

STATE OF OKLAHOMA

1st Session of the 43rd Legislature (1991)

SENATE BILL NO. 462

BY: ROBINSON

AS INTRODUCED

AN ACT RELATING TO INSURANCE AND PROFESSIONS AND
OCCUPATIONS; AMENDING 36 O.S. 1981, SECTIONS 6055,
AS LAST AMENDED BY SECTION 2, CHAPTER 37, O.S.L.
1989 (36 O.S. SUPP. 1990, SECTION 6055), WHICH
RELATES TO SERVICES AND COMPENSATION OF
PRACTITIONERS; MODIFYING CONDITION UNDER WHICH
PRACTITIONERS MAY BE COMPENSATED FOR SERVICES;
DEFINING TERM; PROHIBITING CERTAIN PRACTITIONERS
FROM ENGAGING IN CERTAIN ACTIVITIES RELATING TO
FEES AND CHARGES FOR SERVICES; PROVIDING FOR
CODIFICATION; AND PROVIDING AN EFFECTIVE DATE.

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

SECTION 1. AMENDATORY 36 O.S. 1981, Section 6055, as
last amended by Section 2, Chapter 37, O.S.L. 1989 (36 O.S. Supp.
1990, Section 6055), is amended to read as follows:

Section 6055. A. For any individual, group, blanket, franchise
policy, insurance trust, nonprofit contract or agreement whatever,
providing accident or health benefits hereafter renewed or issued

for delivery from out of Oklahoma or in Oklahoma by any insurer, whether a stock or mutual insurance company, medical service corporation or association, nonprofit hospital service and medical indemnity corporation, self-insured trust, nonprofit group, or any other type of insurer whatever, and covering an Oklahoma risk, the services and procedures may be performed by any practitioner selected by the insured, or his parent or guardian if the insured is a minor, provided that the practitioner is duly licensed under the laws of this state to perform such services or procedures approved by the appropriate board of examiners. The practitioner, at the option of the insurer, may be compensated when benefits are assigned and on file and claims are processed on standard American Medical Association forms and a duplicate copy of the bill has been sent to the insured. The practitioner shall be equally compensated for such services and procedures on the basis of charges prevailing in the same community for similar services and procedures to similarly ill or injured persons regardless of the branch of the healing arts to which the practitioner may belong, provided such ~~profession or practitioner does not permit false and fraudulent advertising or such profession or practitioner does not aid or abet the insured to violate the terms of the contract or agreement~~ practitioner is not in violation of the provisions of Section 2 of this act.

B. Nothing in this section shall prohibit a practitioner from contracting with a payor, payors or insurers for alternative levels or methods of payment.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 731.8 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. As used in this section, "practitioner" means a person holding a valid license to practice medicine and surgery, osteopathy, chiropractic, podiatry, optometry or dentistry, pursuant

to the state licensing provisions of Title 59 of the Oklahoma Statutes.

B. Notwithstanding any other provision of law, no practitioner shall engage in any of the following activities:

1. Any print, audio, visual or audiovisual advertising offering to accept payment for services rendered from any third-party payor as payment in full, if the effect of the advertised offering is to eliminate or give the impression of eliminating the need of payment by an insured of any required deductions or copayments required by the insured's policy;

2. Abrogating the deductible or copayment provisions of any insurance contract by forgiving, on a regular basis, any or all of any patient's obligations for payment thereunder;

3. Rebating or offering to rebate to an insured any payment by the insured's third-party payor to the practitioner for services or treatments rendered under the insured's policy;

4. Advertising any reduced or discounted fees or rebates for services or treatments, or advertising any free services or treatments, without prominently stating in the advertisement the usual fee for the service or treatment which is the subject of the discount, rebate, or free offering;

5. Submitting to any third-party payor a claim for a service or treatment at an inflated fee or charge or a greater fee or charge than the usual fee charged for that service or treatment when the service or treatment is rendered without third-party reimbursement;

6. Submitting to any third-party payor a claim for a service or treatment at a fee or charge in an amount greater than that advertised for such service or treatment at the time of the rendering of the service or treatment which is the subject matter of the claim; or

7. Knowingly or purposefully making incorrect reports of services rendered, treatment dates, or charges for services not

rendered, for the purpose of obtaining payment from a third-party payor.

SECTION 3. This act shall become effective September 1, 1991.

43-1-351

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