

STATE OF OKLAHOMA

2nd Session of the 56th Legislature (2018)

HOUSE BILL 3228

By: Moore

AS INTRODUCED

An Act relating to insurance; creating the Patient Protection Act; prohibiting the health care insurer from imposing advantages or penalties when certain nonnetwork providers agree to accept certain reimbursement rates; prohibiting balance billing in certain circumstances; specifying certain actions of an insurer shall not be prohibited or required; defining terms; prohibiting insurer from terminating, refusing to issue or renew a physician contract under certain circumstances; providing for noncodification and codification; 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 not to be codified in the Oklahoma Statutes reads as follows:

This act shall be known and may be cited as the "Patient Protection Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6057.6 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. When a health care provider not participating in a preferred provider organization network agrees to accept the highest contract

1 reimbursement rate available under the preferred provider  
2 organization agreement for covered services or procedures provided  
3 to an insured, the health care insurer shall not impose a monetary  
4 advantage or penalty under a health benefit plan that would affect  
5 the choice of the insured to select among those health care  
6 providers participating and not participating in the health benefit  
7 plan. "Monetary advantage" or "penalty" includes:

8 1. Higher cost-sharing provisions, such as deductibles and  
9 copayment;

10 2. A reduction in reimbursement for services; or

11 3. Promotion of one health care provider over another by these  
12 methods.

13 B. Health care providers not participating in the preferred  
14 provider organization that agree to accept the highest contract  
15 reimbursement available under the preferred provider organization  
16 agreement shall accept the reimbursement as payment in full and  
17 shall not balance bill the insured.

18 C. Nothing in this section shall be construed to:

19 1. Prohibit or require an insurer from contracting with any  
20 health care provider;

21 2. Prohibit or require the same reimbursement to different  
22 types of health care providers whose licensed scope of practice  
23 differs;

1        3. Prohibit or require coverage of services from any particular  
2 type of health care provider;

3        4. Prevent a health benefit plan from instituting measures  
4 designed to maintain quality and to control costs, including, but  
5 not limited to, the utilization of a gatekeeper system, as long as  
6 such measures are imposed equally on all providers in the same  
7 class.

8        D. As used in this section:

9        1. "Balance bill" means charging the difference between a  
10 nonpreferred provider's bill for a health care service and the  
11 insurer's allowed amount;

12        2. "Gatekeeper system" means a system of administration used by  
13 any health benefit plan in which a primary care provider furnishes  
14 basic patient care and coordinates diagnostic testing, indicated  
15 treatment and specialty referral for persons covered by the health  
16 benefit plan;

17        3. "Health care provider" means a physician, hospital,  
18 ambulatory surgical center, pharmaceutical company, pharmacy,  
19 pharmacist, laboratory or other state-licensed or state-recognized  
20 provider of health care services; and

21        4. "Preferred provider organization" means a network of health  
22 care providers which has entered into a contract with an insurer to  
23 provide health care services under the terms and conditions  
24 established in the contract.

1       SECTION 3.       NEW LAW       A new section of law to be codified  
2 in the Oklahoma Statutes as Section 6057.7 of Title 36, unless there  
3 is created a duplication in numbering, reads as follows:

4       An insurer issuing health benefit plans in this state shall not  
5 terminate, refuse to issue or renew a contract with a physician  
6 participating in a preferred provider organization network for the  
7 reason that the physician provided the person insured under the  
8 health benefit plan a referral or name of another physician that is  
9 not participating in a preferred provider organization network.

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

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