1	ENGROSSED SENATE AMENDMENT TO
2	ENGROSSED HOUSE
3	<u> -</u>
4	and
	Montgomery and Bullard of the Senate
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An Act relating to insurance; defining terms; prohibiting certain restrictions on method of payment to health care providers; requiring certain notification; prohibiting certain additional charges; prohibiting certain contracts, clauses or waivers; providing for enforcement by the Insurance Commissioner; providing for codification; and providing an effective date.	
	to health care providers; requiring certain
	prohibiting certain contracts, clauses or waivers;
	Commissioner; providing for codification; and
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L4	AMENDMENT NO. 1. Page 1, strike the title, enacting clause and entire bill and insert
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to health care providers; requiring certain	"An Act relating to insurance; defining terms; prohibiting certain restrictions on method of payment
	to health care providers; requiring certain notification; prohibiting certain additional charges;
L9	providing for enforcement by the Insurance Commissioner; providing for codification; and
20	providing an effective date.
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23	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 1219.6 of Title 36, unless there is created a duplication in numbering, reads as follows:
  - A. As used in this section:
- 1. "Health maintenance organization" means an entity that is organized for the purpose of providing or arranging health care, which has been granted a certificate of authority by the Insurance Commissioner as a health maintenance organization pursuant to the Health Maintenance Organization Act of 2003;
- 2. "Credit card payment" means a type of electronic funds transfer in which a health insurance plan or health insurer or its contracted vendor issues a single-use series of numbers associated with the payment of health care services performed by a health care provider and chargeable to a predetermined dollar amount, whereby the health care provider is responsible for processing the payment by a credit card terminal or Internet portal. Such term shall include virtual or online credit card payments, whereby no physical credit card is presented to the health care provider and the single-use credit card expires upon payment processing;
- 3. "Electronic funds transfer payment" means a payment by any method of electronic funds transfer other than through the Automated Clearing House Network (ACH), as codified in 45 CFR Sections 162.1601 and 162.1602;

- 4. "Health care provider" means any physician, dentist, pharmacist, optometrist, psychologist, registered optician, licensed professional counselor, physical therapist, chiropractor, hospital or other entity or person that is licensed or otherwise authorized in this state to furnish health care services;
- 5. "Health care provider agent" means a person or entity that contracts with a health care provider establishing an agency relationship to process bills for services provided by the health care provider under the terms and conditions of a contract between the agent and health care provider. Such contracts may permit the agent to submit bills, request reconsideration and receive reimbursement;
- 6. "Health care services" means the examination or treatment of persons for the prevention of illness or the correction or treatment of any physical or mental condition resulting from illness, injury or other human physical problem and includes, but is not limited to:
  - a. hospital services which include the general and usual services and care, supplies and equipment furnished by hospitals,
  - b. medical services which include the general and usual services and care rendered and administered by doctors of medicine, doctors of dental surgery and doctors of podiatry, and

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1 other health care services which include appliances and supplies; nursing care by a registered nurse or a licensed practical nurse; care furnished by such other 3 licensed practitioners; institutional services 5 including the general and usual care, services, supplies and equipment furnished by health care 6 7 institutions and agencies or entities other than hospitals; physiotherapy; ambulance services; drugs 8 9 and medications; therapeutic services and equipment 10 including oxygen and the rental of oxygen equipment; 11 12 1.3 14 15

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- hospital beds; iron lungs; orthopedic services and appliances including wheelchairs, trusses, braces, crutches and prosthetic devices including artificial limbs and eyes; and any other appliance, supply or service related to health care;

  7. "Health insurance plan" means any hospital or medical insurance policy or certificate; qualified higher deductible health plan; health maintenance organization subscriber contract; contract providing benefits for dental care whether such contract is pursuant to a medical insurance policy or certificate; stand-alone dental plan, health maintenance provider contract or managed health care plan; and
- 8. "Health insurer" means any entity or person that issues health insurance plans, as defined in this section.

- B. Any health insurance plan issued, amended or renewed on or after January 1, 2020, between a health insurer or its contracted vendor or a health maintenance organization and a health care provider for the provision of health care services to a plan enrollee shall not contain restrictions on methods of payment from the health insurer or its vendor or the health maintenance organization to the health care provider in which the only acceptable payment method is a credit card payment.
  - C. If initiating or changing payments to a health care provider using electronic funds transfer payments, including virtual credit card payments, a health insurance plan, health insurer or its contracted vendor or health maintenance organization shall:
  - 1. Notify the health care provider if any fees are associated with a particular payment method; and
  - 2. Advise the provider of the available methods of payment and provide clear instructions to the health care provider as to how to select an alternative payment method.
  - D. A health insurance plan, health insurer or its contracted vendor or health maintenance organization that initiates or changes payments to a health care provider through the Automated Clearing House Network, as codified in 45 CFR Sections 162.1601 and 162.1602, shall not charge a fee solely to transmit the payment to a health care provider unless the health care provider has consented to the fee. A health care provider agent may charge reasonable fees when

