 from the 2022 legislative session directed the Oklahoma Health Care Authority to reimburse pharmacists for services within their scope of practice at the same rate paid to other providers for provision of the same services. Policy changes are necessary to establish the reimbursement methodology for pharmacists' services utilizing the physicians' fee schedule and describe provider requirements for pharmacists. At this time, covered pharmacists' services are limited to covered medical services within the statutory scope of practice of pharmacists. If scope of practice is expanded by the Board of Pharmacy, additional services will be reimbursable.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

The proposed rule changes will affect SoonerCare members who choose to receive services from a pharmacist or those who are able to access a pharmacist more easily than other provider types.

- C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule changes will benefit all SoonerCare members because pharmacists' services, such as vaccine administration, will be easier to access. Pharmacists will benefit from direct reimbursement for covered services.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable economic impact and there are no fee changes associated with the rule change for the above classes of persons or any political subdivisions.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated affect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The estimated total cost for SFY 2025 is \$269,336 (\$180,967 in federal share and \$88,369 in state share). The estimated total cost for SFY 2026 is \$269,336 (\$180,671 in federal share and \$88,665 in state share).

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The proposed rule changes will not have an economic impact on any political subdivision or require their cooperation in implementing or enforcing the rule changes.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The agency does not anticipate that the proposed rule changes will have an adverse effect on small businesses.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there are no other legal methods to achieve the purpose of the proposed rule. Measures included a formal public comment period and tribal consultation.

- I. A determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have no adverse effect on the public health, safety or environment.

- J. A determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented:

The agency does not anticipate any detrimental effect on the public health and safety if the proposed rule is not passed.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared date: November 19, 2024

RULE TEXT:

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY

CHAPTER 30. MEDICAL PROVIDERS-FEE FOR SERVICE

SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES

PART 110. INDIAN HEALTH SERVICES, TRIBAL PROGRAMS, AND URBAN INDIAN CLINICS (I/T/Us)

317:30-5-1091. Definition of I/T/U services

- (a) As described in 42 CFR 136.11(a), the I/T/U services may include hospital and medical care, dental care, public health nursing, preventive care (including immunizations).
- (b) Further, 42 CFR 136.11(c) allows that the scope and availability of I/T/U services will depend upon the resources of the facility.
- (c) I/T/U services may be covered when furnished to a patient at the clinic or other location, including a mobile clinic, or the patient's place of residence. Provider contracts must meet the provider participation requirements found at OAC 317:30-5-1096.
- (d) I/T/U outpatient encounters include but are not limited to:
- (1) Physicians' services and supplies incidental to a physician's services;
 - (2) Within limitations as to the specific services furnished, a doctor of dentistry or oral surgery,

a doctor of optometry, or a doctor of podiatry [Refer to Section 1861(r) of the Act for specific limitations];

(3) Services of advanced practice nurses (APNs), physician assistants (PAs), certified nurse midwives (CNMs), or specialized advanced practice nurse practitioners;

(4) Services and supplies incidental to the services of APNs and PAs (including services furnished by certified nurse midwives);

(5) Public health nursing services, within the scope of their licensure, include but are not limited to services in the following areas:

(A) Phlebotomy;

(B) Wound care;

(C) Public health education;

(D) Administration of immunizations;

(E) Administration of medication;

(F) Child health screenings meeting EPSDT criteria;

(G) Smoking and Tobacco Use Cessation Counseling;

(H) Prenatal, newborn and postpartum assessments, including case management services for first time mothers; and

(I) General health assessments and management of conditions such as tuberculosis, diabetes and hypertension.

(6) Visiting nurse services to the homebound;

(7) Behavioral health professional services and services and supplies incidental to the services of LBHPs; and

(8) Dental services.

(9) Pharmacists' services found in OAC 317:30-5-1226

PART 115. PHARMACISTS

317:30-5-1225. Eligible Providers

Eligible Providers shall:

(1) Have and maintain a current license by the Oklahoma State Board of Pharmacy as described in Section 353.9 of Title 59 of Oklahoma Statutes and Title 535 of the Oklahoma Administrative Code, Chapter 10, Subchapter 7.

(2) Have a current contract with the Oklahoma Health Care Authority (OHCA)

317:30-5-1226. Covered Services

(a) OHCA covers medical services (as described in OAC 317:30-5, Part 1, Physicians) provided by a pharmacist when rendered within the licensure and scope of practice of the pharmacist as defined by state law and regulations found at 59 O.S. § 353.1, 59 O.S. § 353.30, OAC 535:10-9-1 through OAC 535:10-9-15, and OAC 535:10-11-1 through OAC 535:10-11-6.

(b) Medical services rendered by pharmacists are subject to the same limitations described in OAC 317:30-5, Part 1, Physicians.

317:30-5-1227. Reimbursement

(a) Payment for covered services (as described in OAC 317:30-5-1226) to eligible providers (as described in 30-5-1225) shall be made when the same service would have been covered if ordered or performed by a physician.

(b) Payment is made per the methodology established in the Oklahoma Medicaid State Plan.

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