

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB2079 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Amendment submitted by: Charles Key _____

Adopted: _____

Reading Clerk

1 STATE OF OKLAHOMA

2 1st Session of the 53rd Legislature (2011)

3 PROPOSED COMMITTEE
4 SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 2079

By: Key

7 PROPOSED COMMITTEE SUBSTITUTE

8 An Act relating to insurance; amending 36 O.S. 2001,
9 Section 1204, as last amended by Section 20, Chapter
10 1, O.S.L. 2007 (36 O.S. Supp. 2010, Section 1204),
11 which relates to unfair and deceptive business
12 practices; excluding certain discounts from rebate
13 violation definition; creating the Designated
14 Credentials Verification Organization Act; defining
15 terms; providing requirements for credentials
16 verification organizations; providing exception;
17 requiring health care practitioners to update
18 credentialing information; allowing health care
19 practitioners to select and change credentialing
20 organization; allowing health care entities to use
21 certain credentialing organizations; authorizing
22 health care entities to collect certain additional
23 information; authorizing health care entities to
24 require additional information from practitioners;
specifying health care entities retain employment
discretion; requiring credentialing organizations to
disclose certain information to health care entities;
providing procedure for credentialing organizations
ceasing operations; requiring credentialing
organizations to disclose information to health care
practitioner; prohibiting the collection of certain
duplicate information; requiring certain notice prior
to disclosure of certain information; prohibiting
actions against certain organizations acting in good
faith; creating rebuttable presumption of good faith;
prohibiting certain denials or refusals based upon
requiring the use of certain credentialing
organization; specifying certain discounts or

1 reductions shall not be considered rebates; providing
2 for codification, and providing an effective date.

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4
5 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

6 SECTION 1. AMENDATORY 36 O.S. 2001, Section 1204, as
7 last amended by Section 20, Chapter 1, O.S.L. 2007 (36 O.S. Supp.
8 2010, Section 1204), is amended to read as follows:

9 Section 1204. The following are hereby defined as unfair
10 methods of competition and unfair and deceptive acts or practices in
11 the business of insurance:

12 1. Misrepresentations and false advertising of policy
13 contracts. Making, issuing, circulating, or causing to be made,
14 issued or circulated, any estimate, illustration, circular or
15 statement misrepresenting the terms of any policy issued or to be
16 issued or the benefits or advantages promised thereby or the
17 dividends or share of the surplus to be received thereon, or making
18 any false or misleading statement as to the dividends or share of
19 surplus previously paid on similar policies, or making any
20 misleading representation or any misrepresentation as to the
21 financial condition of any insurer, or as to the legal reserve
22 system upon which any life insurer operates, or using any name or
23 title of any policy or class of policies misrepresenting the true
24 nature thereof, or making any misrepresentation to any policyholder

1 insured in any company for the purpose of inducing or tending to
2 induce such policyholder to lapse, forfeit, or surrender his
3 insurance.

4 2. False information and advertising generally. Making,
5 publishing, disseminating, circulating, or placing before the
6 public, or causing, directly or indirectly, to be made, published,
7 disseminated, circulated, or placed before the public, in a
8 newspaper, magazine, or other publication, or in the form of a
9 notice, circular, pamphlet, letter or poster, or over any radio or
10 television station, or in any other way an advertisement,
11 announcement or statement containing any assertion, representation
12 or statement with respect to the business of insurance or with
13 respect to any person in the conduct of his insurance business which
14 is untrue, deceptive or misleading. No insurance company shall
15 issue, or cause to be issued, any policy of insurance of any type or
16 description upon life, or property, real or personal, whenever such
17 policy of insurance is to be furnished or delivered to the purchaser
18 or bailee of any property, real or personal, as an inducement to
19 purchase or bail said property, real or personal, and no other
20 person shall advertise, offer or give free insurance, insurance
21 without cost or for less than the approved or customary rate, in
22 connection with the sale or bailment of real or personal property,
23 except as provided in subsection B, Section 4101 of Article 41
24 (Group Life Insurance and Group Annuity Contracts). No person that

1 is not an insurer shall assume or use any name which deceptively
2 infers or suggests that it is an insurer.

