

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 2nd Session of the 58th Legislature (2022)

4 HOUSE BILL 3216

 By: Lepak

7 AS INTRODUCED

8 An Act relating to emergency medical services;
9 defining term; requiring certain insurance practices;
10 requiring certain conditions; providing for
 codification; and 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 4420 of Title 36, unless there
15 is created a duplication in numbering, reads as follows:

16 A. As used in this section, "emergency care" means health care
17 services provided in a hospital emergency facility or other medical
18 care facility that is licensed in the state to provide emergency
19 services, to evaluate and stabilize medical conditions of a recent
20 and onset severity, including severe pain, regardless of the final
21 diagnosis that is given, that would lead a prudent layperson
22 possessing an average knowledge of medicine and health to believe
23 that the individual's condition, sickness, or injury is of such a
24 nature that failure to get immediate medical care could:

- 1 1. Place the individual's health in serious jeopardy;
- 2 2. Result in serious impairment to bodily function;
- 3 3. Result in serious disfunction of a bodily organ or part;
- 4 4. Result in serious disfigurement; or
- 5 5. For pregnant women, result in serious jeopardy to the health
- 6 of the fetus.

7 B. It shall be an unfair method of competition or an unfair or
8 deceptive act or practice in the business of insurance for an
9 insurer or an individual or entity acting on behalf of an insurer
10 to:

- 11 1. Deter enrollees from seeking care consistent with the
- 12 prudent layperson standard for emergency care; or
- 13 2. Engage in a pattern of wrongful denials of claims for
- 14 emergency care.

15 C. If an individual's health insurance coverage includes any
16 benefits for emergency services, there shall be no distinction made
17 in regard to network status of an emergency care provider or
18 facility. An enrollee's cost-sharing amount shall not be greater
19 than that which would be imposed if the services were provided in-
20 network for emergency services.

21 D. This section shall not be construed to prohibit an insurer
22 from imposing different cost-sharing amounts for out-of-network
23 services so long as the services provided are not related to the
24 evaluation and stabilization of an emergency medical care situation.

1 E. Utilization review of an emergency care claim must be
2 performed by a physician:

3 1. Licensed to practice medicine in this state; and

4 2. Board-certified in emergency medicine with respect to an
5 enrollee's medical condition that is the basis for an emergency care
6 claim, a utilization review agent:

7 a. may not make an adverse determination for the
8 emergency care claim based on the final diagnosis that
9 is given, including the classification under a current
10 procedural terminology or international classification
11 of disease code, and

12 b. must review the enrollee's medical records before
13 making an adverse determination.

14 F. Nothing in this section may be construed as authorizing
15 utilization review of emergency care when otherwise prohibited by
16 law.

17 SECTION 2. This act shall become effective November 1, 2022.

18
19 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 03/02/2022 - DO
20 PASS.
21
22
23
24