

STATE OF OKLAHOMA

1st Session of the 46th Legislature (1997)

HOUSE BILL NO. 1608

By: Fields

AS INTRODUCED

An Act relating to relating to insurance; providing certain definitions; authorizing certain agreements between health insurers and health care providers; stating terms of the agreements; authorizing health insurers to issue certain insurance agreements; requiring a health insurer to establish terms and conditions for certain agreements; prohibiting discrimination among classes of health care providers; requiring compliance with agreement; limiting scope of coverage; 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 6057.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Health care provider" means any person, firm, corporation or other legal entity who is licensed, certified, or otherwise authorized by the laws of this state to provide health care services in the ordinary course of business or practice of the profession;

2. "Health care services" means services, procedures or supplies rendered or sold by a health care provider within the scope of the license, certificate or other legal authorization of the health care provider;

3. "Health insurer" means any legal entity who is authorized to issue insurance policies, certificates or subscriber contracts which reimburse expenses for health care services. The term "health insurer" shall include, but not be limited to, a licensed insurance company, a not-for-profit hospital service and medical indemnity corporation, a fraternal benefit society, a multiple employer welfare arrangement and any other legal entity providing a plan of health insurance subject to regulation by the Insurance Commissioner; and

4. "Insured" means an individual entitled to reimbursement for expenses of health care services under a policy, certificate or subscriber contract issued or administered by a health insurer.

B. Notwithstanding any other provision of law to the contrary, a health insurer may:

1. Enter into agreements with health care providers relating to terms and conditions of reimbursement for health care services that may be rendered to an insured of the health insurer, including agreements relating to the amounts to be charged an insured for services rendered, quality standards, and the terms and conditions for activities intended to reduce unnecessary or inappropriate care; and

2. Issue or administer policies, certificates or subscriber agreements in this state that include incentives or disincentives for insureds to utilize the services of a health care provider who has entered into a reimbursement agreement with the health insurer pursuant to paragraph 1 of this subsection.

C. A health insurer shall have established terms and conditions which are to be met by health care providers desiring to enter into

a reimbursement agreement with the health insurer. The terms and conditions shall not discriminate against or among the various classes of health care providers. A health care provider ready, willing and able to meet the terms and conditions established by a health insurer shall not be denied the right to enter into a reimbursement agreement with the health insurer. Once an agreement is in force, a health care provider who is a party to the agreement shall comply with the terms and conditions of the agreement, including all quality, efficiency and price standards set by the health insurer.

D. This section shall not be construed to expand the scope of insurance coverage beyond that offered under a policy, certificate or subscriber agreement.

SECTION 2. This act shall become effective November 1, 1997.

46-1-5270

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