

1 STATE OF OKLAHOMA

2 1st Session of the 52nd Legislature (2009)

3 SENATE BILL 33

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 amount to the Oklahoma Uninsured and Underinsured
12 Revolving Fund; creating the Oklahoma Uninsured and
13 Underinsured Revolving Fund; directing the Oklahoma
14 Health Care Authority to mediate in certain formal
15 dispute resolution process; authorizing the Authority
16 to collect certain fee; directing the Oklahoma Health
17 Care Authority Board to promulgate rules; providing
18 for codification; and providing an effective date.

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

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

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

B. For purposes of this section, "health care provider" means
any person or entity who provides health care services, including,

1 but not limited to, hospitals, ambulatory surgical centers,
2 physicians, physical therapists, physician assistants, nurses and
3 home health care providers licensed pursuant to the laws of this
4 state.

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

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

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

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

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

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

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

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

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

10 SECTION 4. This act shall become effective November 1, 2009.

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