

1 **SENATE FLOOR VERSION**

2 April 4, 2023

3 ENGROSSED HOUSE
4 BILL NO. 1712

By: Marti and McDugle of the
House

5 and

6 Garvin of the Senate

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8
9 An Act relating to health insurance; defining terms;
10 prohibiting insurers from refusing coverage to an
insured under certain circumstances; providing for an
11 insured to seek care from an out-of-network provider
under certain circumstances; requiring out-of-network
12 providers to be reimbursed for covered services at
the same rate as in-network providers; providing for
13 codification; and declaring an emergency.

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

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

19 A. As used in this section:

20 1. "Durable medical equipment" means equipment as defined
21 pursuant to paragraph 2 of Section 375.2 of Title 59 of the Oklahoma
22 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 Oklahoma-licensed in-network provider within a fifteen-mile radius
18 of the patient's five-digit ZIP code that can provide in-person
19 evaluation for medical 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
24

1 provider who can provide the necessary services and supplies within
2 the requested timeframe.

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

13 COMMITTEE REPORT BY: COMMITTEE ON RETIREMENT AND INSURANCE
14 April 4, 2023 - DO PASS
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