

1 STATE OF OKLAHOMA

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

3 SENATE BILL 35

By: Wilson

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5
6 AS INTRODUCED

7 An Act relating to health care billing; prohibiting
8 health care providers from pursuing certain
9 collection efforts for specified charges; defining
10 terms; directing health care providers to remit
11 certain amount to the Oklahoma Uninsured and
12 Underinsured Revolving Fund; creating the Oklahoma
13 Uninsured and Underinsured Revolving Fund; directing
14 the Oklahoma Health Care Authority to mediate in
15 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 any amount billed in
11 excess of one hundred fifty percent (150%) of the Medicare
12 reimbursement rate to the Oklahoma Uninsured and Underinsured
13 Revolving Fund.

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

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 of this section.

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, 2011.

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