1 STATE OF OKLAHOMA 2 2nd Session of the 53rd Legislature (2012) 3 SENATE BILL 1510 By: Fields 4 5 6 AS INTRODUCED 7 An Act relating to workers' compensation; creating the Twenty-four-hour Pilot Insurance Program; stating duration of pilot program; stating purpose; providing 8 for certain treatment without payment of deductibles, 9 co-payments, or share of the premium; requiring coverage of certain dependents; providing exceptions; 10 defining terms; requiring Insurance Commissioner to develop and promulgate certain rules; allowing for combination of certain insurers; providing that 11 insurers shall only provide certain coverage; stating 12 purpose of certain health services plan; prohibiting transfer of liabilities and expenses between certain insurers; providing for selection of treating 13 physician; providing for change of provider during certain time period; requiring report to be prepared 14 by Insurance Commissioner; stating requirements of report; stating parameters of success of pilot 15 program; requiring itemization of certain costs; providing for payment of report; requiring certain 16 surcharge; providing for cancellation or nonrenewal of enrollment in pilot program under certain 17 circumstances; prohibiting contract with certain organization under certain circumstances; providing 18 exception; providing for codification; and providing an effective date. 19 20 21 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 2.2 23

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SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 313.1 of Title 85, unless there is created a duplication in numbering, reads as follows:

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- A. There is hereby created the Twenty-four-hour Pilot Insurance Program to cover general health care for purposes of general health insurance and workers' compensation. The pilot program shall be for a duration of thirty-six (36) months beginning January 1, 2013, under rules to be developed and promulgated by the Insurance Commissioner.
- В. The purpose of the pilot program is to authorize an employer who provides health insurance coverage to employees and who chooses to participate in the pilot program to contract with a licensed health care service plan to be the exclusive provider of medical, surgical, and hospital treatment for occupational and nonoccupational injuries and illnesses incurred by its employees. The health care service plan shall provide all occupational-related medical treatment coverage required by this section without any payment by the employee of deductibles, co-payments, or any share of the premium. Employers who choose to participate in the pilot program shall make available health plan coverage for the dependents of their employees for the treatment of nonindustrial, nonoccupational injuries and illnesses. However, nothing in this section shall require an employer to pay for that dependent coverage if the employer does not currently do so.

C. As used in this section:

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- 1. "Group health plan" means an insurance contract under which medical services for non-work-related conditions are extended to the employees of an employer;
- 2. "Health care services plan" includes, but is not limited to, health care service plans and disability insurers which offer a managed care product to employers who choose to participate in the pilot program, and workers' compensation insurers which offer a managed care product to employers who choose to participate in the pilot program;
- 3. "Qualifying employer" means employers who provide health insurance coverage to employees as of January 1, 2013, and may include more than one health care service plan;
- 4. "Twenty-four-hour coverage" means the joint issuance of a workers' compensation policy with a health care services plan contract or other medical insurance coverage for nonoccupational injuries or illnesses; and
- 5. "Twenty-four-hour pilot insurance program", "pilot insurance program" or "pilot program" means a combined program that includes health coverage plus the medical portion of workers' compensation coverage as required by Section 351 of Title 85 of the Oklahoma Statutes.
- D. The Insurance Commissioner shall develop and promulgate rules regarding an appropriate application and approval process for

qualifying employers and insurers wishing to participate in the
pilot program. If one or more insurers wish to combine certain
services to provide and deliver twenty-four-hour coverage under the
pilot program, each insurer shall be allowed to do so upon
successful completion and approval of an application to be developed
by the Insurance Commissioner.

- E. 1. If more than one insurer combines to provide and deliver twenty-four-hour coverage under the pilot program, each insurer shall provide only the type of coverage it is authorized by law to provide. Each health services plan shall be designed and operated to eliminate, or minimize, differences in the delivery and administration of medical services for compensable and noncompensable conditions.
- 2. An insurer shall not issue an insurance contract providing health care benefits for both compensable and noncompensable conditions unless the contract qualifies as twenty-four-hour coverage under this section.
- 3. Liabilities or expenses shall not be transferred between or among insurers whose coverages have been combined into a twenty-four-hour pilot insurance program.
- F. An employee employed by an employer participating in the pilot program shall not have the option of predesignating a personal physician, other than a physician provided by the licensed health care service plan designated by the participating employer, as the

- treating physician of the employee, nor shall an employee have the
 option of changing to a physician not covered by the health care
 service plan. However, this section shall not be construed to limit
 the requirement provided in Section 326 of Title 85 of the Oklahoma
 Statutes that an employer provide treatment required to cure or
 relieve the effects of an injury, nor shall this act be construed to
 prohibit an employee from changing to another provider of health
 care services during any annual open enrollment period.
 - G. The Insurance Commissioner shall, within four (4) months after completion of the pilot program, prepare a report to the Legislature and the Governor describing the results of the pilot program. The report shall include a review of the following:
- 13 | 1. Employer costs;

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- 2. Average time before employees receive vocational
 rehabilitation services;
 - 3. Average time employees receive vocational rehabilitation services;
 - 4. Percent of employees returned to work;
 - 5. Percent of employees placed in new jobs;
 - 6. Percent of employees unable to return to any job; and
- 7. Recommendations as to whether the pilot program could be utilized by all employers.
- The pilot program shall be deemed a success if the Insurance

 Commissioner can verify that the information contained in the report

- required by this subsection compares favorably with that of employers and employees who choose not to participate in the pilot program. For purposes of the pilot program, a favorable comparison is defined as one in which a differential of three percent (3%) is noted between those participating in the pilot program and those not participating in the pilot program.
- H. The Insurance Commissioner shall prepare an itemization of the costs associated with preparation of the report required by subsection G of this section. The cost of the report shall be borne by the employers who choose to participate in the pilot program.

 Contribution by the employers shall be apportioned on a per capita basis based upon the number of employees receiving care under the pilot program.
- I. The contract of the employer with an insurer or insurers providing twenty-four-hour coverage shall include a surcharge or other provision to cover the cost of the medical care of an injured employee which is required by the Workers' Compensation Act after the employee leaves the employment of the contracting employer for the appropriate amount of time as provided in Chapter 15 of Title 85 of the Oklahoma Statutes.
- J. Enrollment and subscription in the pilot program shall continue or be renewed except in the following circumstances:

- 1. Failure to pay the charge for coverage if the subscriber has been duly notified and billed for the charge and at least fifteen (15) days have elapsed since the date of notification;
- 2. Fraud or deception in the use of the services or facilities of the plan or knowingly permitting that fraud or deception by another; and
- 3. Any other good cause as is agreed upon in the contract between the plan and a group or the subscriber.
- K. No employer that is required to bargain with an exclusive or certified bargaining agent which represents employees of the employer in accordance with state or federal employer-employee relations law for represented employees, shall contract with a managed care organization for purposes of this section unless authorized to do so by mutual agreement between the bargaining agent and the employer.

SECTION 2. This act shall become effective January 1, 2013.

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