

STATE OF OKLAHOMA

2nd Session of the 59th Legislature (2024)

SENATE BILL 1972

By: Jett

AS INTRODUCED

An Act relating to emergency care; defining terms; establishing requirements for certain utilization review; establishing requirements relating to adverse determinations; construing provision; providing for codification; and providing an effective date.

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 6582 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Adverse determination" means a determination by a health carrier or its designee utilization review organization that an admission, availability of care, continued stay, or other health care service that is a covered benefit has been reviewed and, based upon the information provided, does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness, and the requested service

1 or payment for the service is therefore denied, reduced, or
2 terminated;

3 2. "Emergency care" means health care services provided in a
4 general medical surgical hospital, critical access hospital, or
5 emergency hospital, as such terms are defined in Section 1-701 of
6 Title 63 of the Oklahoma Statutes, that is licensed by the State
7 Department of Health to evaluate and stabilize medical conditions of
8 a recent and onset severity, including severe pain, regardless of
9 the final diagnosis that is given, that would lead a prudent
10 layperson possessing an average knowledge of medicine and health to
11 believe that the individual's condition, sickness, or injury is of
12 such a nature that failure to get immediate medical care could:

- 13 a. place the individual's health in serious jeopardy,
- 14 b. result in serious impairment, dysfunction, or
15 disfigurement of a bodily function, bodily organ, or
16 bodily part, or
- 17 c. for pregnant women, result in serious jeopardy to the
18 health of the fetus; and

19 3. "Utilization review" means a system for prospectively,
20 concurrently, and retrospectively reviewing the appropriate and
21 efficient allocation of hospital resources and medical services
22 given or proposed to be given to a patient or group of patients. It
23 does not include an insurer's normal claim review process to
24

1 determine compliance with the specific terms and conditions of the
2 insurance policy.

3 B. Utilization review of an emergency care claim shall be
4 performed by a physician who:

5 1. Possesses a current and valid non-restricted license to
6 practice medicine in this state;

7 2. Is of the same specialty as the physician who typically
8 manages the medical condition or disease or provides the health care
9 service; and

10 3. Has experience treating patients with the medical condition
11 or disease.

12 C. A physician conducting a utilization review under this
13 section shall review the enrollee's medical records prior to making
14 an adverse determination regarding payment for an emergency care
15 claim. No adverse determination may be made based on the final
16 diagnosis that is given, including the classification under current
17 procedural terminology or Internal Classification of Diseases code.

18 D. Nothing in this section may be construed as authorizing
19 utilization review of emergency care when otherwise prohibited by
20 law.

21 SECTION 2. This act shall become effective November 1, 2024.

22
23 59-2-2375 RD 1/18/2024 1:50:50 PM
24
25