

1 STATE OF OKLAHOMA

2 1st Session of the 59th Legislature (2023)

3 SENATE BILL 17

By: Garvin

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5
6 AS INTRODUCED

7 An Act relating to health insurance; defining terms;
8 prohibiting insurers from refusing coverage to an
9 insured under certain circumstances; providing for an
10 insured to seek care from an out-of-network provider
11 under certain circumstances; requiring out-of-network
12 providers to be reimbursed for covered services at
13 the same rate as in-network providers; providing for
14 codification; and declaring an emergency.

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

16 SECTION 1. NEW LAW A new section of law to be codified
17 in the Oklahoma Statutes as Section 6971 of Title 36, unless there
18 is created a duplication in numbering, reads as follows:

19 A. As used in this section:

20 1. "Durable medical equipment" means equipment as defined
21 pursuant to paragraph 2 of Section 375.2 of Title 59 of the Oklahoma
22 Statutes;

23 2. "Health benefit plan" means a health benefit plan as defined
24 pursuant to subsection C of Section 6060.4 of Title 36 of the
25 Oklahoma Statutes;

1 3. "Health care provider" means a provider as defined pursuant
2 to Section 6571 of Title 36 of the Oklahoma Statutes;

3 4. "Health maintenance organization" or "HMO" means a health
4 maintenance organization as defined pursuant to paragraph 12 of
5 Section 6902 of Title 36 of the Oklahoma Statutes; and

6 5. "Preferred provider organization" or "PPO" means a preferred
7 provider organization as defined pursuant to paragraph 8 of Section
8 6054 of Title 36 of the Oklahoma Statutes.

9 B. No health benefit plan, HMO, PPO, or other provider network
10 authorized to administer health care coverage in this state shall
11 refuse coverage to an insured for durable medical equipment and
12 supplies as prescribed by a health care provider, regardless of
13 whether they are in-network or out-of-network, unless there is an
14 in-network provider within a thirty-mile radius of the patient's 5-
15 digit zip code that can provide in-person evaluation for medical
16 equipment, supplies, and related services.

17 C. If a health care provider deems it necessary that an insured
18 receive covered medical equipment or supplies within twenty-four
19 (24) hours, the insured shall not be subject to drop-shipped orders
20 and may seek such equipment and supplies from any health care
21 provider who can provide the necessary services and supplies within
22 the requested timeframe.

23 D. When a covered person is required to utilize an out-of-
24 network health care provider, the out-of-network provider shall be

1 reimbursed at the same rate and benefit level for the provided
2 services as an in-network provider for the health benefit plan, HMO,
3 PPO, or other provider network authorized to administer health care
4 coverage in this state.

5 SECTION 2. It being immediately necessary for the preservation
6 of the public peace, health or safety, an emergency is hereby
7 declared to exist, by reason whereof this act shall take effect and
8 be in full force from and after its passage and approval.

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10 59-1-591 RD 12/8/2022 2:28:01 PM

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