

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 59th Legislature (2023)

4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 1712

By: Marti of the House

and

Garvin of the Senate

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10 COMMITTEE SUBSTITUTE

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

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

20 SECTION 1. NEW LAW A new section of law to be codified
21 in the Oklahoma Statutes as Section 6971 of Title 36, unless there
22 is created a duplication in numbering, reads as follows:

23 A. As used in this section:

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

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

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

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

9 5. "Preferred provider organization" or "PPO" means a preferred
10 provider organization as defined pursuant to paragraph 8 of Section
11 6054 of Title 36 of the Oklahoma Statutes.

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

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

3 D. When a covered person is required to utilize an out-of-
4 network health care provider, the out-of-network provider shall be
5 reimbursed at the same rate and benefit level for the provided
6 services as an in-network provider for the health benefit plan, HMO,
7 PPO, or other provider network authorized to administer health care
8 coverage in this state.

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

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14 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 03/02/2023 -
15 DO PASS, As Amended and Coauthored.

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