

STATE OF OKLAHOMA

1st Session of the 47th Legislature (1999)

SENATE BILL NO. 611

By: Morgan

AS INTRODUCED

An Act relating to public health and safety; amending 63 O.S. 1991, Section 2505, as last amended by Section 4, Chapter 404, O.S.L. 1997 (63 O.S. Supp. 1998, Section 2505), which relates to health maintenance organizations; prohibiting certain discrimination and inclusion of specified provision; and providing an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 1991, Section 2505, as last amended by Section 4, Chapter 404, O.S.L. 1997 (63 O.S. Supp. 1998, Section 2505), is amended to read as follows:

Section 2505. A. Health maintenance organizations and prepaid health plans shall provide comprehensive health services directly or by contract or agreement with other persons, corporations, institutions, associations, foundations or other legal entities, public or private, in accordance with Section 2501 et seq. of this title and the laws governing such professions and services. With respect to chiropractic services, such covered services shall be provided on a referral basis within the network at the request of an enrollee who has a condition of an orthopedic or neurological nature if:

1. A referral is necessitated in the judgment of the primary care physician; and

2. Treatment for the condition falls within the licensed scope of practice of a chiropractic physician.

B. Such organizations and plans may contract or agree with other persons to provide actuarial, underwriting, marketing, billing, fiscal, and other services as may be required for the

operation of a health maintenance organization or prepaid health plan.

C. Health maintenance organizations and prepaid health plans may contract to provide certain selected comprehensive health services for organizations or corporations which provide certain other comprehensive health services to their members or employees through alternative health care plans.

D. 1. A health maintenance organization or prepaid health plan shall not:

- a. engage in the practice of medicine or any other profession except as provided by law, or
- b. prohibit or restrict a primary care physician from referring a patient to a specialist within the network if such referral is deemed medically necessary in the judgment of the primary care physician,
- c. discriminate against an enrollee with an expensive medical condition by excluding practitioners with practices containing a substantial number of such patients, or
- d. include any provision in a provider contract which precludes or discourages contracting providers from:
 - (1) informing a patient of the care the patient requires, including treatments or services not provided or reimbursed by the health maintenance organization or prepaid health plan, or
 - (2) advocating on behalf of a patient before the health maintenance organization or prepaid health plan.

2. A health maintenance organization or prepaid health plan shall provide comprehensive health services in a manner that is reasonably geographically convenient to residents of the service area for which it seeks a license.

E. A health maintenance organization or prepaid health plan may adjust its prepaid premium to permit financial risk-sharing with

other organizations or corporations which contract with the health maintenance organization or prepaid health plan to provide such selected services.

SECTION 2. This act shall become effective November 1, 1999.

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