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1	transmitting an Automated Clearing House Network payment related to
2	transaction management, data management, portal services and other
3	value-added services in addition to the bank transmittal.
4	E. The provisions of this section shall not be waived by
5	contract, and any contractual clause in conflict with the provisions
6	of this section or that purport to waive any requirements of this
7	section are void.
8	F. Violations of this section shall be subject to enforcement
9	by the Insurance Commissioner.
10	SECTION 2. This act shall become effective November 1, 2019."
11	Passed the Senate the 17th day of April, 2019.
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13	Presiding Officer of the Senate
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15	Passed the House of Representatives the day of,
16	2019.
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18	Presiding Officer of the House
19	of Representatives
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1 ENGROSSED HOUSE BILL NO. 1157 By: Worthen, Marti and Roberts 2 (Sean) of the House 3 and 4 Montgomery and Bullard of the Senate 5 6 7 8 An Act relating to insurance; defining terms; 9 prohibiting certain restrictions on method of payment to health care providers; requiring certain 10 notification; prohibiting certain additional charges; prohibiting certain contracts, clauses or waivers; providing for enforcement by the Insurance 11 Commissioner; providing for codification; and 12 providing an effective date. 1.3 14 15 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 16 SECTION 3. A new section of law to be codified NEW LAW 17 in the Oklahoma Statutes as Section 1219.6 of Title 36, unless there 18 is created a duplication in numbering, reads as follows: 19 A. As used in this section: 20 "Health maintenance organization" means an entity that is 21 organized for the purpose of providing or arranging health care, 22 which has been granted a certificate of authority by the Insurance 23 Commissioner as a health maintenance organization pursuant to the

Health Maintenance Organization Act of 2003;

- 2. "Credit card payment" means a type of electronic funds transfer in which a health insurance plan or health insurer or its contracted vendor issues a single-use series of numbers associated with the payment of health care services performed by a health care provider and chargeable to a predetermined dollar amount, whereby the health care provider is responsible for processing the payment by a credit card terminal or Internet portal. Such term shall include virtual or online credit card payments, whereby no physical credit card is presented to the health care provider and the single-use credit card expires upon payment processing;
- 3. "Electronic funds transfer payment" means a payment by any method of electronic funds transfer other than the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, Automated Clearing House Network (ACH);
- 4. "Health care provider" means any physician, dentist, pharmacist, optometrist, psychologist, registered optician, licensed professional counselor, physical therapist, chiropractor, hospital or other entity or person that is licensed or otherwise authorized in this state to furnish health care services;
- 5. "Health care services" means the examination or treatment of persons for the prevention of illness or the correction or treatment of any physical or mental condition resulting from illness, injury or other human physical problem and includes, but is not limited to:

- a. hospital services which include the general and usual services and care, supplies and equipment furnished by hospitals,
- b. medical services which include the general and usual services and care rendered and administered by doctors of medicine, doctors of dental surgery and doctors of podiatry, and
- c. other health care services which include appliances and supplies; nursing care by a registered nurse or a licensed practical nurse; care furnished by such other licensed practitioners; institutional services including the general and usual care, services, supplies and equipment furnished by health care institutions and agencies or entities other than hospitals; physiotherapy; ambulance services; drugs and medications; therapeutic services and equipment including oxygen and the rental of oxygen equipment; hospital beds; iron lungs; orthopedic services and appliances including wheelchairs, trusses, braces, crutches and prosthetic devices including artificial limbs and eyes; and any other appliance, supply or service related to health care;
- 6. "Health insurance plan" means any hospital or medical insurance policy or certificate; health insurance policy or

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- contract; qualified higher deductible health plan; health
  maintenance organization subscriber contract; contract providing
  benefits for dental care whether such contract is pursuant to a
  medical insurance policy or certificate; stand-alone dental plan,
  health maintenance provider contract, managed health care plan,
  self-insured plan or otherwise; or any health insurance policy
  established pursuant to this title; and
  - 7. "Health insurer" means any entity or person engaged as an indemnitor, surety or contractor that issues insurance, annuity or endowment contracts, subscriber certificates or other contracts of issuance by whatever name called.
  - B. Any health insurance plan issued, amended or renewed on or after January 1, 2020, between a health insurer or its contracted vendor or a health maintenance organization and a health care provider for the provision of health care services to a plan enrollee shall not contain restrictions on methods of payment from the health insurer or its vendor or the health maintenance organization to the health care provider in which the only acceptable payment method is a credit card payment.
  - C. If initiating or changing payments to a health care provider using electronic funds transfer payments, including virtual credit card payments, a health insurance plan, health insurer or its contracted vendor or health maintenance organization shall:

- 1. Notify the health care provider if any fees are associated with a particular payment method; and
- 2. Advise the provider of the available methods of payment and provide clear instructions to the health care provider as to how to select an alternative payment method.
- D. A health insurer that initiates or changes payment to a health care provider using the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, standard automated clearinghouse network may not apply any additional charge to the payment other than a charge imposed by the health care provider's bank.
- E. The provisions of this section shall not be waived by contract, and any contractual clause in conflict with the provisions of this section or that purport to waive any requirements of this section are void.
- F. Violations of this section shall be subject to enforcement by the Insurance Commissioner.
  - SECTION 4. This act shall become effective November 1, 2019.

1	Passed the House of Representatives the 11th day of March, 2019.
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4	Presiding Officer of the House of Representatives
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6	Passed the Senate the day of, 2019.
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