

COMMITTEE AMENDMENT

HOUSE OF REPRESENTATIVES

State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB1712 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by
inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Amendment submitted by: TJ Marti

Adopted: _____

Reading Clerk

STATE OF OKLAHOMA

1st Session of the 59th Legislature (2023)

PROPOSED COMMITTEE
SUBSTITUTE
FOR
HOUSE BILL NO. 1712

By: Marti

PROPOSED COMMITTEE SUBSTITUTE

An Act relating to health insurance; defining terms; prohibiting insurers from refusing coverage to an insured under certain circumstances; providing for an insured to seek care from an out-of-network provider under certain circumstances; requiring out-of-network providers to be reimbursed for covered services at the same rate as in-network providers; providing for codification; and declaring an emergency.

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 6971 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Durable medical equipment" means equipment as defined pursuant to paragraph 2 of Section 375.2 of Title 59 of the Oklahoma Statutes;

2. "Health benefit plan" means a health benefit plan as defined pursuant to subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes;

1 3. "Health care provider" means a provider as defined pursuant
2 to Section 6571 of Title 36 of the Oklahoma Statutes;

3 4. "Health maintenance organization" or "HMO" means a health
4 maintenance organization as defined pursuant to paragraph 12 of
5 Section 6902 of Title 36 of the Oklahoma Statutes; and

6 5. "Preferred provider organization" or "PPO" means a preferred
7 provider organization as defined pursuant to paragraph 8 of Section
8 6054 of Title 36 of the Oklahoma Statutes.

9 B. No health benefit plan, HMO, PPO, or other provider network
10 authorized to administer health care coverage in this state shall
11 refuse coverage to an insured for durable medical equipment and
12 supplies as prescribed by a health care provider, regardless of
13 whether they are in-network or out-of-network, unless there is an
14 in-network provider within a thirty-mile radius of the patient's
15 five-digit zip code that can provide in-person evaluation for
16 medical equipment, supplies, and related services.

17 C. If a health care provider deems it necessary that an insured
18 receive covered medical equipment or supplies within twenty-four
19 (24) hours, the insured shall not be subject to drop-shipped orders
20 and may seek such equipment and supplies from any health care
21 provider who can provide the necessary services and supplies within
22 the requested timeframe.

23 D. When a covered person is required to utilize an out-of-
24 network health care provider, the out-of-network provider shall be

1 reimbursed at the same rate and benefit level for the provided
2 services as an in-network provider for the health benefit plan, HMO,
3 PPO, or other provider network authorized to administer health care
4 coverage in this state.

5 SECTION 2. It being immediately necessary for the preservation
6 of the public peace, health or safety, an emergency is hereby
7 declared to exist, by reason whereof this act shall take effect and
8 be in full force from and after its passage and approval.

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10 59-1-7877 TJ 03/01/23

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