

An Act

ENROLLED SENATE
BILL NO. 560

By: Standridge of the Senate

and

Derby of the House

An Act relating to health care; creating the Health Care Empowerment Act; providing short title; prohibiting certain construction of state laws; providing that insurance benefits not forfeited by certain purchases; providing that certain products and services not deemed offer of insurance; requiring certain disclosure; defining terms; providing that direct primary care membership agreement not considered insurance and not subject to certain provisions; providing that direct primary care provider or agent not required to obtain certain credentials; stating certain requirements for direct primary care membership agreement; providing for codification; and declaring an emergency.

SUBJECT: Health Care Empowerment Act

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 4604 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Health Care Empowerment Act".

B. Nothing in state law shall be construed as prohibiting a patient or legal representative from seeking care outside of an insurance plan, or outside of the Medicaid or Medicare program, and paying for such care.

C. Nothing in state law shall be construed as prohibiting a physician, other medical professional or a medical facility from accepting payment for services or medical products outside of an insurance plan. Nothing in state law shall be construed as prohibiting a physician, other medical professional or a medical facility from accepting payment for services or medical products to a Medicaid or Medicare beneficiary, provided that such physician, medical professional or medical facility has opted out of Medicare. As used in this section, "medical products" include, but are not limited to, medical drugs and pharmaceuticals.

D. A patient or legal representative shall not forfeit insurance benefits, Medicaid benefits or Medicare benefits by purchasing medical services or medical products outside the system.

E. The offer and provision of medical services or medical products purchased and provided under this act shall not be deemed an offer of insurance nor regulated by the insurance laws of the state.

F. Providers must disclose the text of the Enrollee Hold Harmless Clause, or its equivalent, in insurance or managed care provider contracts to patients or legal representatives if authorization for services or claims is denied, together with a plain-English explanation of its meaning.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4605 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section, "direct primary care membership agreement" means a contractual agreement between a primary care provider and an individual patient, or his or her legal representative, in which:

1. The provider agrees to provide primary care services to the individual patient for an agreed-to fee over an agreed-to period of time;

2. The direct primary care provider will not bill third parties on a fee-for-service basis; and

3. Any per-visit charges under the agreement will be less than the monthly equivalent of the periodic fee.

A "direct primary care provider" means an individual or legal entity that is licensed, registered or otherwise authorized to provide primary care services in this state and who chooses to enter into a direct primary care membership agreement. This includes, but is not limited to, an individual primary care provider or other legal entity alone or with others professionally associated with the individual or other legal entity.

B. A direct primary care membership agreement is not insurance and is not subject to regulation by the Insurance Department.

C. Entering into a direct primary care membership agreement is not the business of insurance and is not subject to regulations under the Oklahoma Insurance Code.

D. A direct primary care provider or the agent of a direct primary care provider is not required to obtain a certification of authority or license under Title 36 of the Oklahoma Statutes to market, sell or offer to sell a direct primary care agreement.

E. A direct primary care membership agreement is not a medical discount plan, as defined by state law or regulation under the Insurance Department and a direct primary care provider is not required to register as a medical discount plan.

F. A direct primary care membership agreement shall:

1. Allow either party to terminate the agreement upon written notice to the other party;

2. Provide that fees are not earned by the direct primary care provider until the month paid by the periodic fee has been completed; and

3. Provide that, upon termination of this agreement by the individual patient, all unearned fees are to be returned to the patient.

SECTION 3. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the Senate the 2nd day of March, 2015.

Eddie Fielder
Presiding Officer of the Senate

Passed the House of Representatives the 15th day of April, 2015.

[Signature]
Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this 16th
day of April, 20 15, at 3:25 o'clock P M.
By: Audrey Rockwell

Approved by the Governor of the State of Oklahoma this 21st
day of April, 20 15, at 2:15 o'clock P M.

Mary Fallin
Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this 21st
day of April, 20 15, at 3:19 o'clock P M.
By: [Signature]