

**Bill Summary**  
2<sup>nd</sup> Session of the 59<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 1712</b>
<b>Version:</b>	<b>FS2</b>
<b>Request No.:</b>	<b>3462</b>
<b>Author:</b>	<b>Sen. Garvin</b>
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**Bill Analysis**

HB 1712 prohibits any health benefit plan, HMO, PPO, or other provider network from refusing 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 50-mile radius of the patient's 5-digit ZIP code that can provide an in-person evaluation for the prescribed medical equipment or supplies. The measure excludes health benefit plans offered by contracted entities that provide coverage to members of the state Medicaid program. When an insured utilizes an out-of-network health care provider, the provider shall be reimbursed at the same rate and benefit level for the provided services as an in-network provider.

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