

1 STATE OF OKLAHOMA

2 1st Session of the 59th Legislature (2023)

3 COMMITTEE SUBSTITUTE  
4 FOR  
5 HOUSE BILL NO. 1712

By: Marti

6  
7 COMMITTEE SUBSTITUTE

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

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

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

20 A. As used in this section:

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

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

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

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

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

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

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

23       D. When a covered person is required to utilize an out-of-  
24 network health care provider, the out-of-network provider shall be

1 reimbursed at the same rate and benefit level for the provided  
2 services as an in-network provider for the health benefit plan, HMO,  
3 PPO, or other provider network authorized to administer health care  
4 coverage in this state.

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

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