

1 ENGROSSED HOUSE
2 BILL NO. 2216

By: Roberts (Sean) of the House
and
Smalley of the Senate

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7 An Act relating to insurance; requiring noncontracted
8 providers to provide certain notice, estimate and
9 disclosure to enrollee within certain time period;
10 defining terms; providing for codification; and
11 providing an effective date.

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

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

16 A. A noncontracted provider shall provide the following to any
17 enrollee that is covered under a health benefit plan that is not
18 under contract with the health care provider:

19 1. Notice that services will be provided on a noncontracted
20 basis;

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

22 3. Disclosure that the provider either:

23 a. accepts the assignment of benefits for the plan's
24 allowed amount, if allowed under the policy, and

1 agrees not to balance bill the enrollee for any
2 amounts in excess of benefit, copayments or
3 deductibles owed, or

4 b. elects to balance bill the enrollee rather than accept
5 the assignment of benefits and direct payment from the
6 health benefit plan. The provider must disclose that
7 its billed charge may exceed the plan's allowed
8 amount, and that the enrollee may contact his or her
9 health benefit plan for information on the appropriate
10 benefit, copayments or deductibles owed.

11 B. For nonemergency services, a noncontracted provider shall
12 provide the required information within fourteen (14) calendar days
13 to the enrollee prior to rendering services. In the case of
14 emergency services, the information shall be given to the enrollee
15 as soon as practical once the enrollee is stabilized.

16 C. As used in this act:

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

22 2. "Emergency services" means, with respect to an emergency
23 condition:

- 1 a. a medical screening examination as required under
2 Section 1395dd of Title 42 of the United States Code
3 which is within the capability of the emergency
4 department of a hospital, including ancillary services
5 routinely available to the emergency department to
6 evaluate such emergency medical condition, and
7 b. within the capabilities of the staff and facilities
8 available at the hospital, such further medical
9 examination and treatment as are required under
10 Section 1395dd of Title 42 of the United States Code,
11 to stabilize the enrollee;

12 3. "Enrollee" means a patient covered under a health insurance
13 plan's policy or contract;

14 4. "Health benefit plan" means a policy, contract, certificate
15 or agreement entered into, offered or issued by a health carrier to
16 provide, deliver, arrange for, pay for or reimburse any of the costs
17 of health care services. For purposes of this act, health benefit
18 plan shall not apply to a policy or certificate that provides
19 coverage only for a specified disease, specified accident or
20 accident-only coverage, credit, dental, disability income, hospital
21 indemnity, long-term care insurance as defined by paragraph 1 of
22 Section 4424 of Title 36 of the Oklahoma Statutes, vision care or
23 any other limited supplemental benefit or to a Medicare supplement
24 policy of insurance as defined by the Insurance Commissioner by

1 regulation, coverage under a plan through Medicare, Medicaid or the
2 federal employees health benefits program, any coverage issued under
3 Sections 1071 through 1110b of Title 10 of the United States Code
4 and any coverage issued as supplement to that coverage, any coverage
5 issued as supplemental to liability insurance, workers' compensation
6 or similar insurance, automobile medical-payment insurance or any
7 insurance under which benefits are payable with or without regard to
8 fault, whether written on a group blanket or individual basis;

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

16 6. "Noncontracted provider" means a provider that does not have
17 a contract with a health benefit plan to provide health care
18 services to an enrollee.

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

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1 Passed the House of Representatives the 21st day of March, 2017.

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4 Presiding Officer of the House
of Representatives

5 Passed the Senate the ____ day of _____, 2017.

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9 Presiding Officer of the Senate