

**COMMITTEE AMENDMENT**  
HOUSE OF REPRESENTATIVES  
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend SB890 \_\_\_\_\_  
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

2nd Session of the 56th Legislature (2018)

PROPOSED  
COMMITTEE SUBSTITUTE  
FOR ENGROSSED  
SENATE BILL NO. 890

By: Brecheen of the Senate

and

Roberts (Sean) of the House

PROPOSED COMMITTEE SUBSTITUTE

[ medical procedure pricing - the Oklahoma Health  
Care Cost Reduction and Transparency Act of 2018 -  
State Department of Health - information on website  
- State Board of Health to promulgate certain rules  
- hospitals and ambulatory surgical facilities -  
information to patient - certain hyperlinks on  
website - inapplicability of certain act - State  
Commissioner of Health to suspend or revoke certain  
license - codification - 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 1-725 of Title 63, unless there  
is created a duplication in numbering, reads as follows:

1        This act shall be known and may be cited as the "Oklahoma Health  
2 Care Cost Reduction and Transparency Act of 2018".

3        SECTION 2.        NEW LAW        A new section of law to be codified  
4 in the Oklahoma Statutes as Section 1-725.1 of Title 63, unless  
5 there is created a duplication in numbering, reads as follows:

6        As used in this act:

7        1. "Ambulatory surgical center" means a healthcare facility as  
8 defined in Section 2657 of Title 63 of the Oklahoma Statutes;

9        2. "Health insurer" means an entity as defined in paragraph 7  
10 of Section 4522 of Title 36 of the Oklahoma Statutes; and

11       3. "Hospital" means a healthcare facility as defined in Section  
12 1-701 of Title 63 of the Oklahoma Statutes.

13       SECTION 3.        NEW LAW        A new section of law to be codified  
14 in the Oklahoma Statutes as Section 1-725.2 of Title 63, unless  
15 there is created a duplication in numbering, reads as follows:

16       A. Beginning with the quarter ending June 30, 2019, and at  
17 least annually thereafter, each hospital that bills Medicaid shall,  
18 utilizing electronic health records software, collect and make  
19 available to the public the following information about the one  
20 hundred most frequently reported admissions by diagnostic-related  
21 groups for inpatients, along with the related Current Procedural  
22 Terminology (CPT) and Healthcare Common Procedure Coding System  
23 (HCPCS) codes:

1        1. The amount that shall be charged to a patient for each  
2 diagnostic-related group if all charges are paid in full without a  
3 public or private third party paying for any portion of the charges;

4        2. The amount of Medicaid reimbursement for each diagnostic-  
5 related group, including claims and pro rata supplemental payments;  
6 and

7        3. The amount of Medicare reimbursement for each diagnostic-  
8 related group.

9        Prior to providing this information to the public, each hospital  
10 shall redact the names of the insured and any other information that  
11 would otherwise identify such individuals.

12        A hospital shall not be required to report the information  
13 required by this subsection for any of the one hundred most  
14 frequently reported admissions where the reporting of that  
15 information reasonably could lead to the identification of the  
16 person or persons admitted to the hospital in violation of the  
17 federal Health Insurance Portability and Accountability Act of 1996  
18 or other federal law.

19        B. Beginning with the quarter ending September 30, 2019, and at  
20 least annually thereafter, each hospital and ambulatory surgical  
21 facility that bills Medicaid shall, utilizing electronic health  
22 records software, collect and provide to the public information on  
23 the total costs for the one hundred most common surgical procedures,  
24 and the fifty most common imaging procedures, by volume, performed

1 in hospital outpatient settings or in ambulatory surgical facilities  
2 along with the related CPT and HCPCS codes. Hospitals and  
3 ambulatory surgical facilities shall report this information in the  
4 same manner as required by paragraphs 1 through 3 of subsection A of  
5 this section; provided, that hospitals and ambulatory surgical  
6 facilities shall not be required to report information where the  
7 reporting of such information reasonably could lead to the  
8 identification of the person or persons admitted to the hospital in  
9 violation of the federal Health Insurance Portability and  
10 Accountability Act of 1996 or other federal law.

11 C. Upon request of a patient, a hospital or ambulatory surgical  
12 facility shall provide the information required by subsection A or C  
13 of this section, for a particular diagnostic-related group, imaging  
14 procedure or surgery procedure reported in this section, to the  
15 patient in writing, either electronically or by mail, within three  
16 (3) business days after receiving the request.

17 D. The provisions of this act shall not apply to hospitals or  
18 ambulatory surgical centers which do not accept Medicaid or Medicare  
19 funds for the provision of medical services. Such facilities shall  
20 be allowed to submit such information to the public voluntarily.

21 SECTION 4. This act shall become effective November 1, 2018.

22

23 56-2-10354 AMM 04/10/18

24