STATE OF OKLAHOMA

1st Session of the 50th Legislature (2005)

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1626 By: Wilt

COMMITTEE SUBSTITUTE

An Act relating to insurance; establishing Surgical Patient Choice Task Force; providing for appointments; providing for qualifications; providing for meetings and staffing; providing for reimbursement for travel; providing for purpose; requiring certain report; providing for codification; and declaring an emergency.

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 6057.5 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. There is hereby created to continue until February 1, 2006, the Surgical Patient Choice Task Force.

1. The Task Force shall consist of ten (10) members.

2. Of the ten members:

a. three shall be appointed by the Speaker of the Oklahoma House of Representatives as follows:

(1) one shall be a representative of a health insurer which owns or operates a statewide provider network,

(2) one shall represent a specialty hospital, and

(3) one shall be a member of the Oklahoma House of Representatives and shall serve as cochair,

b. three shall be appointed by the President Pro Tempore of the State Senate as follows:

(1) one shall represent an ambulatory surgical center,

(2) one shall represent a statewide hospital association, and

(3) one shall be a member of the State Senate and shall serve as cochair,

c. two shall be appointed by the Governor as follows:

(1) one shall be a representative of a full-service community hospital located in a community with a population of over three hundred thousand (300,000), and

(2) one shall represent a hospital located in a rural area, and

d. two shall be public sector representatives or their designees as follows:

(1) the Commissioner of the State Department of Health, and

(2) the Insurance Commissioner.

B. 1. Appointed members of the Task Force shall serve at the pleasure of their appointing authority.

2. A vacancy on the Task Force shall be filled by the original appointing authority.

3. Appointments to the Task Force shall be made by August 1, 2005.

C. 1. A majority of the members present at a meeting shall constitute a quorum to do business.

2. The cochairs of the Task Force shall convene the first meeting of the Task Force on or before September 1, 2005, at which time a schedule of the meetings shall be determined.

3. The Oklahoma Insurance Department shall provide staff support for the Task Force.

D. The Task Force may divide into subcommittees in furtherance of its purposes.

E. Members of the Task Force shall receive no compensation but shall be reimbursed for necessary travel expenses incurred in the performance of their duties pursuant to the provisions of the State Travel Reimbursement Act as follows:

1. Legislative members of the Task Force shall be reimbursed in accordance with the provisions of Section 456 of Title 74 of the Oklahoma Statutes; and

2. Nonlegislative members of the Task Force shall be reimbursed by their appointing authorities.

F. The purpose of the Task Force shall be to make recommendations to the Legislature and the Governor regarding ways to improve patient access to rural hospitals, specialty hospitals and ambulatory surgical centers by:

1. Studying the issue of the exclusion of hospitals including specialty hospitals and ambulatory surgical centers from health insurance plans when those facilities are willing to meet the terms of a contract set forth and offered to similar providers by health insurance companies;

2. Determining whether a need exists to expand opportunities for hospitals to participate in health insurance provider networks;

3. Determining if patients have the ability to choose among and between all geographically relevant providers which meet requirements set by insurance companies;

4. Determining if providers as defined in this act who are not allowed to participate in provider networks are denied participation based on issues related to patient safety, sound economic policies, and the practice of medicine;

5. Making recommendations as to the role of the State Insurance Commission and the State Department of Health in establishing a

system of appeal when a hospital, specialty hospital, or ambulatory surgical center, is denied participation in a provider network; and

6. Identifying other issues deemed appropriate by the Task Force.

G. The Task Force shall issue a report of its recommendations to the Legislature and Governor no later than January 1, 2006.

SECTION 2. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

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