

1                   **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2                                   STATE OF OKLAHOMA

3                                   1st Session of the 53rd Legislature (2011)

4   COMMITTEE SUBSTITUTE  
5   FOR  
6   HOUSE BILL NO. 2079

                                  By: Key

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8                                   COMMITTEE SUBSTITUTE

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10           An Act relating to insurance; amending 36 O.S. 2001,  
11           Section 1204, as last amended by Section 20, Chapter  
12           1, O.S.L. 2007 (36 O.S. Supp. 2010, Section 1204),  
13           which relates to unfair and deceptive business  
14           practices; excluding certain discounts from rebate  
15           violation definition; creating the Designated  
16           Credentials Verification Organization Act; defining  
17           terms; providing requirements for credentials  
18           verification organizations; providing exception;  
19           requiring health care practitioners to update  
20           credentialing information; allowing health care  
21           practitioners to select and change credentialing  
22           organization; allowing health care entities to use  
23           certain credentialing organizations; authorizing  
24           health care entities to collect certain additional  
          information; authorizing health care entities to  
          require additional information from practitioners;  
          specifying health care entities retain employment  
          discretion; requiring credentialing organizations to  
          disclose certain information to health care entities;  
          providing procedure for credentialing organizations  
          ceasing operations; requiring credentialing  
          organizations to disclose information to health care  
          practitioner; prohibiting the collection of certain  
          duplicate information; requiring certain notice prior  
          to disclosure of certain information; prohibiting  
          actions against certain organizations acting in good  
          faith; creating rebuttable presumption of good faith;  
          prohibiting certain denials or refusals based upon

1 requiring the use of certain credentialing  
2 organization; specifying certain discounts or  
3 reductions shall not be considered rebates; providing  
4 for codification, and providing an effective date.

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

6 SECTION 1. AMENDATORY 36 O.S. 2001, Section 1204, as  
7 last amended by Section 20, Chapter 1, O.S.L. 2007 (36 O.S. Supp.  
8 2010, Section 1204), is amended to read as follows:

9 Section 1204. The following are hereby defined as unfair  
10 methods of competition and unfair and deceptive acts or practices in  
11 the business of insurance:

12 1. Misrepresentations and false advertising of policy  
13 contracts. Making, issuing, circulating, or causing to be made,  
14 issued or circulated, any estimate, illustration, circular or  
15 statement misrepresenting the terms of any policy issued or to be  
16 issued or the benefits or advantages promised thereby or the  
17 dividends or share of the surplus to be received thereon, or making  
18 any false or misleading statement as to the dividends or share of  
19 surplus previously paid on similar policies, or making any  
20 misleading representation or any misrepresentation as to the  
21 financial condition of any insurer, or as to the legal reserve  
22 system upon which any life insurer operates, or using any name or  
23 title of any policy or class of policies misrepresenting the true

1 nature thereof, or making any misrepresentation to any policyholder  
2 insured in any company for the purpose of inducing or tending to  
3 induce such policyholder to lapse, forfeit, or surrender his  
4 insurance.

5 2. False information and advertising generally. Making,  
6 publishing, disseminating, circulating, or placing before the  
7 public, or causing, directly or indirectly, to be made, published,  
8 disseminated, circulated, or placed before the public, in a  
9 newspaper, magazine, or other publication, or in the form of a  
10 notice, circular, pamphlet, letter or poster, or over any radio or  
11 television station, or in any other way an advertisement,  
12 announcement or statement containing any assertion, representation  
13 or statement with respect to the business of insurance or with  
14 respect to any person in the conduct of his insurance business which  
15 is untrue, deceptive or misleading. No insurance company shall  
16 issue, or cause to be issued, any policy of insurance of any type or  
17 description upon life, or property, real or personal, whenever such  
18 policy of insurance is to be furnished or delivered to the purchaser  
19 or bailee of any property, real or personal, as an inducement to  
20 purchase or bail said property, real or personal, and no other  
21 person shall advertise, offer or give free insurance, insurance  
22 without cost or for less than the approved or customary rate, in  
23 connection with the sale or bailment of real or personal property,

1 except as provided in subsection B, Section 4101 of Article 41  
2 (Group Life Insurance and Group Annuity Contracts). No person that  
3 is not an insurer shall assume or use any name which deceptively  
4 infers or suggests that it is an insurer.