3 3. Defamation. Making, publishing, disseminating, or
4 circulating, directly or indirectly, or aiding, abetting or
5 encouraging the making, publishing, disseminating or circulating of
6 any oral or written statement or any pamphlet, circular, article or
7 literature which is false, or maliciously critical of or derogatory
8 to the financial condition of an insurer, and which is calculated to
9 injure any person engaged in the business of insurance.

10 4. Boycott, coercion and intimidation. Entering into any
11 agreement to commit, or by any concerted action committing, any act
12 of boycott, coercion or intimidation resulting in or tending to
13 result in unreasonable restraint of, or monopoly in, the business of
14 insurance.

15 5. False financial statements. Filing with any supervisory or
16 other public official, or making, publishing, disseminating,
17 circulating or delivering to any person, or placing before the
18 public or causing directly or indirectly, to be made, published,
19 disseminated, circulated, delivered to any person or placed before
20 the public, any false statement of financial condition of an insurer
21 with intent to deceive.

22 Making any false entry in any book, report or statement of any
23 insurer with intent to deceive any agent or examiner lawfully
24 appointed to examine into its condition or into any of its affairs,

1 or any public official to whom such insurer is required by law to
2 report, or who has authority by law to examine into its condition or
3 into any of its affairs, or, with like intent, willfully omitting to
4 make a true entry of any material fact pertaining to the business of
5 such insurer in any book, report or statement of such insurer.

6 6. Stock operations and advisory board contracts. Issuing or
7 delivering or permitting agents, officers, or employees to issue or
8 deliver agency company stock or other capital stock, or benefit
9 certificates or shares in any common-law corporation, or securities
10 or any special or advisory board contracts or other contracts of any
11 kind promising returns and profits as an inducement to insurance.

12 7. Unfair discrimination. (a) Making or permitting any unfair
13 discrimination between individuals of the same class and equal
14 expectation of life in the rates charged for any contract of life
15 insurance or of life annuity or in the dividends or other benefits
16 payable thereon, or in any other of the terms and conditions of such
17 contract.

18 (b) Making or permitting any unfair discrimination between
19 individuals of the same class and of essentially the same hazard in
20 the amount of premium, policy fees, or rates charged for any policy
21 or contract of accident or health insurance or in the benefits
22 payable thereunder, or in any of the terms or conditions of such
23 contract, or in any other manner whatever.

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1 (c) As to kinds of insurance other than life and accident and
2 health, no person shall make or permit any unfair discrimination in
3 favor of particular persons, or between insureds or subjects of
4 insurance having substantially like insuring, risk, and exposure
5 factors, or expense elements, in the terms or conditions of any
6 insurance contract, or in the rate or amount of premium charged
7 therefor. This subsection shall not apply as to any premium rate in
8 effect pursuant to Article 9 of the Oklahoma Insurance Code.

9 8. Rebates. (a) Except as otherwise expressly provided by
10 law, knowingly permitting or offering to make or making any contract
11 of insurance or agreement as to such contract other than as plainly
12 expressed in the contract issued thereon; or paying or allowing, or
13 giving or offering to pay, allow or give, directly or indirectly, as
14 inducement to any contract of insurance, any rebate of premiums
15 payable on the contract, or any special favor or advantage in the
16 dividends or other benefits thereon, or any valuable consideration
17 or inducement whatever not specified in the contract; except in
18 accordance with an applicable rate filing, rating plan or rating
19 system filed with and approved by the Insurance Commissioner; or
20 giving or selling or purchasing or offering to give, sell, or
21 purchase as inducement to such insurance, or in connection
22 therewith, any stocks, bonds or other securities of any company, or
23 any dividends or profits accrued thereon, or anything of value
24 whatsoever not specified in the contract or receiving or accepting

1 as inducement to contracts of insurance, any rebate of premium
2 payable on the contract, or any special favor or advantage in the
3 dividends or other benefit to accrue thereon, or any valuable
4 consideration or inducement not specified in the contract.

