

An Act

ENROLLED HOUSE
BILL NO. 1712

By: Marti and McDugle of the
House

and

Garvin of the Senate

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.

SUBJECT: Health insurance

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 6981 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 Section 375.2 of Title 59 of the Oklahoma Statutes;

2. "Health benefit plan" means a health benefit plan as defined pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes, but shall not include any health benefit plan offered by a contracted entity as defined in Section 4002.2 of Title 56 of the Oklahoma Statutes that provides coverage to members of the state Medicaid program;

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

4. "Health maintenance organization" or "HMO" means a health maintenance organization as defined pursuant to Section 6902 of Title 36 of the Oklahoma Statutes, but shall not include any health benefit plan offered by a contracted entity as defined in Section 4002.2 of Title 56 of the Oklahoma Statutes that provides coverage to members of the state Medicaid program; and

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

B. No health benefit plan, HMO, PPO, or other provider network authorized to administer health care coverage in this state shall refuse coverage to an insured for durable medical equipment and supplies as prescribed by a health care provider, regardless of whether they are in-network or out-of-network, unless there is an Oklahoma-licensed in-network provider within a fifteen-mile radius of the patient's home address that can provide in-person evaluation for durable medical equipment, supplies, and related services.

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

D. When an insured utilizes an out-of-network health care provider, as described in subsection B of this section, the out-of-network provider shall be reimbursed at the same rate and benefit level for the provided services as an in-network provider for the health benefit plan, HMO, PPO, or other provider network authorized to administer health care coverage in this state.

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

Passed the House of Representatives the 23rd day of April, 2024.

Presiding Officer of the House
of Representatives

Passed the Senate the 19th day of March, 2024.

Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____

Approved by the Governor of the State of Oklahoma this _____

day of _____, 20_____, at _____ o'clock _____ M.

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this _____

day of _____, 20_____, at _____ o'clock _____ M.

By: _____