1	STATE OF OKLAHOMA
2	2nd Session of the 59th Legislature (2024)
3	COMMITTEE SUBSTITUTE
4	FOR HOUSE BILL NO. 1522 By: Sims
5	
6	
7	COMMITTEE SUBSTITUTE
8	An Act relating to insurance; amending Sections 1, 2,
9	and 3, Chapter 151, O.S.L. 2022 (36 O.S. Supp. 2023, Sections 6060.40, 6060.41, and 6060.42), which relate
10	to short title definitions and shared savings incentive programs; modifying short title; modifying
11	definitions; requiring an insurer to provide a shared savings incentive program; modifying requirements and
12	inclusions within program; and providing an effective date.
13	
14	
15	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
16	SECTION 1. AMENDATORY Section 1, Chapter 151, O.S.L.
17	2022 (36 O.S. Supp. 2023, Section 6060.40), is amended to read as
18	follows:
19	Section 6060.40 This act shall be known and may be cited as the
20	" Oklahoma Right to Shop <u>Consumer Health Choice Empowerment</u> Act".
21	SECTION 2. AMENDATORY Section 2, Chapter 151, O.S.L.
22	2022 (36 O.S. Supp. 2023, Section 6060.41), is amended to read as
23	follows:
24	

Section 6060.41 As used in the Oklahoma Right to Shop Consumer
Health Choice Empowerment Act:

- 1. "Allowed amount" means the contractually agreed-upon amount paid by a carrier to a health care entity participating in the network of the carrier;
- 2. "Average allowed amount" means the mean of all allowed amounts paid for a comparable health care service;
- 3. "Comparable health care service" means any covered nonemergency health care service or bundle of services. The Insurance Commissioner may limit what is considered a comparable health care service if an insurance carrier can demonstrate allowed amount variation among network providers is less than Fifty Dollars (\$50.00);
- 3. 4. "Health benefit plan" means any plan as defined in subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes this title;
- 4. 5. "Insurance carrier" or "carrier" means an insurance company that issues policies of accident and health insurance and is licensed to sell insurance in this state;
- 5. 6. "Shared savings incentive" means a voluntary and optional financial incentive that an insurance carrier may shall provide to an enrollee for choosing certain health care services under a shared savings incentive program; and

6. 7. "Shared savings incentive program" means a voluntary and optional an incentive program established by an insurance carrier pursuant to this act the Consumer Health Choice Empowerment Act.

SECTION 3. AMENDATORY Section 3, Chapter 151, O.S.L.

2022 (36 O.S. Supp. 2023, Section 6060.42), is amended to read as follows:

Section 6060.42 A. An insurance carrier may shall offer a shared savings incentive program to provide incentives to an enrollee when the enrollee obtains a comparable health care service that is covered by the carrier from providers that charge less than the average allowed amount paid by that carrier to network providers for that, comparable health care service. If the allowed amount of a provider is less than the average allowed amount paid by the carrier, the provider shall not participate in the shared savings incentive program unless the provider agrees to accept an amount less than the allowed amount.

- B. If an enrollee of a health benefit plan elects to receive a covered comparable health care service from a provider who is not participating in the network of the carrier and agrees to accept an amount less than the average allowed amount, the carrier shall ensure that:
- 1. The financial liability of the enrollee is no greater than the in-network deductible, copay, and coinsurance amounts as dictated in the health benefit plan contract; and

2. Calculation of coinsurance liability is based on the amount negotiated by the enrollee and his or her provider, provided that it is an amount less than the average allowed amount.

- C. Incentives may shall be calculated as a percentage of the difference in allowed amounts to the average, as a flat dollar amount, or by any other reasonable methodology approved by the Insurance Department allowed amount paid by a carrier for a comparable health care service. If an enrollee elects to receive a covered comparable health care service from a provider who is not participating in the network of the carrier, the incentive shall be calculated as a percentage of the difference in the average allowed amount to the amount agreed upon between the enrollee and provider, provided that the amount is less than the average allowed amount. The carrier shall provide the incentive as a cash payment to the enrollee or credit toward the annual in-network deductible and out-of-pocket limit of the enrollee. Carriers may allow enrollees to select which method the enrollee prefers to receive the incentive.
- C. D. An insurance carrier that offers a shared savings incentive program shall:
- 1. Establish the program as a component part of the policy or certificate of insurance provided by the carrier and notify the enrollees and the Insurance Department at least thirty (30) days before program termination;

2. File a description of the program on a form prescribed by the Insurance Commissioner. The Insurance Department shall review the filing and determine whether the program complies with the provisions of this section;

- 3. Notify an enrollee, annually or at the time of renewal, of the availability of the shared savings incentive program and the procedures to participate in the program;
- 4. Publish on the website of the insurance carrier, easily accessible to enrollees and applicants for insurance, a list of comparable health care services and health care providers and the shared savings incentive amount applicable for each service. A shared savings incentive shall not be less than twenty-five percent (25%) of the savings generated by the participation of the enrollee in any shared savings incentive program offered by the insurance carrier. The baseline for the savings calculation shall be the average in-network amount paid for that service in the most recent twelve-month period or any other methodology established by the insurance carrier and approved by the Insurance Department;
- 5. Upon request by an enrollee, provide the average allowed amount for a covered comparable health care service;
- 6. At least quarterly, credit, deposit or make a cash payment to an enrollee of the shared savings incentive amount pursuant to participation in the shared savings incentive program; and

1 6. 7. Submit an annual report to the Insurance Department 2 within ninety (90) days after the close of each health benefit plan year. At a minimum, the report shall include the following 3 4 information: 5 the number of enrollees who participated in the program during the health benefit plan year and the 6 7 number of instances of participation, b. the total cost of services provided as a part of the 8 9 program, and 10 the total value of the shared savings incentive C. 11 payments made to enrollees participating in the 12 program and the values distributed as cash or credit 1.3 toward the annual in-network deductible and out-of-14 pocket limit of an enrollee. 15 D. E. An enrollee shall not be required to participate in a 16 shared savings incentive program. 17 SECTION 4. This act shall become effective November 1, 2024.

21

59-2-10347

ΜJ

18

19

20

22

23

24

Req. No. 10347 Page 6

02/20/24