

STATE OF OKLAHOMA

2nd Session of the 59th Legislature (2024)

SENATE BILL 1918

By: Bullard

AS INTRODUCED

An Act relating to health insurance claims; defining terms; prohibiting health benefit plans from disallowing direct payment for covered services; requiring certain discounted prices to be deemed full payment; providing direct payment be applied to deductible and out-of-pocket expense subject to certain procedures; directing publication of certain procedures on certain website; prohibiting certain contract terms; providing for codification; and providing an effective date.

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 6060.50 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

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

2. "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.

1 B. 1. No health benefit plan may prohibit a health care
2 provider from accepting directly from an enrollee full payment for a
3 health care service in lieu of submitting a claim to the enrollee's
4 health benefit plan.

5 2. For purposes of this subsection, the discounted cash price
6 for services rendered from a health care provider is considered full
7 payment.

8 C. Payment for a health care service made pursuant to
9 subsection B of this section shall be applied toward the enrollee's
10 deductible and annual maximum out-of-pocket expense if the service
11 is a medically necessary covered service under the health plan.

12 D. 1. A health benefit plan that is offered, issued, or
13 renewed in this state shall establish a procedure for enrollees to
14 claim credit for any direct payment made for a covered health care
15 service under this section and identify any necessary documentation
16 to be submitted with a claim for credit.

17 2. Information about the procedure and necessary documentation
18 described in paragraph 1 of this subsection shall be readily
19 available to the enrollee on the health benefit plan's website.

20 E. No requirement of this section may be waived, voided, or
21 nullified by contract.

22 SECTION 2. This act shall become effective November 1, 2024.
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