

1                   **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2                                   STATE OF OKLAHOMA

3                                   2nd Session of the 57th Legislature (2020)

4 HOUSE BILL 3516

                                  By: Dunnington

7                                   AS INTRODUCED

8                   An Act relating to insurance; defining terms;  
9                   requiring carriers to establish interactive mechanism  
10                  that provides certain cost estimates; providing that  
11                  certain out-of-network costs be applied to an  
                  enrollee's deductible; directing the Insurance  
                  Department to promulgate rules; providing for  
                  codification; and providing an effective date.

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

15           SECTION 1.       NEW LAW       A new section of law to be codified  
16 in the Oklahoma Statutes as Section 6060.40 of Title 36, unless  
17 there is created a duplication in numbering, reads as follows:

18           As used in this act:

19           1. "Allowed amount" means the contractually agreed-upon amount  
20 paid by a carrier to a health care entity participating in the  
21 carrier's network;

22           2. "Comparable health care service" means any covered  
23 nonemergency health care service or bundle of services. The  
24 Insurance Commissioner may limit what is considered a comparable

1 health care service if an insurance carrier can demonstrate allowed  
2 amount variation among network providers is less than Fifty Dollars  
3 (\$50.00);

4 3. "Health care entity" means a physician, hospital,  
5 pharmaceutical company, pharmacist, laboratory or other state-  
6 licensed or state-recognized provider of health care services; and

7 4. "Insurance carrier" or "carrier" means an insurance company  
8 that issues policies of accident and health insurance and is  
9 licensed to sell insurance in this state.

10 SECTION 2. NEW LAW A new section of law to be codified  
11 in the Oklahoma Statutes as Section 6060.41 of Title 36, unless  
12 there is created a duplication in numbering, reads as follows:

13 A. Beginning upon approval of the next health insurance rate  
14 filing in 2021, a carrier offering a health plan in this state in  
15 the individual or small group insurance market shall comply with the  
16 following requirements:

17 1. A carrier shall establish an interactive mechanism on its  
18 publicly accessible website that enables an enrollee to request and  
19 obtain from the carrier information on the payments made by the  
20 carrier to network entities or providers for comparable health care  
21 services, as well as quality data for those providers, to the extent  
22 the data is available. The interactive mechanism shall allow an  
23 enrollee seeking information about the cost of a particular health  
24 care service to compare allowed amounts among network providers,

1 estimate out-of-pocket costs applicable to that enrollee's health  
2 plan and the average amount paid to a network provider for the  
3 procedure or service under the enrollee's health plan within a  
4 reasonable time frame, not to exceed one (1) year. The out-of-  
5 pocket estimate shall provide a good-faith estimate of the amount  
6 the enrollee will be responsible to pay out-of-pocket for a proposed  
7 nonemergency procedure or service that is a medically necessary  
8 covered benefit from a network provider of the carrier, including  
9 any copayment, deductible, coinsurance or other out-of-pocket amount  
10 for any covered benefit, based on the information available to the  
11 carrier at the time the request is made. A carrier may contract  
12 with a third-party vendor to satisfy the requirements of this  
13 subsection; and

14 2. A carrier shall notify an enrollee that these are estimated  
15 costs, and that the actual amount the enrollee will be responsible  
16 to pay may vary due to unforeseen services that arise out of the  
17 proposed nonemergency procedure or service.

18 B. If an enrollee elects to receive a covered health care  
19 service from an out-of-network provider at a price that is the same  
20 or less than the average that the insurance carrier of the enrollee  
21 pays to health care providers within its network within a reasonable  
22 time frame, not to exceed one (1) year from the time the enrollee  
23 obtains the service, for that service, the carrier shall allow the  
24 enrollee to obtain the service from the out-of-network provider and,

1 upon request by the enrollee, shall apply the payments made by the  
2 enrollee for that health care service toward the deductible and out-  
3 of-pocket maximum specified in the enrollee's health plan, as if the  
4 health care services had been provided by a network provider. The  
5 carrier shall provide a downloadable or interactive online form to  
6 the enrollee for the purpose of submitting proof of payment to an  
7 out-of-network provider for purposes of administering this section.

8 C. The Insurance Department shall promulgate necessary rules  
9 for the implementation of this act.

10 SECTION 3. This act shall become effective November 1, 2020.

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12 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 02/27/2020 - DO  
13 PASS.

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