

STATE OF OKLAHOMA

1st Session of the 44th Legislature (1993)

HOUSE BILL NO. 1196

By: Bryant (John)

AS INTRODUCED

An Act relating to insurance; amending 36 O.S. 1991, Section 6055, as amended by Section 2, Chapter 370, O.S.L. 1992 (36 O.S. Supp. 1992, Section 6055), which relates to performance of services by health care practitioners; modifying compensated services of a practitioner; stating legislative observations; providing definitions; limiting legislative proposals for mandated coverages; 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. 1991, Section 6055, as amended by Section 2, Chapter 370, O.S.L. 1992 (36 O.S. Supp. 1992, Section 6055), is amended to read as follows:

Section 6055. A. ~~For~~ The services and procedures covered by any individual, group, blanket or 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.

B. A practitioner or hospital, as defined in Section 1-701 of Title 63 of the Oklahoma Statutes, shall be compensated directly by an insurer when benefits are assigned and on file and claims are processed on a uniform health insurance claim form prescribed by the Insurance Commissioner pursuant to Section 4510 of this title and a duplicate copy of the bill has been sent to the insured. The provisions of this subsection shall not apply to:

1. Any PPO contract, as defined by generally accepted industry standards; or
2. Any statewide provider network which:
 - a. provides that a practitioner or hospital who joins the provider network shall be compensated directly by the insurer,
 - b. does not have any terms or conditions which have the effect of discriminating against a particular class of practitioner, and
 - c. allows any hospital or practitioner, except a practitioner who has a prior felony conviction, to become a network provider if said hospital or practitioner is willing to comply with the terms and conditions of a standard network provider contract.

C. A practitioner shall be equally compensated for such covered 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.

D. 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 6581 of Title 36, unless there is created a duplication in numbering, reads as follows:

The Oklahoma Legislature recognizes that there are an increasing number of proposals being offered to mandate or require the offering of health care coverages or services by insurance, health care service contractors and health maintenance organizations as a component of insurance policies or employee health benefit plans. Improved access to health care services to segments of the population which desire such services can provide beneficial social and health consequences which may be in the public interest. However, the cost ramifications of expanding health care coverages and services are a growing concern. The structures of such coverages or services and the steps taken to create incentives to provide cost-effective services or to take advantage of cost-offsetting features of services can significantly influence the cost impact of mandating particular coverages and services.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6582 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in Sections 2 through 4 of this act, "health care coverages or services" means any services rendered for a fee which are included in the furnishing to any individual of medical care, or other services incident to the furnishing of such care, as well as

the furnishing of any other services for the purpose of preventing, alleviating, curing, or healing human illness or injury.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6583 of Title 36, unless there is created a duplication in numbering, reads as follows:

No legislative proposal to mandate or require the offering of health care coverages or services shall apply to any insurer unless the proposal applies equally to those employee health benefit plans described in 29 U.S.C., Section 1001 et seq.

SECTION 5. This act shall become effective September 1, 1993.

44-1-5394

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