

STATE OF OKLAHOMA

1st Session of the 50th Legislature (2005)

COMMITTEE SUBSTITUTE
FOR
SENATE BILL 848

By: Adelson

COMMITTEE SUBSTITUTE

[public health and safety - Hospital Discount for
Qualified Self-Pay Patients Act - codification -
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 1-723.1 of Title 63, unless
there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Hospital
Discount for Qualified Self-Pay Patients Act".

B. As used in this act, unless the context clearly indicates
otherwise, the following terms shall have the following meanings:

1. "Ambulatory Surgical Center" shall have the same meaning as
in Section 2657 of Title 63 of the Oklahoma Statutes;

2. "Hospital" shall have the same meaning as in Section 1-701
of Title 63 of the Oklahoma Statutes; and

3. "Qualified self-pay patient" means a resident who has
established a domicile in an Oklahoma county and has no public or
private source of insurance payment for medical services and would
be expected to pay a hospital's or an ambulatory surgical center's
billed charges. The term does not include a patient who fails to
provide income and asset information to determine if the patient is
eligible for a discount program.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-723.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Each hospital and ambulatory surgical center in this state shall establish a discount program for hospital and ambulatory surgical center charges for qualified self-pay patients who have household incomes of up to four hundred percent (400%) of the federal poverty guidelines. This discount program shall not be required for patients who are eligible for or enrolled in private or public insurance plans providing hospital and ambulatory surgical center coverage, including indemnity plans.

B. While a hospital or ambulatory surgical center may set uniform prices for its services, products and fees, qualified self-pay patients shall be eligible for minimum discounts from the hospital or ambulatory surgical center so that the payment due to the hospital or ambulatory surgical center charge after the discount shall not exceed two hundred percent (200%) of the average Medicare inpatient or respective outpatient reimbursement rate to that hospital or ambulatory surgical center based upon the facility's most recently filed Medicare cost report.

C. Each hospital and ambulatory surgical center shall develop and implement the discounts and establish the methodologies developed for the following:

1. Identifying patients who may be eligible for a discount, notifying them of the availability of the discount program, and providing appropriate information, including application forms, for the discount;

2. Identifying public or private insurance or other payment mechanisms for which the patient might be eligible;

3. Determining the discount;

4. Notifying patients of their qualification for a discount under this program. All billings for hospital or ambulatory

surgical center charges and all collection letters and notices for services rendered by the hospital or ambulatory surgical center to qualified self-pay patients shall contain a statement of this policy; and

5. Prominently posting in various places in such facility, including in the intake and processing offices and billing offices, a statement of this policy.

D. Hospitals and ambulatory surgical centers shall report annually to the State Department of Health on the Joint Cooperative Hospital Survey the number of patients who have requested discounts, received discounts, and the total discounts provided under this act.

SECTION 3. This act shall become effective November 1, 2005.

50-1-1406

CJ

6/13/2015 1:20:29 AM