1 HOUSE OF REPRESENTATIVES - FLOOR VERSION 2 STATE OF OKLAHOMA 1st Session of the 59th Legislature (2023) 3 COMMITTEE SUBSTITUTE 4 FOR 5 HOUSE BILL NO. 1890 By: Schreiber 6 7 8 9 10 COMMITTEE SUBSTITUTE An Act relating to medical price transparency; 11 amending 63 O.S. 2021, Section 1-725.3, which relates 12 to health care provider price transparency; creating penalties; providing for the allocation of penalties; 1.3 amending 63 O.S. 2021, Section 1-725.4, which relates to health care facility price transparency; creating 14 penalties; providing for the allocation of penalties; and providing an effective date. 15 16 17 18 19 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 20 SECTION 1. AMENDATORY 63 O.S. 2021, Section 1-725.3, is 21 amended to read as follows: 22 Section 1-725.3 A. A health care provider shall make available 23 to the public, in a single document, either electronically or by 24 posting conspicuously on the provider's website if one exists, the

- health care prices for at least the twenty most common health care
 services the health care provider provides. If the health care
 provider, in the normal course of his or her practice, regularly
 provides fewer than twenty health care services, the health care
 provider shall make available the health care prices for the health
 care services the provider most commonly provides.
 - B. The health care provider shall identify the services by:
 - 1. A Current Procedural Terminology code or other coding system commonly used by the health care provider and accepted as a national standard for billing; and
 - 2. A plain English description.

- C. The health care provider shall update the document as frequently as the health care provider deems appropriate, but at least annually.
 - D. On or after the effective date of this act, a health care provider who is not in material compliance with Section 2718(e) of the Public Health Service Act, P.L. 78-410, as amended, and rules adopted by the United States Department of Health and Human Services implementing Section 2718(e), with respect to "items of services" or "items or services" as defined in 45 CFR 180.20, on the date that items or services are purchased from or provided to a patient by the health care provider, shall not initiate or pursue a collection action against the patient or patient guarantor for a debt owed for the items or services.

1	E. If a patient can demonstrate that a health care provider was
2	not in material compliance with state laws, on a date on or after
3	the effective date of this act, that items or services were
4	purchased by or provided to the patient, and the health care
5	provider takes collection action against the patient or patient
6	guarantor, the patient or patient guarantor may file suit to
7	determine if the health care provider was materially out of
8	compliance with the Transparency in Health Care Prices Act, Section
9	1-725.1 et seq. of this title, on the date of service, and the
10	noncompliance is related to the items or services. The health care
11	provider shall not take collection action against the patient or
12	patient guarantor while the lawsuit is pending.

- F. A health care provider who has been found by a judge or jury, considering compliance standards issued by the Centers for Medicare and Medicaid Services, to be materially out of compliance with the Transparency in Health Care Prices Act, Section 1-725.1 et seq. of this title:
- 1. Shall refund the payer any amount of the debt the payer has paid and shall pay a penalty to the patient or patient guarantor in an amount equal to the total amount of the debt;
- 2. Shall dismiss or cause to be dismissed any court action with prejudice and pay any attorney fees and costs incurred by the patient or patient guarantor relating to the action; and

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- 1 Shall remove or cause to be removed from the patient's or patient quarantor's credit report any report made to a consumer reporting agency relating to the debt.
 - G. Nothing in this section shall:
 - 1. Prohibit a health care provider from billing a patient, patient guarantor, or third-party payer, including a health insurer, for items or services provided to the patient; and
 - 2. Require a health care provider to refund any payment made to the health care provider for items or services provided to the patient, so long as no collection action is taken in violation of this section.
- 12 SECTION 2. AMENDATORY 63 O.S. 2021, Section 1-725.4, is 1.3 amended to read as follows:
 - Section 1-725.4 A. A health care facility shall make available to the public, in a single document, either electronically or by posting conspicuously on its website if one exists, the health care prices for at least:
 - The twenty most used diagnosis-related group codes or other codes for inpatient health care services per specialty service line used by the health care facility for billing; and
- 21 The twenty most used outpatient CPT codes or health care 22 services procedure codes per specialty service line used for 23 billing.

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- B. A health care facility shall include with the health care prices provided pursuant to subsection A of this section a plain English description of the services for which the health care prices are provided.
- C. The health care facility shall update the document as frequently as it deems appropriate, but at least annually.
- D. On or after the effective date of this act, a health care facility that is not in material compliance with the Transparency in Health Care Prices Act, Section 1-725.1 et seq. of this title, on the date that items or services are purchased by or provided to a patient by the health care facility, shall not initiate or pursue a collection action against the patient or patient guarantor for a debt owed for the items or services.
- E. If a patient can demonstrate that a health care facility was not in material compliance with federal laws, on or after the effective date of this act, that items or services were purchased by or provided to the patient, and the health care facility takes collection action against the patient or patient guarantor, the patient or patient guarantor may file suit to determine if the health care facility was materially out of compliance with Section 2718(e) of the Public Health Service Act, P.L. 78-410, as amended, and rules adopted by the United States Department of Health and Human Services implementing Section 2718(e), with respect to "items of services" or "items or services" as defined in 45 CFR 180.20, on

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the date of service, and the noncompliance is related to the items

or services. The health care facility shall not take collection

action against the patient or patient guarantor while the lawsuit is

pending.

- F. A health care facility that has been found by a judge or jury, considering compliance standards issued by the Centers for Medicare and Medicaid Services, to be materially out of compliance with the Transparency in Health Care Prices Act, Section 1-725.1 et seq. of this title:
- 1. Shall refund the payer any amount of the debt the payer has paid and shall pay a penalty to the patient or patient guarantor in an amount equal to the total amount of the debt;
- 2. Shall dismiss or cause to be dismissed any court action with prejudice and pay any attorney fees and costs incurred by the patient or patient guarantor relating to the action; and
- 3. Shall remove or cause to be removed from the patient's or patient guarantor's credit report any report made to a consumer reporting agency relating to the debt.
 - G. Nothing in this section shall:
- 20 <u>1. Prohibit a health care facility from billing a patient,</u>
 21 patient guarantor, or third-party payer, including a health insurer,
 22 for items or services provided to the patient; and
- 23 <u>2. Require a health care facility to refund any payment made to</u>
 24 the health care facility for items or services provided to the

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1	patient, so long as no collection action is taken in violation of
2	this section.
3	SECTION 3. This act shall become effective November 1, 2023.
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5	COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 03/02/2023 -
6	DO PASS, As Amended.
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HB1890 HFLR BOLD FACE denotes Committee Amendments.