

1 STATE OF OKLAHOMA

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

3 COMMITTEE SUBSTITUTE  
4 FOR ENGROSSED

5 SENATE BILL NO. 254

6 By: Garvin of the Senate

7 and

8 Boatman of the House

9 COMMITTEE SUBSTITUTE

10 An Act relating to behavioral health; defining terms;  
11 requiring health benefit plan to provide  
12 documentation of out-of-network providers under  
13 certain conditions; requiring insurer to cover  
14 certain out-of-network services at certain cost under  
15 certain conditions with certain exceptions; requiring  
16 insurer to report certain payments to the Insurance  
17 Department; providing for promulgation of rules;  
18 providing for enforcement; providing for  
19 codification; and providing an effective date.

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

21 SECTION 1. NEW LAW A new section of law to be codified  
22 in the Oklahoma Statutes as Section 6060.11a of Title 36, unless  
23 there is created a duplication in numbering, reads as follows:

24 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;

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

4       3. "Timely manner" means:

- 5           a. for a request for a routine appointment, a provider's  
6 referral for services, the start of a new treatment or  
7 medication, or other maintenance services, as  
8 determined by the Insurance Department, thirty (30)  
9 days from the date that the insured requests the  
10 appointment, service, or care,
- 11           b. for residential care or hospitalization, seven (7)  
12 days from the date that the insured first attempts to  
13 receive care, and
- 14           c. for urgent, emergency, or crisis care, twenty-four  
15 (24) hours from the date and time that the insured  
16 first attempts to receive care.

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

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

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

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

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

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

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

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

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