5 3. Defamation. Making, publishing, disseminating, or  
6 circulating, directly or indirectly, or aiding, abetting or  
7 encouraging the making, publishing, disseminating or circulating of  
8 any oral or written statement or any pamphlet, circular, article or  
9 literature which is false, or maliciously critical of or derogatory  
10 to the financial condition of an insurer, and which is calculated to  
11 injure any person engaged in the business of insurance.

12 4. Boycott, coercion and intimidation. Entering into any  
13 agreement to commit, or by any concerted action committing, any act  
14 of boycott, coercion or intimidation resulting in or tending to  
15 result in unreasonable restraint of, or monopoly in, the business of  
16 insurance.

17 5. False financial statements. Filing with any supervisory or  
18 other public official, or making, publishing, disseminating,  
19 circulating or delivering to any person, or placing before the  
20 public or causing directly or indirectly, to be made, published,  
21 disseminated, circulated, delivered to any person or placed before  
22 the public, any false statement of financial condition of an insurer  
23 with intent to deceive.

1 Making any false entry in any book, report or statement of any  
2 insurer with intent to deceive any agent or examiner lawfully  
3 appointed to examine into its condition or into any of its affairs,  
4 or any public official to whom such insurer is required by law to  
5 report, or who has authority by law to examine into its condition or  
6 into any of its affairs, or, with like intent, willfully omitting to  
7 make a true entry of any material fact pertaining to the business of  
8 such insurer in any book, report or statement of such insurer.

9 6. Stock operations and advisory board contracts. Issuing or  
10 delivering or permitting agents, officers, or employees to issue or  
11 deliver agency company stock or other capital stock, or benefit  
12 certificates or shares in any common-law corporation, or securities  
13 or any special or advisory board contracts or other contracts of any  
14 kind promising returns and profits as an inducement to insurance.

15 7. Unfair discrimination. (a) Making or permitting any unfair  
16 discrimination between individuals of the same class and equal  
17 expectation of life in the rates charged for any contract of life  
18 insurance or of life annuity or in the dividends or other benefits  
19 payable thereon, or in any other of the terms and conditions of such  
20 contract.

21 (b) Making or permitting any unfair discrimination between  
22 individuals of the same class and of essentially the same hazard in  
23 the amount of premium, policy fees, or rates charged for any policy

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1 or contract of accident or health insurance or in the benefits  
2 payable thereunder, or in any of the terms or conditions of such  
3 contract, or in any other manner whatever.

4 (c) As to kinds of insurance other than life and accident and  
5 health, no person shall make or permit any unfair discrimination in  
6 favor of particular persons, or between insureds or subjects of  
7 insurance having substantially like insuring, risk, and exposure  
8 factors, or expense elements, in the terms or conditions of any  
9 insurance contract, or in the rate or amount of premium charged  
10 therefor. This subsection shall not apply as to any premium rate in  
11 effect pursuant to Article 9 of the Oklahoma Insurance Code.

12 8. Rebates. (a) Except as otherwise expressly provided by  
13 law, knowingly permitting or offering to make or making any contract  
14 of insurance or agreement as to such contract other than as plainly  
15 expressed in the contract issued thereon; or paying or allowing, or  
16 giving or offering to pay, allow or give, directly or indirectly, as  
17 inducement to any contract of insurance, any rebate of premiums  
18 payable on the contract, or any special favor or advantage in the  
19 dividends or other benefits thereon, or any valuable consideration  
20 or inducement whatever not specified in the contract; except in  
21 accordance with an applicable rate filing, rating plan or rating  
22 system filed with and approved by the Insurance Commissioner; or  
23 giving or selling or purchasing or offering to give, sell, or

1 purchase as inducement to such insurance, or in connection  
2 therewith, any stocks, bonds or other securities of any company, or  
3 any dividends or profits accrued thereon, or anything of value  
4 whatsoever not specified in the contract or receiving or accepting  
5 as inducement to contracts of insurance, any rebate of premium  
6 payable on the contract, or any special favor or advantage in the  
7 dividends or other benefit to accrue thereon, or any valuable  
8 consideration or inducement not specified in the contract.