5 (b) Nothing in subsection 7 or paragraph (a) of this subsection
6 shall be construed as including within the definition of
7 discrimination or rebates any of the following practices:

8 (1) In the case of any contract of life insurance or life
9 annuity, paying bonuses to policyholders or otherwise abating their
10 premiums in whole or in part out of surplus accumulated from
11 nonparticipating insurance, provided, that any such bonuses or
12 abatement of premiums shall be fair and equitable to policyholders
13 and for the best interest of the company and its policyholders;

14 (2) In the case of life or accident and health insurance
15 policies issued on the industrial debit or weekly premium plan,
16 making allowance to policyholders who have continuously for a
17 specified period made premium payments directly to an office of the
18 insurer in an amount which fairly represents the saving in
19 collection expense;

20 (3) Making a readjustment of the rate of premium for a policy
21 based on the loss or expense experience thereunder, at the end of
22 the first or any subsequent policy year of insurance thereunder,
23 which may be made retroactive only for such policy year;

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1 (4) In the case of life insurance companies, allowing its bona
2 fide employees to receive a commission on the premiums paid by them
3 on policies on their own lives;

4 (5) Issuing life or accident and health policies on a salary
5 saving or payroll deduction plan at a reduced rate commensurate with
6 the savings made by the use of such plan; ~~and~~

7 (6) Paying commissions or other compensation to duly licensed
8 agents or brokers, or allowing or returning to participating
9 policyholders, members or subscribers, dividends, savings or
10 unabsorbed premium deposits; and

11 (7) Offering discounts or reductions of cost for credential
12 verification services by organizations which also offer malpractice
13 or other insurance policies, as provided in Section 10 of this act.

14 (c) As used in this section, the word "insurance" includes
15 suretyship and the word "policy" includes bond.

16 9. Coercion prohibited. Requiring as a condition precedent to
17 the purchase of, or the lending of money upon the security of, real
18 or personal property, that any insurance covering such property, or
19 liability arising from the ownership, maintenance or use thereof, be
20 procured by or on behalf of the vendee or by the borrower in
21 connection with such purchase or loan through any particular person
22 or agent or in any particular insurer, or requiring the payment of a
23 reasonable fee as a condition precedent to the replacement of
24 insurance coverage on mortgaged property at the anniversary date of

1 the policy; provided, however, that this provision shall not prevent
2 the exercise by any such vendor or lender of the right to approve or
3 disapprove any insurer selected to underwrite the insurance; but any
4 disapproval of any insurer shall be on reasonable grounds.

5 10. Inducements. No insurer, agent, broker, solicitor, or
6 other person shall, as an inducement to insurance or in connection
7 with any insurance transaction, provide in any policy for or offer,
8 sell, buy, or offer or promise to buy, sell, give, promise, or allow
9 to the insured or prospective insured or to any other person in his
10 behalf in any manner whatsoever:

11 (a) Any employment.

12 (b) Any shares of stock or other securities issued or at any
13 time to be issued or any interest therein or rights thereto.

14 (c) Any advisory board contract, or any similar contract,
15 agreement or understanding, offering, providing for, or promising
16 any special profits.

17 (d) Any prizes, goods, wares, merchandise, or tangible property
18 of an aggregate value in excess of Twenty-five Dollars (\$25.00).

19 (e) Any special favor, advantage or other benefit in the
20 payment, method of payment or credit for payment of the premium
21 through the use of credit cards, credit card facilities, credit card
22 lists, or wholesale or retail credit accounts of another person.

23 The provisions of this paragraph shall not apply to individual
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1 policies insuring against loss resulting from bodily injury or death
2 by accident as defined by Article 44 of the Oklahoma Insurance Code.

3 11. Premature disposal of premium notes prohibited. No insurer
4 or agent thereof shall hypothecate, sell, or dispose of a promissory
5 note received in payment of any part of a premium on a policy of
6 insurance applied for prior to the delivery of the policy.

7 12. Fraudulent statement in application; penalty. Any
8 insurance agent, examining physician, or other person who knowingly
9 or willfully makes a false or fraudulent statement or representation
10 in or relative to an application for insurance, or who makes any
11 such statement to obtain a fee, commission, money, or benefit shall
12 be guilty of a misdemeanor.

