

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 59th Legislature (2023)

4 COMMITTEE SUBSTITUTE
5 FOR ENGROSSED
6 SENATE BILL NO. 254

By: Garvin of the Senate

and

Boatman of the House

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10 COMMITTEE SUBSTITUTE

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

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

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

A. For the purposes of this act:

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

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

6 3. "Timely manner" means:

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

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

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

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

23 C. If the beneficiary of a health benefit plan is unable to
24 obtain covered behavioral health services from an in-network

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

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

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

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

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

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

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10 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 04/13/2023 -
11 DO PASS, As Amended.

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