9 (b) Nothing in subsection 7 or paragraph (a) of this subsection  
10 shall be construed as including within the definition of  
11 discrimination or rebates any of the following practices:

12 (1) In the case of any contract of life insurance or life  
13 annuity, paying bonuses to policyholders or otherwise abating their  
14 premiums in whole or in part out of surplus accumulated from  
15 nonparticipating insurance, provided, that any such bonuses or  
16 abatement of premiums shall be fair and equitable to policyholders  
17 and for the best interest of the company and its policyholders;

18 (2) In the case of life or accident and health insurance  
19 policies issued on the industrial debit or weekly premium plan,  
20 making allowance to policyholders who have continuously for a  
21 specified period made premium payments directly to an office of the  
22 insurer in an amount which fairly represents the saving in  
23 collection expense;

1 (3) Making a readjustment of the rate of premium for a policy  
2 based on the loss or expense experience thereunder, at the end of  
3 the first or any subsequent policy year of insurance thereunder,  
4 which may be made retroactive only for such policy year;

5 (4) In the case of life insurance companies, allowing its bona  
6 fide employees to receive a commission on the premiums paid by them  
7 on policies on their own lives;

8 (5) Issuing life or accident and health policies on a salary  
9 saving or payroll deduction plan at a reduced rate commensurate with  
10 the savings made by the use of such plan; ~~and~~

11 (6) Paying commissions or other compensation to duly licensed  
12 agents or brokers, or allowing or returning to participating  
13 policyholders, members or subscribers, dividends, savings or  
14 unabsorbed premium deposits; and

15 (7) Offering discounts or reductions of cost for credential  
16 verification services by organizations which also offer malpractice  
17 or other insurance policies, as provided in Section 10 of this act.

18 (c) As used in this section, the word "insurance" includes  
19 suretyship and the word "policy" includes bond.

20 9. Coercion prohibited. Requiring as a condition precedent to  
21 the purchase of, or the lending of money upon the security of, real  
22 or personal property, that any insurance covering such property, or  
23 liability arising from the ownership, maintenance or use thereof, be



1 procured by or on behalf of the vendee or by the borrower in  
2 connection with such purchase or loan through any particular person  
3 or agent or in any particular insurer, or requiring the payment of a  
4 reasonable fee as a condition precedent to the replacement of  
5 insurance coverage on mortgaged property at the anniversary date of  
6 the policy; provided, however, that this provision shall not prevent  
7 the exercise by any such vendor or lender of the right to approve or  
8 disapprove any insurer selected to underwrite the insurance; but any  
9 disapproval of any insurer shall be on reasonable grounds.

10 10. Inducements. No insurer, agent, broker, solicitor, or  
11 other person shall, as an inducement to insurance or in connection  
12 with any insurance transaction, provide in any policy for or offer,  
13 sell, buy, or offer or promise to buy, sell, give, promise, or allow  
14 to the insured or prospective insured or to any other person in his  
15 behalf in any manner whatsoever:

16 (a) Any employment.

17 (b) Any shares of stock or other securities issued or at any  
18 time to be issued or any interest therein or rights thereto.

19 (c) Any advisory board contract, or any similar contract,  
20 agreement or understanding, offering, providing for, or promising  
21 any special profits.

22 (d) Any prizes, goods, wares, merchandise, or tangible property  
23 of an aggregate value in excess of Twenty-five Dollars (\$25.00).

1 (e) Any special favor, advantage or other benefit in the  
2 payment, method of payment or credit for payment of the premium  
3 through the use of credit cards, credit card facilities, credit card  
4 lists, or wholesale or retail credit accounts of another person.

5 The provisions of this paragraph shall not apply to individual  
6 policies insuring against loss resulting from bodily injury or death  
7 by accident as defined by Article 44 of the Oklahoma Insurance Code.

8 11. Premature disposal of premium notes prohibited. No insurer  
9 or agent thereof shall hypothecate, sell, or dispose of a promissory  
10 note received in payment of any part of a premium on a policy of  
11 insurance applied for prior to the delivery of the policy.

12 12. Fraudulent statement in application; penalty. Any  
13 insurance agent, examining physician, or other person who knowingly  
14 or willfully makes a false or fraudulent statement or representation  
15 in or relative to an application for insurance, or who makes any  
16 such statement to obtain a fee, commission, money, or benefit shall  
17 be guilty of a misdemeanor.

18 13. Deceptive use of financial institution's name in  
19 notification or solicitation. Verbally or by any other means  
20 notifying or soliciting any person in a manner that:

- 21 (a) mentions the name of an unrelated and unaffiliated  
22 financial institution,

- 1 (b) mentions an insurance product or the possible lack of  
2 insurance coverage,  
3 (c) does not mention the actual or trade name of the  
4 insurance agency or company on whose behalf the  
5 notification or solicitation is provided, and  
6 (d) thereby creates an impression or implication,  
7 including by omission, that the financial institution  
8 or a financial-institution-authorized entity is or may  
9 be the one making the notification or solicitation.

