

1 STATE OF OKLAHOMA

2 2nd Session of the 51st Legislature (2008)

3 SENATE BILL 1925

By: Wilson

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5  
6 AS INTRODUCED

7 An Act relating to public health; prohibiting health  
8 care providers from pursuing certain collection  
9 efforts for specified charges; defining terms;  
10 directing health care providers to remit certain  
11 percentage of specified charges to the Oklahoma  
12 Uninsured and Underinsured Revolving Fund; creating  
13 the Oklahoma Uninsured and Underinsured Revolving  
14 Fund; directing the Oklahoma Health Care Authority to  
15 mediate in certain formal dispute resolution process;  
16 authorizing the Authority to collect certain fee;  
17 directing the Oklahoma Health Care Authority Board to  
18 promulgate rules; providing for codification; and  
19 providing an effective date.

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

21 SECTION 1. NEW LAW A new section of law to be codified  
22 in the Oklahoma Statutes as Section 1-1730 of Title 63, unless there  
23 is created a duplication in numbering, reads as follows:

24 A. No health care provider shall pursue collection efforts,  
including, but not limited to, liens, litigations and credit agency  
reporting, for any billed amount in excess of the Medicare  
reimbursement rate.

1 B. For purposes of this section, "health care provider" means  
2 any person or entity who provides health care services, including,  
3 but not limited to, hospitals, ambulatory surgical centers,  
4 physicians, physical therapists, physician assistants, nurses and  
5 home health care providers licensed pursuant to the laws of this  
6 state.

7 SECTION 2. NEW LAW A new section of law to be codified  
8 in the Oklahoma Statutes as Section 1-1731 of Title 63, unless there  
9 is created a duplication in numbering, reads as follows:

10 A. Health care providers shall remit one hundred fifty percent  
11 (150%) of any billed amount in excess of the Medicare reimbursement  
12 rate to the Oklahoma Uninsured and Underinsured Revolving Fund.

13 B. There is hereby created in the State Treasury a revolving  
14 fund for the Oklahoma Health Care Authority to be designated the  
15 "Oklahoma Uninsured and Underinsured Revolving Fund". The fund  
16 shall be a continuing fund, not subject to fiscal year limitations,  
17 and shall consist of all monies received by the Oklahoma Health Care  
18 Authority from health care facilities pursuant to subsection A of  
19 this section. All monies accruing to the credit of said fund are  
20 hereby appropriated and may be budgeted and expended by the Oklahoma  
21 Health Care Authority for the purpose of providing medical  
22 assistance to the uninsured and underinsured. Expenditures from  
23 said fund shall be made upon warrants issued by the State Treasurer

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1 against claims filed as prescribed by law with the Director of State  
2 Finance for approval and payment.

3 C. For purposes of this section, "health care provider" means  
4 any person or entity who provides health care services, including,  
5 but not limited to, hospitals, ambulatory surgical centers,  
6 physicians, physical therapists, physician assistants, nurses and  
7 home health care providers licensed pursuant to the laws of this  
8 state.

9 SECTION 3. NEW LAW A new section of law to be codified  
10 in the Oklahoma Statutes as Section 1-1732 of Title 63, unless there  
11 is created a duplication in numbering, reads as follows:

12 A. If, after three attempts to informally resolve a dispute  
13 over a billed charge, a third-party payor and a health care provider  
14 cannot agree on the amount owed by the health care consumer, the  
15 Oklahoma Health Care Authority shall mediate the dispute through a  
16 formal dispute resolution process.

17 B. The Authority is authorized to require the health care  
18 provider and/or the third-party payor to remit a fee to the  
19 Authority for costs of resolving the dispute.

20 C. The Oklahoma Health Care Authority Board shall promulgate  
21 rules as necessary to implement the provisions of this section,  
22 including, but not limited to, the formal processes for dispute  
23 resolution and criteria for determining a fee pursuant to subsection  
24 B.

1 D. For purposes of this section:

2 1. "Health care provider" means any person or entity who  
3 provides health care services, including, but not limited to,  
4 hospitals, ambulatory surgical centers, physicians, physical  
5 therapists, physician assistants, nurses and home health care  
6 providers licensed pursuant to the laws of this state; and

7 2. "Third-party payor" means any entity, other than a  
8 purchaser, which is responsible for payment either to the purchaser  
9 or the health care provider for health care services rendered by the  
10 health care provider.

11 SECTION 4. This act shall become effective November 1, 2008.

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