13 13. Deceptive use of financial institution's name in
14 notification or solicitation. Verbally or by any other means
15 notifying or soliciting any person in a manner that:

16 (a) mentions the name of an unrelated and unaffiliated
17 financial institution,

18 (b) mentions an insurance product or the possible lack of
19 insurance coverage,

20 (c) does not mention the actual or trade name of the
21 insurance agency or company on whose behalf the
22 notification or solicitation is provided, and

23 (d) thereby creates an impression or implication,
24 including by omission, that the financial institution

1 or a financial-institution-authorized entity is or may
2 be the one making the notification or solicitation.
3 Nothing in this paragraph shall be interpreted to prohibit the
4 reference to or use of the name of a financial institution made
5 pursuant to a contractual agreement between the insurer and the
6 financial institution.

7 SECTION 2. NEW LAW A new section of law to be codified
8 in the Oklahoma Statutes as Section 6110.1 of Title 36, unless there
9 is created a duplication in numbering, reads as follows:

10 This act shall be known and may be cited as the "Designated
11 Credentials Verification Organization Act".

12 SECTION 3. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 6110.2 of Title 36, unless there
14 is created a duplication in numbering, reads as follows:

15 As used in this article, the term:

16 1. "Applicant" means an individual applying for credentialing
17 by a health care entity but shall not include an individual applying
18 for employment with a health care entity;

19 2. "Board" means the applicable licensing board with oversight
20 over each respective category of health care practitioner;

21 3. "Certified" or "accredited" means approved by a quality
22 assessment program of the National Committee for Quality Assurance,
23 the Joint Commission on Accreditation of Healthcare Organizations,
24 the American Accreditation Healthcare Commission/Utilization Review

1 Accreditation Commission, or any affiliated or successor
2 organization thereto;

3 4. "Core credentials data" means basic demographic information,
4 health status information pertaining to the health care provider,
5 any professional education, professional training, the names and
6 addresses of not less than five current peer references, licensure
7 information, Drug Enforcement Administration certification, social
8 security number, tax identification number, board certifications,
9 Educational Commission for Foreign Medical Graduates information,
10 hospital affiliation information, managed care organization
11 affiliation information, other institutional affiliation
12 information, professional society memberships, professional
13 liability insurance, claims, lawsuits, judgments, or settlements,
14 Medicare or Medicaid sanctions, and criminal convictions;

15 5. "Credentialing" or being "credentialed" means the process of
16 assessing and verifying the qualifications of a licensed health care
17 practitioner by a health care entity but shall not impact or affect
18 functions currently performed by state licensing boards;

19 6. "Credentials verification organization" means any entity or
20 organization that is certified or accredited to collect, verify,
21 maintain, store, and provide a health care practitioner's core
22 credentials data, including all corrections, updates, and
23 modifications thereto, as authorized by the health care practitioner
24 and in accordance with the provisions of this article;

1 7. "Health care entity" means:

- 2 a. any health care facility or other health care
3 organization licensed or certified to provide approved
4 health care services in Oklahoma,
- 5 b. any entity licensed by the Oklahoma Insurance
6 Department as a prepaid health care plan or health
7 maintenance organization or as an insurer to provide
8 coverage for health care services, or
- 9 c. any independent practice association, physician
10 hospital organization, preferred provider
11 organization, and other similar organization of
12 practitioners;

13 8. "Health care practitioner" means any health care provider
14 licensed pursuant to the requirements of state law;

15 9. "National accrediting organization" means a nationally
16 recognized organization that awards accreditation or certification
17 to hospitals, managed care organizations, other health care
18 organizations, or credentials verification entities, including, but
19 not limited to, the Joint Commission on Accreditation of Healthcare
20 Organizations, the National Committee for Quality Assurance, and the
21 American Accreditation Healthcare Commission/Utilization Review
22 Accreditation Committee; and

23 10. "Recredentialing" or being "recredentialed" means the
24 process by which a health care entity verifies the credentials of a

1 health care practitioner whose core credentials data, including all
2 corrections, updates, and modifications thereto, are currently on
3 file with that entity.