10 Nothing in this paragraph shall be interpreted to prohibit the  
11 reference to or use of the name of a financial institution made  
12 pursuant to a contractual agreement between the insurer and the  
13 financial institution.

14 SECTION 2. NEW LAW A new section of law to be codified  
15 in the Oklahoma Statutes as Section 6110.1 of Title 36, unless there  
16 is created a duplication in numbering, reads as follows:

17 This act shall be known and may be cited as the "Designated  
18 Credentials Verification Organization Act".

19 SECTION 3. NEW LAW A new section of law to be codified  
20 in the Oklahoma Statutes as Section 6110.2 of Title 36, unless there  
21 is created a duplication in numbering, reads as follows:

22 As used in this article, the term:  
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1           1. "Applicant" means an individual applying for credentialing  
2 by a health care entity but shall not include an individual applying  
3 for employment with a health care entity;

4           2. "Board" means the applicable licensing board with oversight  
5 over each respective category of health care practitioner;

6           3. "Certified" or "accredited" means approved by a quality  
7 assessment program of the National Committee for Quality Assurance,  
8 the Joint Commission on Accreditation of Healthcare Organizations,  
9 the American Accreditation Healthcare Commission/Utilization Review  
10 Accreditation Commission, or any affiliated or successor  
11 organization thereto;

12           4. "Core credentials data" means basic demographic information,  
13 health status information pertaining to the health care provider,  
14 any professional education, professional training, the names and  
15 addresses of not less than five current peer references, licensure  
16 information, Drug Enforcement Administration certification, social  
17 security number, tax identification number, board certifications,  
18 Educational Commission for Foreign Medical Graduates information,  
19 hospital affiliation information, managed care organization  
20 affiliation information, other institutional affiliation  
21 information, professional society memberships, professional  
22 liability insurance, claims, lawsuits, judgments, or settlements,  
23 Medicare or Medicaid sanctions, and criminal convictions;

1       5. "Credentialing" or being "credentialed" means the process of  
2 assessing and verifying the qualifications of a licensed health care  
3 practitioner by a health care entity but shall not impact or affect  
4 functions currently performed by state licensing boards;

5       6. "Credentials verification organization" means any entity or  
6 organization that is certified or accredited to collect, verify,  
7 maintain, store, and provide a health care practitioner's core  
8 credentials data, including all corrections, updates, and  
9 modifications thereto, as authorized by the health care practitioner  
10 and in accordance with the provisions of this article;

11       7. "Health care entity" means:

- 12           a. any health care facility or other health care  
13               organization licensed or certified to provide approved  
14               health care services in Oklahoma,
- 15           b. any entity licensed by the Oklahoma Insurance  
16               Department as a prepaid health care plan or health  
17               maintenance organization or as an insurer to provide  
18               coverage for health care services, or
- 19           c. any independent practice association, physician  
20               hospital organization, preferred provider  
21               organization, and other similar organization of  
22               practitioners;

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1 8. "Health care practitioner" means any health care provider  
2 licensed pursuant to the requirements of state law;

3 9. "National accrediting organization" means a nationally  
4 recognized organization that awards accreditation or certification  
5 to hospitals, managed care organizations, other health care  
6 organizations, or credentials verification entities, including, but  
7 not limited to, the Joint Commission on Accreditation of Healthcare  
8 Organizations, the National Committee for Quality Assurance, and the  
9 American Accreditation Healthcare Commission/Utilization Review  
10 Accreditation Committee; and

11 10. "Recredentialing" or being "recredentialed" means the  
12 process by which a health care entity verifies the credentials of a  
13 health care practitioner whose core credentials data, including all  
14 corrections, updates, and modifications thereto, are currently on  
15 file with that entity.

