

1 ENGROSSED SENATE
2 BILL NO. 1918

By: Bullard and Jett of the
Senate

3 and

4 Sneed of the House
5
6

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

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

18 SECTION 1. NEW LAW A new section of law to be codified
19 in the Oklahoma Statutes as Section 6060.50 of Title 36, unless
20 there is created a duplication in numbering, reads as follows:

21 A. As used in this section:

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

24 2. "Health care provider" means any physician, dentist,
pharmacist, optometrist, psychologist, registered optician, licensed
professional counselor, physical therapist, chiropractor, hospital,

1 or other entity or person that is licensed or otherwise authorized
2 in this state to furnish health care services.

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

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

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

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

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

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

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