4 SECTION 4. NEW LAW A new section of law to be codified
5 in the Oklahoma Statutes as Section 6110.3 of Title 36, unless there
6 is created a duplication in numbering, reads as follows:

7 A. In accordance with the provisions of the Designated
8 Credentials Verification Organization Act, a health care
9 practitioner may designate a credentials verification organization
10 to collect, store, and disseminate his or her core credentials data
11 in accordance with this section. Any core credentials data
12 collected pursuant to this section shall be collected to be used by
13 health care entities for credentialing health care practitioners
14 and, therefore, shall be considered confidential and privileged.
15 Once the core credentials data are submitted to a designated
16 credentials verification organization, the health care practitioner
17 may elect that he or she not be required to resubmit such data when
18 applying for practice privileges with health care entities or being
19 recredentialled by such entity. However, as provided in subsection C
20 of this section, each health care practitioner is responsible for
21 providing his or her designated credentials verification
22 organization with any corrections, updates, and modifications to his
23 or her core credentials data to ensure that all credentialing and
24 recredentialing data on the practitioner remain current. Nothing in

1 this subsection shall be construed to prevent the designated
2 credentials verification organization from obtaining all necessary
3 attestation and release forms, including signatures and dates.

4 B. In the event of an emergency situation or a situation
5 involving the granting of temporary or provisional privileges to
6 practice in or with a health care entity, the health care entity may
7 request the health care practitioner to submit the necessary core
8 data directly, without the involvement of his or her designated
9 credentials verification organization.

10 C. Each health care practitioner electing to designate a
11 credentials verification organization under subsection A of this
12 section shall report any action or information affecting his or her
13 core credentials data, including any corrections, updates, or
14 modifications thereto, to his or her designated credentials
15 verification organization as soon as possible but not later than
16 fifteen (15) days after such action occurs or such information is
17 known.

18 D. A health care practitioner may decide which credentials
19 verification organization he or she wants to collect, store, and
20 disseminate his or her core credentials data. A health care
21 practitioner may also choose not to designate a credentials
22 verification organization. In addition, any health care
23 practitioner may choose to withdraw from or move his or her core
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1 credentials data from one credentials verification organization to
2 another at any time.

3 E. Any health care entity that employs, contracts with, or
4 allows health care practitioners to treat its patients shall use the
5 designated credentials verification organization to obtain core
6 credentials data on a health care practitioner applying for
7 privileges with that entity if the health care practitioner has
8 previously made such a designation and has notified the health care
9 entity of that designation. The submission of a request for
10 participation in or privileges with a health care entity shall
11 constitute authorization for the health care entity to obtain the
12 applicant's core credentials data from the applicant's designated
13 credentials verification organization if the applicant has made such
14 a designation.

15 F. Any additional information outside of the core credentials
16 data or any incorrect, inaccurate, or untimely core credentials data
17 that is required by the health care entity's credentialing or
18 recredentialing process may be collected from any source of the
19 information either by the health care entity or its designee.

20 G. Nothing in this section may be construed to restrict the
21 right of any health care entity to request the health care
22 practitioner to furnish additional information necessary for
23 credentialing or to limit its authority to require health care
24 practitioners to comply with mandatory reporting directly to the

1 health care entity of any sanctions placed on such practitioners by
2 a state or federal regulatory agency with oversight over such
3 practitioners.

4 H. Nothing in this section may be construed to restrict in any
5 way the authority of the health care entity to approve or deny an
6 application for hospital staff membership, clinical privileges, or
7 managed care network participation.

8 I. A designated credentials verification organization shall,
9 upon the request of a health care entity required to obtain core
10 credentials data from that organization, disclose its process for
11 obtaining such data.

12 J. Any credentials verification entity which ceases doing
13 business in this state for any reason shall, no later than thirty
14 (30) days prior to cessation of business, provide notification to
15 all health care practitioners and health care entities affected
16 thereby, so that alternative provisions for the collection and
17 maintenance of each affected practitioner's core credentials data
18 may be made. Any credentials verification entity which ceases doing
19 business in this state shall be ineligible to be designated as a
20 credentials verification organization under the Designated
21 Credentials Verification Organization Act for a period of one (1)
22 year after any such cessation of business or three (3) years
23 thereafter if it failed to provide the advance notification required
24 by this subsection.

