1 ENGROSSED HOUSE BILL NO. 3216

By: Lepak and Sneed of the House

and

Jett of the Senate

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An Act relating to emergency medical services; defining term; providing for unfair method of competition or unfair or deceptive act or practice for certain purposes; prohibiting distinction in health care coverage related to network status of emergency care providers or facilities; prohibiting construction of statutory provisions with respect to cost-sharing amounts; imposing requirements related to emergency care claims; prescribing procedures for utilization review process; providing for statutory construction with respect to utilization review; providing for codification; and providing an effective date.

16 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 4420 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. As used in this section, "emergency care" means health care services provided in a hospital emergency facility or other medical care facility that is licensed in the state to provide emergency services, to evaluate and stabilize medical conditions of a recent and onset severity, including severe pain, regardless of the final

- diagnosis that is given, that would lead a prudent layperson
 possessing an average knowledge of medicine and health to believe
 that the individual's condition, sickness, or injury is of such a
 nature that failure to get immediate medical care could:
 - 1. Place the individual's health in serious jeopardy;
 - 2. Result in serious impairment to bodily function;
 - 3. Result in serious disfunction of a bodily organ or part;
 - 4. Result in serious disfigurement; or
- 9 5. For pregnant women, result in serious jeopardy to the health 10 of the fetus.
 - B. It shall be an unfair method of competition or an unfair or deceptive act or practice in the business of insurance for an insurer or an individual or entity acting on behalf of an insurer to:
 - 1. Deter enrollees from seeking care consistent with the prudent layperson standard for emergency care; or
 - 2. Engage in a pattern of wrongful denials of claims for emergency care.
- 20 benefits for emergency services, there shall be no distinction made
 21 in regard to network status of an emergency care provider or
 22 facility. An enrollee's cost-sharing amount shall not be greater
 23 than that which would be imposed if the services were provided in24 network for emergency services.

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- D. This section shall not be construed to prohibit an insurer from imposing different cost-sharing amounts for out-of-network services so long as the services provided are not related to the evaluation and stabilization of an emergency medical care situation.
- E. Utilization review of an emergency care claim must be performed by a physician board-certified in emergency medicine. A utilization review agent:
- 1. May not make an adverse determination for the emergency care claim based on the final diagnosis that is given, including the classification under a Current Procedural Terminology or International Classification of Diseases code; and
- 2. Must review the enrollee's medical records before making an adverse determination.
- F. Nothing in this section may be construed as authorizing utilization review of emergency care when otherwise prohibited by law.
- SECTION 2. This act shall become effective November 1, 2022.

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1	Passed the House of Representatives the 23rd day of N	March, 2022.
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4	Presiding Officer of of Repre	the House esentatives
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6	Passed the Senate the day of, 2022.	
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