SB254 FULLPCS1 Jeff Boatman-TJ
4/10/2023 11:06:46 am

COMMITTEE AMENDMENT

HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend SB254
Of the printed Bill

Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Amendment submitted by: Jeff Boatman

Adopted: _____

_____
Reading Clerk

STATE OF OKLAHOMA

1st Session of the 59th Legislature (2023)

PROPOSED
COMMITTEE SUBSTITUTE
FOR ENGROSSED
SENATE BILL NO. 254 By: Garvin of the Senate

and

Boatman of the House

PROPOSED COMMITTEE SUBSTITUTE

An Act relating to behavioral health; defining terms; requiring health benefit plan to provide documentation of out-of-network providers under certain conditions; requiring insurer to cover certain out-of-network services at certain cost under certain conditions with certain exceptions; requiring insurer to report certain payments to the Insurance Department; providing for promulgation of rules; providing for enforcement; 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 6060.11a of Title 36, unless there is created a duplication in numbering, reads as follows:

A. For the purposes of this act:

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

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

3. "Timely manner" means:

a. for a request for a routine appointment, a provider's referral for services, the start of a new treatment or medication, or other maintenance services, as determined by the Insurance Department, thirty (30) days from the date that the insured requests the appointment, service, or care,

b. for residential care or hospitalization, seven (7) days from the date that the insured first attempts to receive care, and

c. for urgent, emergency, or crisis care, twenty-four (24) hours from the date and time that the insured first attempts to receive care.

B. A health benefit plan must establish a documented procedure to assist a plan member in accessing an out-of-network behavioral health care provider when no in-network behavioral health care provider is available within a timely manner.

C. If the beneficiary of a health benefit plan is unable to obtain covered behavioral health services from an in-network provider in a timely manner as defined in subsection A of this section, including medically appropriate telehealth services, such

plan shall ensure coverage of the behavioral health services from an out-of-network provider by arranging a network exception with a negotiated rate from an out-of-network provider. Such an agreement between the health benefit plan and the out-of-network provider shall hold the beneficiary harmless for any amount greater than the in-network cost-sharing amount, including copayment, coinsurance, and deductible, that the beneficiary would have paid had the same services been rendered by an in-network provider. The negotiated rate in the network exception, in addition to the beneficiary's in-network cost-sharing amount, shall be accepted as payment in full for the provided behavioral health services. In no instance shall the beneficiary pay more than the in-network cost-sharing amount for such services.

D. A plan shall not be held responsible if behavioral health services are available within a timely manner as defined in this section, but the beneficiary chooses to schedule services outside the timely access standard.

E. A health benefit plan that makes a payment to an out-of-network provider pursuant to this section shall document the details of the payment to be made available to the Department upon request not later than twenty (20) days from the date requested.

F. The Department may promulgate rules to ensure compliance with and effectuate the provisions of this section.

G. The Insurance Department shall have the authority to investigate when an insurer has failed to ensure coverage as required by this section. After the conclusion of an investigation, the Department may use all available tools to levy fees or fines for noncompliance.

SECTION 2. This act shall become effective November 1, 2023.

59-1-8152 TJ 04/06/23