16 SECTION 4. NEW LAW A new section of law to be codified  
17 in the Oklahoma Statutes as Section 6110.3 of Title 36, unless there  
18 is created a duplication in numbering, reads as follows:

19 A. In accordance with the provisions of the Designated  
20 Credentials Verification Organization Act, a health care  
21 practitioner may designate a credentials verification organization  
22 to collect, store, and disseminate his or her core credentials data  
23 in accordance with this section. Any core credentials data

1 collected pursuant to this section shall be collected to be used by  
2 health care entities for credentialing health care practitioners  
3 and, therefore, shall be considered confidential and privileged.  
4 Once the core credentials data are submitted to a designated  
5 credentials verification organization, the health care practitioner  
6 may elect that he or she not be required to resubmit such data when  
7 applying for practice privileges with health care entities or being  
8 recredentialled by such entity. However, as provided in subsection C  
9 of this section, each health care practitioner is responsible for  
10 providing his or her designated credentials verification  
11 organization with any corrections, updates, and modifications to his  
12 or her core credentials data to ensure that all credentialing and  
13 recredentialing data on the practitioner remain current. Nothing in  
14 this subsection shall be construed to prevent the designated  
15 credentials verification organization from obtaining all necessary  
16 attestation and release forms, including signatures and dates.

17 B. In the event of an emergency situation or a situation  
18 involving the granting of temporary or provisional privileges to  
19 practice in or with a health care entity, the health care entity may  
20 request the health care practitioner to submit the necessary core  
21 data directly, without the involvement of his or her designated  
22 credentials verification organization.

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1 C. Each health care practitioner electing to designate a  
2 credentials verification organization under subsection A of this  
3 section shall report any action or information affecting his or her  
4 core credentials data, including any corrections, updates, or  
5 modifications thereto, to his or her designated credentials  
6 verification organization as soon as possible but not later than  
7 fifteen (15) days after such action occurs or such information is  
8 known.

9 D. A health care practitioner may decide which credentials  
10 verification organization he or she wants to collect, store, and  
11 disseminate his or her core credentials data. A health care  
12 practitioner may also choose not to designate a credentials  
13 verification organization. In addition, any health care  
14 practitioner may choose to withdraw from or move his or her core  
15 credentials data from one credentials verification organization to  
16 another at any time.

17 E. Any health care entity that employs, contracts with, or  
18 allows health care practitioners to treat its patients shall use the  
19 designated credentials verification organization to obtain core  
20 credentials data on a health care practitioner applying for  
21 privileges with that entity if the health care practitioner has  
22 previously made such a designation and has notified the health care  
23 entity of that designation. The submission of a request for

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1 participation in or privileges with a health care entity shall  
2 constitute authorization for the health care entity to obtain the  
3 applicant's core credentials data from the applicant's designated  
4 credentials verification organization if the applicant has made such  
5 a designation.

6 F. Any additional information outside of the core credentials  
7 data or any incorrect, inaccurate, or untimely core credentials data  
8 that is required by the health care entity's credentialing or  
9 recredentialing process may be collected from any source of the  
10 information either by the health care entity or its designee.

11 G. Nothing in this section may be construed to restrict the  
12 right of any health care entity to request the health care  
13 practitioner to furnish additional information necessary for  
14 credentialing or to limit its authority to require health care  
15 practitioners to comply with mandatory reporting directly to the  
16 health care entity of any sanctions placed on such practitioners by  
17 a state or federal regulatory agency with oversight over such  
18 practitioners.

19 H. Nothing in this section may be construed to restrict in any  
20 way the authority of the health care entity to approve or deny an  
21 application for hospital staff membership, clinical privileges, or  
22 managed care network participation.

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1 I. A designated credentials verification organization shall,  
2 upon the request of a health care entity required to obtain core  
3 credentials data from that organization, disclose its process for  
4 obtaining such data.

5 J. Any credentials verification entity which ceases doing  
6 business in this state for any reason shall, no later than thirty  
7 (30) days prior to cessation of business, provide notification to  
8 all health care practitioners and health care entities affected  
9 thereby, so that alternative provisions for the collection and  
10 maintenance of each affected practitioner's core credentials data  
11 may be made. Any credentials verification entity which ceases doing  
12 business in this state shall be ineligible to be designated as a  
13 credentials verification organization under the Designated  
14 Credentials Verification Organization Act for a period of one (1)  
15 year after any such cessation of business or three (3) years  
16 thereafter if it failed to provide the advance notification required  
17 by this subsection.

