

1 ENGROSSED SENATE  
2 BILL NO. 254

By: Garvin of the Senate

3 and

4 Boatman of the House

5  
6 [ behavioral health - out-of-network services -  
7 payments - codification - effective date ]  
8

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

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

13 A. For the purposes of this act:

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

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

19 3. "Timely manner" means:

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

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

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

9 B. If the beneficiary of a health benefit plan is unable to  
10 obtain covered behavioral health services from an in-network  
11 provider in a timely manner as defined in subsection A of this  
12 section, such plan shall ensure coverage of the behavioral health  
13 services from an out-of-network provider by arranging a network  
14 exception with a negotiated rate from an out-of-network provider.  
15 Such an agreement between the health benefit plan and the out-of-  
16 network provider shall hold the beneficiary harmless for any amount  
17 greater than the in-network cost-sharing amount that the beneficiary  
18 would have paid had the same services been received from an in-  
19 network provider. In no instance shall the beneficiary pay more  
20 than the in-network cost-sharing amount for such services.

21 C. If coverage is not arranged within the applicable time frame  
22 as described in paragraph 3 of subsection A of this section, the  
23 beneficiary may seek services from any out-of-network provider  
24 regardless of a negotiated network exception and rate. The

1 beneficiary shall pay no more than the same cost-sharing that the  
2 beneficiary would pay for the same covered services received from an  
3 in-network provider.

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

8 E. A health benefit plan that makes a payment to an out-of-  
9 network provider pursuant to this section shall report the details  
10 of the payment to the Department not later than sixty (60) days from  
11 the date that the payment is made.

12 F. The Department may promulgate rules to effectuate the  
13 provisions of this section.

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

15 Passed the Senate the 23rd day of March, 2023.

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Presiding Officer of the Senate

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19 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,

20 2023.

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Presiding Officer of the House  
of Representatives

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