

1 ENGROSSED HOUSE AMENDMENT
TO
2 ENGROSSED SENATE BILL NO. 254 By: Garvin of the Senate
3 and
4 Boatman of the House
5
6
7 [behavioral health - out-of-network services -
8 payments - codification - effective date]
9
10
11
12 AUTHOR: Add the following House Coauthor: Provenzano
13 AMENDMENT NO. 1. Strike the title, enacting clause, and entire bill
14 and insert:
15
16 "An Act relating to behavioral health; defining
17 terms; requiring health benefit plan to provide
18 documentation of out-of-network providers under
19 certain conditions; requiring insurer to cover
20 certain out-of-network services at certain cost under
21 certain conditions with certain exceptions; requiring
22 insurer to report certain payments to the Insurance
23 Department; providing for promulgation of rules;
24 providing for enforcement; providing for
codification; and providing an effective date.
BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

1 SECTION 1. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 6060.11a of Title 36, unless
3 there is created a duplication in numbering, reads as follows:

4 A. For the purposes of this act:

5 1. "Health benefit plan" means a health benefit plan as defined
6 pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes;

7 2. "Health care provider" or "provider" means a health care
8 provider as defined pursuant to Section 6571 of Title 36 of the
9 Oklahoma Statutes; and

10 3. "Timely manner" means:

11 a. for a request for a routine appointment, a provider's
12 referral for services, the start of a new treatment or
13 medication, or other maintenance services, as
14 determined by the Insurance Department, thirty (30)
15 days from the date that the insured requests the
16 appointment, service, or care,

17 b. for residential care or hospitalization, seven (7)
18 days from the date that the insured first attempts to
19 receive care, and

20 c. for urgent, emergency, or crisis care, twenty-four
21 (24) hours from the date and time that the insured
22 first attempts to receive care.

23 B. A health benefit plan must establish a documented procedure
24 to assist a plan member in accessing an out-of-network behavioral

1 health care provider when no in-network behavioral health care
2 provider is available within a timely manner.

3 C. If the beneficiary of a health benefit plan is unable to
4 obtain covered behavioral health services from an in-network
5 provider in a timely manner as defined in subsection A of this
6 section, including medically appropriate telehealth services, such
7 plan shall ensure coverage of the behavioral health services from an
8 out-of-network provider by arranging a network exception with a
9 negotiated rate from an out-of-network provider. Such an agreement
10 between the health benefit plan and the out-of-network provider
11 shall hold the beneficiary harmless for any amount greater than the
12 in-network cost-sharing amount, including copayment, coinsurance,
13 and deductible, that the beneficiary would have paid had the same
14 services been rendered by an in-network provider. The negotiated
15 rate in the network exception, in addition to the beneficiary's in-
16 network cost-sharing amount, shall be accepted as payment in full
17 for the provided behavioral health services. In no instance shall
18 the beneficiary pay more than the in-network cost-sharing amount for
19 such services.

20 D. A plan shall not be held responsible if behavioral health
21 services are available within a timely manner, as defined in this
22 section, but the beneficiary chooses to schedule services outside
23 the timely access standard.

1 E. A health benefit plan that makes a payment to an out-of-
2 network provider pursuant to this section shall document the details
3 of the payment to be made available to the Department upon request
4 not later than twenty (20) days from the date requested.

5 F. The Department may promulgate rules to ensure compliance
6 with and effectuate the provisions of this section.

7 G. The Insurance Department shall have the authority to
8 investigate when an insurer has failed to ensure coverage as
9 required by this section. After the conclusion of an investigation,
10 the Department may use all available tools to levy fees or fines for
11 noncompliance.

12 SECTION 2. This act shall become effective November 1, 2023."

13 Passed the House of Representatives the 24th day of April, 2023.

14

15

16 _____
Presiding Officer of the House of
Representatives

17

18 Passed the Senate the ____ day of _____, 2023.

19

20

21 _____
Presiding Officer of the Senate

22

23

24

1 ENGROSSED SENATE
2 BILL NO. 254

By: Garvin of the Senate

3 and

4 Boatman of the House

5
6 [behavioral health - out-of-network services -
7 payments - codification - effective date]
8

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

10 SECTION 3. NEW LAW A new section of law to be codified
11 in the Oklahoma Statutes as Section 6060.11a of Title 36, unless
12 there is created a duplication in numbering, reads as follows:

13 A. For the purposes of this act:

14 1. "Health benefit plan" means a health benefit plan as defined
15 pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes;

16 2. "Health care provider" or "provider" means a health care
17 provider as defined pursuant to Section 6571 of Title 36 of the
18 Oklahoma Statutes; and

19 3. "Timely manner" means:

20 a. for a request for a routine appointment, a provider's
21 referral for services, the start of a new treatment or
22 medication, or other maintenance services as
23 determined by the Insurance Department, thirty (30)
24

1 days from the date that the insured requests the
2 appointment, service, or care,

3 b. for residential care or hospitalization, seven (7)
4 days from the date that the insured first attempts to
5 receive care, and

6 c. for urgent, emergency, or crisis care, twenty-four
7 (24) hours from the date and time that the insured
8 first attempts to receive care.

9 B. If the beneficiary of a health benefit plan is unable to
10 obtain covered behavioral health services from an in-network
11 provider in a timely manner as defined in subsection A of this
12 section, such plan shall ensure coverage of the behavioral health
13 services from an out-of-network provider by arranging a network
14 exception with a negotiated rate from an out-of-network provider.
15 Such an agreement between the health benefit plan and the out-of-
16 network provider shall hold the beneficiary harmless for any amount
17 greater than the in-network cost-sharing amount that the beneficiary
18 would have paid had the same services been received from an in-
19 network provider. In no instance shall the beneficiary pay more
20 than the in-network cost-sharing amount for such services.

21 C. If coverage is not arranged within the applicable time frame
22 as described in paragraph 3 of subsection A of this section, the
23 beneficiary may seek services from any out-of-network provider
24 regardless of a negotiated network exception and rate. The

1 beneficiary shall pay no more than the same cost-sharing that the
2 beneficiary would pay for the same covered services received from an
3 in-network provider.

4 D. A plan shall not be held responsible if behavioral health
5 services are available within a timely manner as defined in this
6 section, but the beneficiary chooses to schedule services outside
7 the timely access standard.

8 E. A health benefit plan that makes a payment to an out-of-
9 network provider pursuant to this section shall report the details
10 of the payment to the Department not later than sixty (60) days from
11 the date that the payment is made.

12 F. The Department may promulgate rules to effectuate the
13 provisions of this section.

14 SECTION 4. This act shall become effective November 1, 2023.

15 Passed the Senate the 23rd day of March, 2023.

16

17

Presiding Officer of the Senate

18

19 Passed the House of Representatives the ____ day of _____,
20 2023.

21

22

Presiding Officer of the House
of Representatives

23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24