

STATE OF OKLAHOMA

2nd Session of the 58th Legislature (2022)

HOUSE BILL 4122

By: Frix

AS INTRODUCED

An Act relating to health insurance; defining term; prohibiting networks in private health insurance; creating exemptions; providing timing provision; 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 4414.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this act, "health benefit plan issuer" means:

1. A health maintenance organization or other person who arranges for or provides enrollees on a prepaid basis a health care plan, a limited health care service plan, or a single health care service plan; or

2. A life, health, and accident insurance company, health and accident insurance company, health insurance company, or other company operating under Title 36 of the Oklahoma Statutes.

1 B. This act shall apply to all state-regulated health benefit
2 plans except the following:

3 1. HealthChoice Health Benefit Plans administered by the
4 Oklahoma Office of Management and Enterprise Services;

5 2. Medicaid;

6 3. Medicare; and

7 4. The Employee Retirement Income Security Act of 1974.

8 C. A health benefit plan issuer, as defined by this act, shall
9 not:

10 1. Arrange for, or provide to covered persons, health care
11 services using a delivery network that directly or indirectly
12 contracts or subcontracts with physicians and other health care
13 providers;

14 2. Provide, through a policy or plan, for the payment of a
15 level of coverage that is different from the basic level of coverage
16 provided by the policy or plan if the covered person uses a
17 physician or health care provider, or an organization of physicians
18 or health care providers, who contracts to provide medical or health
19 services to persons covered by the policy or plan; or

20 3. Otherwise provide health care benefits or arrange for health
21 care benefits to be provided to a covered person by contracting
22 directly or indirectly with a physician or health care provider, to
23 provide medical or health care services to a covered person on a
24 capitation basis or otherwise.

1 D. This act shall apply without regard to whether the physician
2 or health care provider is designated as a network provider, a
3 preferred provider, or uses another title.

4 E. Notwithstanding any other law, a health benefit plan issuer
5 may provide health care benefits only by indemnifying the covered
6 person for medical or health care expenses.

7 F. This act shall only apply to a health benefit plan that is
8 delivered, issued for delivery, or renewed on or after January 1,
9 2023.

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

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