

STATE OF OKLAHOMA

2nd Session of the 57th Legislature (2020)

HOUSE BILL 3516

By: Dunnington

AS INTRODUCED

An Act relating to insurance; defining terms; requiring carriers to establish interactive mechanism that provides certain cost estimates; providing that certain out-of-network costs be applied to an enrollee's deductible; directing the Insurance Department to promulgate rules; providing for 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 to be codified in the Oklahoma Statutes as Section 6060.40 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in this act:

1. "Allowed amount" means the contractually agreed-upon amount paid by a carrier to a health care entity participating in the carrier's network;

2. "Comparable health care service" means any covered nonemergency health care service or bundle of services. The Insurance Commissioner may limit what is considered a comparable health care service if an insurance carrier can demonstrate allowed

1 amount variation among network providers is less than Fifty Dollars
2 (\$50.00);

3 3. "Health care entity" means a physician, hospital,
4 pharmaceutical company, pharmacist, laboratory or other state-
5 licensed or state-recognized provider of health care services; and

6 4. "Insurance carrier" or "carrier" means an insurance company
7 that issues policies of accident and health insurance and is
8 licensed to sell insurance in this state.

9 SECTION 2. NEW LAW A new section of law to be codified
10 in the Oklahoma Statutes as Section 6060.41 of Title 36, unless
11 there is created a duplication in numbering, reads as follows:

12 A. Beginning upon approval of the next health insurance rate
13 filing in 2021, a carrier offering a health plan in this state in
14 the individual or small group insurance market shall comply with the
15 following requirements:

16 1. A carrier shall establish an interactive mechanism on its
17 publicly accessible website that enables an enrollee to request and
18 obtain from the carrier information on the payments made by the
19 carrier to network entities or providers for comparable health care
20 services, as well as quality data for those providers, to the extent
21 the data is available. The interactive mechanism shall allow an
22 enrollee seeking information about the cost of a particular health
23 care service to compare allowed amounts among network providers,
24 estimate out-of-pocket costs applicable to that enrollee's health

1 plan and the average amount paid to a network provider for the
2 procedure or service under the enrollee's health plan within a
3 reasonable time frame, not to exceed one (1) year. The out-of-
4 pocket estimate shall provide a good-faith estimate of the amount
5 the enrollee will be responsible to pay out-of-pocket for a proposed
6 nonemergency procedure or service that is a medically necessary
7 covered benefit from a network provider of the carrier, including
8 any copayment, deductible, coinsurance or other out-of-pocket amount
9 for any covered benefit, based on the information available to the
10 carrier at the time the request is made. A carrier may contract
11 with a third-party vendor to satisfy the requirements of this
12 subsection; and

13 2. A carrier shall notify an enrollee that these are estimated
14 costs, and that the actual amount the enrollee will be responsible
15 to pay may vary due to unforeseen services that arise out of the
16 proposed nonemergency procedure or service.

17 B. If an enrollee elects to receive a covered health care
18 service from an out-of-network provider at a price that is the same
19 or less than the average that the insurance carrier of the enrollee
20 pays to health care providers within its network within a reasonable
21 time frame, not to exceed one (1) year from the time the enrollee
22 obtains the service, for that service, the carrier shall allow the
23 enrollee to obtain the service from the out-of-network provider and,
24 upon request by the enrollee, shall apply the payments made by the

1 enrollee for that health care service toward the deductible and out-
2 of-pocket maximum specified in the enrollee's health plan, as if the
3 health care services had been provided by a network provider. The
4 carrier shall provide a downloadable or interactive online form to
5 the enrollee for the purpose of submitting proof of payment to an
6 out-of-network provider for purposes of administering this section.

7 C. The Insurance Department shall promulgate necessary rules
8 for the implementation of this act.

9 SECTION 3. This act shall become effective November 1, 2020.

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