

**COMMITTEE AMENDMENT**

HOUSE OF REPRESENTATIVES

State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB2216 \_\_\_\_\_  
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: Sean Roberts

Adopted: \_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

PROPOSED COMMITTEE  
SUBSTITUTE  
FOR  
HOUSE BILL NO. 2216

By: Roberts (Sean)

PROPOSED COMMITTEE SUBSTITUTE

An Act relating to insurance; requiring contracted hospital or inpatient facility to provide certain notice to enrollee; requiring noncontracted providers to provide certain notice, estimate and disclosure to enrollee within certain time period; defining terms; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1271 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. At the time a contracted hospital or inpatient facility admits an enrollee, schedules a procedure or seeks prior authorization for a nonemergency service, the contracted hospital or inpatient facility shall provide notice to an enrollee who is covered for services rendered by the contracted hospital or inpatient facility that certain health care providers, practicing at that hospital and who may provide health care services to the

1 enrollee, may not have a contract with the enrollee's insurance  
2 carrier.

3 B. A noncontracted provider shall provide the following to any  
4 enrollee that is covered under a health benefit plan that is not  
5 under contract with the health care provider:

6 1. Notice that services will be provided on a noncontracted  
7 basis;

8 2. A good-faith estimate of charges; and

9 3. Disclosure that the provider either:

10 a. accepts the assignment of benefits for the plan's  
11 allowed amount, if allowed under the policy, and  
12 agrees not to balance-bill the enrollee for any  
13 amounts in excess of benefit, copayments or  
14 deductibles owed, or

15 b. elects to balance-bill the enrollee rather than accept  
16 the assignment of benefits and direct payment from the  
17 health benefit plan. The provider must disclose that  
18 its billed charge may exceed the plan's allowed  
19 amount, and that the enrollee may contact their health  
20 benefit plan for information on the appropriate  
21 benefit, copayments or deductibles owed.

22 C. For nonemergency services, a noncontracted provider shall  
23 provide the required information within fourteen (14) calendar days  
24 to the enrollee prior to rendering services. In the case of

1 emergency services, the information shall be given to the enrollee  
2 as soon as practical once the enrollee is stabilized.

3 D. As used in this act:

4 1. "Balance bill" means payment demanded by a noncontracted  
5 provider directly from the enrollee to collect the difference  
6 between the provider's charge and the allowed amount paid by the  
7 health benefit plan, but does not include the copayment, deductible  
8 or coinsurance owed by the enrollee;

9 2. "Contracted hospital or inpatient facility" means those  
10 hospitals defined in paragraph 1 of Section 1-701 of Title 63 of the  
11 Oklahoma Statutes, a nursing facility as defined in paragraph 10 of  
12 Section 1-1902 of Title 63 of the Oklahoma Statutes, a specialized  
13 facility as defined in paragraph 11 of Section 1-1902 of Title 63 of  
14 the Oklahoma Statutes, and those long-term care facilities described  
15 in subparagraphs e and f of paragraph 1 of Section 1-1945 of Title  
16 63 of the Oklahoma Statutes, that hold a contract with a health  
17 benefit plan to provide health care services to the health benefit  
18 plan's enrollees at a specified rate of reimbursement;

19 3. "Emergency services" means, with respect to an emergency  
20 condition:

21 a. a medical screening examination as required under  
22 Section 1395dd of Title 42 of the United States Code  
23 which is within the capability of the emergency  
24 department of a hospital, including ancillary services

1                   routinely available to the emergency department to  
2                   evaluate such emergency medical condition, and

3           b.    within the capabilities of the staff and facilities  
4                   available at the hospital, such further medical  
5                   examination and treatment as are required under  
6                   Section 1395dd of Title 42 of the United States Code,  
7                   to stabilize the enrollee;

8           4.    "Enrollee" means a patient covered under a health insurance  
9           plan's policy or contract;

10          5.    "Health benefit plan" means a policy, contract, certificate  
11           or agreement entered into, offered or issued by a health carrier to  
12           provide, deliver, arrange for, pay for or reimburse any of the costs  
13           of health care services. For purposes of this act, health benefit  
14           plan shall not apply to a policy or certificate that provides  
15           coverage only for a specified disease, specified accident or  
16           accident-only coverage, credit, dental, disability income, hospital  
17           indemnity, long-term care insurance as defined by paragraph 1 of  
18           Section 4424 of Title 36 of the Oklahoma Statutes, vision care or  
19           any other limited supplemental benefit or to a Medicare supplement  
20           policy of insurance as defined by the Insurance Commissioner by  
21           regulation, coverage under a plan through Medicare, Medicaid or the  
22           federal employees health benefits program, any coverage issued under  
23           Sections 1071 through 1110b of Title 10 of the United States Code  
24           and any coverage issued as supplement to that coverage, any coverage

1 issued as supplemental to liability insurance, workers' compensation  
2 or similar insurance, automobile medical-payment insurance or any  
3 insurance under which benefits are payable with or without regard to  
4 fault, whether written on a group blanket or individual basis;

5 6. "Health care provider" means any person or entity, including  
6 hospitals and health care clinics, required by state or federal  
7 statutes or regulations to be licensed, registered or certified to  
8 provide health care services, and being either so licensed,  
9 registered or certified, or exempted from such requirement by other  
10 statute or regulation, and includes any agent of the health care  
11 provider; and

12 7. "Noncontracted provider" means a provider that does not have  
13 a contract with a health benefit plan to provide health care  
14 services to an enrollee.

15 SECTION 2. This act shall become effective November 1, 2017.

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17 56-1-7151 AMM 02/27/17  
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