1 SECTION 5. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 6110.4 of Title 36, unless there
3 is created a duplication in numbering, reads as follows:

4 Each designated credentials verification organization shall,
5 within fifteen (15) days of a request for information, make
6 available to a health care entity which the health care practitioner
7 has authorized to receive his or her data all core credentials data
8 it collects on such health care practitioner, including all
9 corrections, updates, and modifications thereto, at a reasonable
10 cost. Any health care entity requesting such data shall pass this
11 cost on to the health care practitioner. All additional
12 corrections, updates, and modifications to any core credentials data
13 which are collected by a credentials verification organization for a
14 health care practitioner, including any change to the health care
15 practitioner's designation of a credentials verification
16 organization, shall be provided within fifteen (15) days to each of
17 the health care entities which have been authorized to receive such
18 data or notification of a designation from a health care
19 practitioner at no additional cost to the health care entity.

20 SECTION 6. NEW LAW A new section of law to be codified
21 in the Oklahoma Statutes as Section 6110.5 of Title 36, unless there
22 is created a duplication in numbering, reads as follows:

23 A. Except as otherwise provided by the Designated Credentials
24 Verification Organization Act, a health care entity shall not

1 collect or attempt to collect duplicate core credentials data from
2 any health care practitioner if such data are already on file with a
3 credentials verification organization designated by that
4 practitioner to provide core credentials data to any health care
5 entity and such health care entity has been notified of such
6 designation.

7 B. Any credentials verification organization which has not been
8 designated by a health care practitioner shall not attempt to
9 collect duplicate core credentials data from that health care
10 practitioner once it has been notified of the fact that another
11 credentials verification organization has been designated to collect
12 such data.

13 SECTION 7. NEW LAW A new section of law to be codified
14 in the Oklahoma Statutes as Section 6110.6 of Title 36, unless there
15 is created a duplication in numbering, reads as follows:

16 Before releasing a health care practitioner's core credentials
17 data for the first time to any requesting health care entity or for
18 the first such release after any corrections, updates, or
19 modifications to the core credentials data, the designated
20 credentials verification organization shall provide the affected
21 health care practitioner up to fifteen (15) days to review such data
22 and correct any errors or omissions from the data. The credentials
23 verification organization shall include any corrections, changes, or
24 clarifications made by the health care practitioner before such data

1 are submitted to the health care entity. For all subsequent
2 requests from health care entities where there have been no recent
3 corrections, updates, or modifications to the data, the credentials
4 verification organization may, without further authorization from
5 the health care practitioner, provide the data directly to the
6 requesting health care entity. In addition, all credentials
7 verification organizations operating in this state shall employ
8 appropriate procedures to allow for an annual audit of the core
9 credentials data on file for each health care practitioner and
10 shall, on at least an annual basis, allow each practitioner the
11 opportunity to review the core data being maintained on his or her
12 behalf and to make certain that the data on file are still current
13 and accurate in all respects.

14 SECTION 8. NEW LAW A new section of law to be codified
15 in the Oklahoma Statutes as Section 6110.7 of Title 36, unless there
16 is created a duplication in numbering, reads as follows:

17 A. No civil, criminal, or administrative action may be
18 instituted, and there shall be no liability, against any health care
19 entity on account of its reliance in good faith on any data obtained
20 from a credentials verification organization.

21 B. Compliance with the provisions of the Designated Credentials
22 Verification Organization Act shall create a rebuttable presumption
23 that a health care entity has exercised ordinary care in its
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1 reliance on core credentialing data obtained from the designated
2 credentials verification organization.

3 SECTION 9. NEW LAW A new section of law to be codified
4 in the Oklahoma Statutes as Section 6110.8 of Title 36, unless there
5 is created a duplication in numbering, reads as follows:

6 No health care entity may deny a health care practitioner any
7 participation in, or privileges with, its plan or facility solely on
8 the basis that such health care practitioner required that the
9 health care entity obtain core credentials data from a designated
10 credentials verification organization.

11 SECTION 10. NEW LAW A new section of law to be codified
12 in the Oklahoma Statutes as Section 6110.9 of Title 36, unless there
13 is created a duplication in numbering, reads as follows:

14 For the purposes of the Designated Credentials Verification
15 Organization Act, a designated credentials verification organization
16 which offers discounts or reductions of cost for the services
17 provided shall not be considered to be offering a "rebate" as
18 defined in paragraph 8 of Section 1204 of Title 36 of the Oklahoma
19 Statutes if the organization also provides malpractice or other
20 insurance policies to the health care practitioner.

21 SECTION 11. This act shall become effective November 1, 2011.

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23 53-1-7041 SDR 03/02/11

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