

and

Widener of the House

An Act relating to health benefits; prohibiting insurer from denying enrollment of a child under a parent's health plan on certain grounds; requiring certain actions of insurer covering child under health plan of noncustodial parent; requiring certain action of insurer where parent is required by court or administrative order to provide coverage for child; prohibiting insurer from imposing certain requirements; defining term; providing for codification; and declaring an emergency.

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 6058A of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, an insurer shall not deny enrollment of a child under the health plan of the child's parent on the grounds that:

1. The child was born out of wedlock;
2. The child is not claimed as a dependent on the parent's federal tax return; or
3. The child does not reside with the parent or in the insurer's service area.

B. Where a child has health coverage through an insurer of a noncustodial parent the insurer shall:

1. Provide such information to the custodial parent as may be necessary for the child to obtain benefits through that coverage;
2. Permit the custodial parent, or the provider with the custodial parent's approval, to submit claims for covered services without the approval of the noncustodial parent; and
3. Make payments on claims submitted in accordance with paragraph 2 of this subsection directly to the custodial parent, the provider, or the designated agency administering the State Medicaid Program.

C. Where a parent is required by a court or administrative order to provide health coverage for a child, and the parent is eligible for family health coverage, the insurer shall be required:

1. To permit the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions;

2. If the parent is enrolled but fails to make application to obtain coverage for the child, to enroll the child under family coverage upon application of the child's other parent, the designated agency administering the State Medicaid Program, or the state agency administering the provisions of 42 U.S.C., Sections 5 to 669, the Child Support Enforcement Program; and

3. Not to disenroll, or eliminate coverage of, the child unless the insurer is provided satisfactory written evidence that:

a. the court or administrative order is no longer in effect, or

b. the child is or will be enrolled in comparable health coverage through another insurer which will take effect not later than the effective date of disenrollment.

D. An insurer may not impose requirements on a state agency, which has been assigned the rights of an individual eligible for medical assistance under Medicaid and covered for health benefits from the insurer, that are different from requirements applicable to an agent or assignee of any other individual so covered.

E. As used in this section, "insurer" includes a licensed insurance company, not-for-profit hospital service or medical indemnity corporation, a fraternal benefit society, a health maintenance organization, a prepaid plan, a preferred provider organization, a multiple employer welfare arrangement, a self-insured, the State and Education Employees Group Insurance Board, or any other entity providing a plan of health insurance or health benefits in this state.

SECTION 2. 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 28th day of February, 1994.

President of the Senate

Passed the House of Representatives the 31st day of March, 1994.

Speaker of the House of Representatives