18 SECTION 5. NEW LAW A new section of law to be codified  
19 in the Oklahoma Statutes as Section 6110.4 of Title 36, unless there  
20 is created a duplication in numbering, reads as follows:

21 Each designated credentials verification organization shall,  
22 within fifteen (15) days of a request for information, make  
23 available to a health care entity which the health care practitioner  
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1 has authorized to receive his or her data all core credentials data  
2 it collects on such health care practitioner, including all  
3 corrections, updates, and modifications thereto, at a reasonable  
4 cost. Any health care entity requesting such data shall pass this  
5 cost on to the health care practitioner. All additional  
6 corrections, updates, and modifications to any core credentials data  
7 which are collected by a credentials verification organization for a  
8 health care practitioner, including any change to the health care  
9 practitioner's designation of a credentials verification  
10 organization, shall be provided within fifteen (15) days to each of  
11 the health care entities which have been authorized to receive such  
12 data or notification of a designation from a health care  
13 practitioner at no additional cost to the health care entity.

14 SECTION 6. NEW LAW A new section of law to be codified  
15 in the Oklahoma Statutes as Section 6110.5 of Title 36, unless there  
16 is created a duplication in numbering, reads as follows:

17 A. Except as otherwise provided by the Designated Credentials  
18 Verification Organization Act, a health care entity shall not  
19 collect or attempt to collect duplicate core credentials data from  
20 any health care practitioner if such data are already on file with a  
21 credentials verification organization designated by that  
22 practitioner to provide core credentials data to any health care  
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1 entity and such health care entity has been notified of such  
2 designation.

3 B. Any credentials verification organization which has not been  
4 designated by a health care practitioner shall not attempt to  
5 collect duplicate core credentials data from that health care  
6 practitioner once it has been notified of the fact that another  
7 credentials verification organization has been designated to collect  
8 such data.

9 SECTION 7. NEW LAW A new section of law to be codified  
10 in the Oklahoma Statutes as Section 6110.6 of Title 36, unless there  
11 is created a duplication in numbering, reads as follows:

12 Before releasing a health care practitioner's core credentials  
13 data for the first time to any requesting health care entity or for  
14 the first such release after any corrections, updates, or  
15 modifications to the core credentials data, the designated  
16 credentials verification organization shall provide the affected  
17 health care practitioner up to fifteen (15) days to review such data  
18 and correct any errors or omissions from the data. The credentials  
19 verification organization shall include any corrections, changes, or  
20 clarifications made by the health care practitioner before such data  
21 are submitted to the health care entity. For all subsequent  
22 requests from health care entities where there have been no recent  
23 corrections, updates, or modifications to the data, the credentials

1 verification organization may, without further authorization from  
2 the health care practitioner, provide the data directly to the  
3 requesting health care entity. In addition, all credentials  
4 verification organizations operating in this state shall employ  
5 appropriate procedures to allow for an annual audit of the core  
6 credentials data on file for each health care practitioner and  
7 shall, on at least an annual basis, allow each practitioner the  
8 opportunity to review the core data being maintained on his or her  
9 behalf and to make certain that the data on file are still current  
10 and accurate in all respects.

11 SECTION 8. NEW LAW A new section of law to be codified  
12 in the Oklahoma Statutes as Section 6110.7 of Title 36, unless there  
13 is created a duplication in numbering, reads as follows:

14 A. No civil, criminal, or administrative action may be  
15 instituted, and there shall be no liability, against any health care  
16 entity on account of its reliance in good faith on any data obtained  
17 from a credentials verification organization.

18 B. Compliance with the provisions of the Designated Credentials  
19 Verification Organization Act shall create a rebuttable presumption  
20 that a health care entity has exercised ordinary care in its  
21 reliance on core credentialing data obtained from the designated  
22 credentials verification organization.

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1 SECTION 9. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 6110.8 of Title 36, unless there  
3 is created a duplication in numbering, reads as follows:

4 No health care entity may deny a health care practitioner any  
5 participation in, or privileges with, its plan or facility solely on  
6 the basis that such health care practitioner required that the  
7 health care entity obtain core credentials data from a designated  
8 credentials verification organization.

9 SECTION 10. NEW LAW A new section of law to be codified  
10 in the Oklahoma Statutes as Section 6110.9 of Title 36, unless there  
11 is created a duplication in numbering, reads as follows:

12 For the purposes of the Designated Credentials Verification  
13 Organization Act, a designated credentials verification organization  
14 which offers discounts or reductions of cost for the services  
15 provided shall not be considered to be offering a "rebate" as  
16 defined in paragraph 8 of Section 1204 of Title 36 of the Oklahoma  
17 Statutes if the organization also provides malpractice or other  
18 insurance policies to the health care practitioner.

19 SECTION 11. This act shall become effective November 1, 2011.

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21 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 03-07-2011 - DO  
22 PASS, As Amended.

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