

1 ENGROSSED SENATE
2 BILL NO. 548

By: Daniels, Newhouse, David,
Bergstrom, Bullard, Jett
and Hamilton of the Senate

3
4 and

5 Townley of the House

6
7 [healthcare expenses - debt to credit bureaus -
8 codification - effective date]
9

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

11 SECTION 1. NEW LAW A new section of law to be codified
12 in the Oklahoma Statutes as Section 6980 of Title 36, unless there
13 is created a duplication in numbering, reads as follows:

14 A. No medical service or care entity, nor their agent, shall
15 report a healthcare expense debt to a credit bureau or pursue
16 involuntary collection activities or any other adverse financial
17 action, except if the entity or agent can demonstrate that the
18 individual liable for the medical debt was presented with and agreed
19 to a good faith estimate of the total cost of all healthcare
20 services to be provided prior to agreeing to receive the services.

21 1. The total cost shall include all services performed by the
22 medical service or care entity and its staff, as well as any
23 authorized services provided by a contractor, affiliate or any other
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1 third party who provided services in the facility, and the total
2 cost to be billed shall include out-of-network providers.

3 2. The total cost of service shall be presented to the
4 individual liable for the medical debt separately from all other
5 forms, information and paperwork. It shall be written in a readable
6 font, plain language and shall be prominently and conspicuously
7 displayed on the first page of the document in which it is
8 contained.

9 B. 1. In cases in which the patient must receive emergency
10 care deemed necessary by the health care provider and the individual
11 liable for the medical debt is not able to receive a good faith
12 estimate of healthcare services before vital emergency medical
13 services are rendered, no medical service or health care entity
14 shall charge the individual liable for the medical debt who is not a
15 member of a health benefit plan offered by a health carrier, more
16 than one hundred sixty-five percent (165%) of the Medicare rate.

17 2. In cases in which the patient must receive emergency care as
18 deemed necessary by the health care provider and the individual who
19 is liable for the medical debt is an enrollee of a health benefit
20 plan offered by a health carrier, the medical service provider or
21 health care entity providers shall not charge more than the
22 enrollee's health benefit plan's in-network rate for the emergency
23 services rendered.

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1 C. Failure to comply with the provisions of this act shall be
2 grounds for dismissal of any collection suit or garnishment
3 proceeding and may be asserted as an affirmative defense to any such
4 action.

5 D. For purposes of this section, "medical service or care
6 entity" shall include, but not be limited to, a medical care
7 corporation, health care corporation, hospital service association,
8 medical service corporation, health care maintenance organization,
9 not-for-profit hospital, insurer, insurance company or any other
10 third-party payer of medical expenses.

11 SECTION 2. This act shall become effective November 1, 2021.

12 Passed the Senate the 10th day of March, 2021.

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15 Presiding Officer of the Senate

16 Passed the House of Representatives the ____ day of _____,
17 2021.

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20 Presiding Officer of the House
21 of Representatives
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