

SHORT TITLE: Managed care organizations; placing certain organizations under jurisdiction of Insurance Commissioner with certain exception; authorizing Insurance Commissioner to oversee relationship of and arbitrate disputes between certain parties with certain exception; codification; effective date.

STATE OF OKLAHOMA

1st Session of the 44th Legislature (1993)

SENATE BILL NO. 477

By: Hobson

AS INTRODUCED

An Act relating to managed care organizations;

placing certain organizations under jurisdiction of Insurance Commissioner with certain exception; authorizing Insurance Commissioner to oversee relationship of and arbitrate disputes between certain parties with certain exception; stating exceptions; providing for codification; and providing an 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 6581 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. All managed care organizations, including preferred provider organizations, preferred provider associations, independent provider associations, prepaid medical plans, medical service trusts, medical service plans, fraternal benefit societies, mutual assessment organizations or entities, nonprofit hospital or medical service organizations, and any other organization, excluding Health Maintenance Organizations, that are controlling the expenditure of health care funds to purchase the service of provider or network physicians, hospitals, clinics and other institutions, shall be under the jurisdiction of the Insurance Commissioner, except as otherwise provided by state or federal law.

B. Except as otherwise provided by provisions of Title 36 of the Oklahoma Statutes or by federal law, the Insurance Commissioner shall have the authority to oversee the relationship of and arbitrate disputes between:

1. The managed care organization and the insurer or other such third-party payor;

2. The managed care organization and the beneficiaries of the managed-care health plan; and

3. The managed care organization and the health care providers.

SECTION 2. This act shall become effective September 1, 1993

44-1-0041

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