

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 56th Legislature (2017)

4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 2216

By: Roberts (Sean)

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8 COMMITTEE SUBSTITUTE

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

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

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

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

1 that hospital and who may provide health care services to the
2 enrollee, may not have a contract with the enrollee's insurance
3 carrier.

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

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

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

10 3. Disclosure that the provider either:

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

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

23 C. For nonemergency services, a noncontracted provider shall
24 provide the required information within fourteen (14) calendar days

1 to the enrollee prior to rendering services. In the case of
2 emergency services, the information shall be given to the enrollee
3 as soon as practical once the enrollee is stabilized.

4 D. As used in this act:

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

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

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

22 a. a medical screening examination as required under
23 Section 1395dd of Title 42 of the United States Code
24 which is within the capability of the emergency

1 department of a hospital, including ancillary services
2 routinely available to the emergency department to
3 evaluate such emergency medical condition, and

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

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

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

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

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

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

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

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18 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 03/01/2017 - DO
19 PASS, As Amended.
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