

STATE OF OKLAHOMA

2nd Session of the 46th Legislature (1998)

COMMITTEE SUBSTITUTE
FOR ENGROSSED
SENATE BILL NO. 1059

By: Monson of the Senate

and

Seikel of the House

COMMITTEE SUBSTITUTE

An Act relating to insurance; requiring group health insurance and health benefit plans to include coverage for severe mental illness; allowing managed care systems to provide benefits; requiring equality of benefits; making certain exceptions; providing for procedures; clarifying application of requirement to agreement, contract or policy provisions; defining term; limiting provisions of this act; providing for codification; and providing an effective date.

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 6060.10 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. 1. Any group health insurance or health-benefit-plan agreement, contract or policy, including the State and Education Employees Group Insurance Board and any indemnity plan, not-for-profit hospital or medical service or indemnity contract, prepaid or

managed care plan or provider arrangement, and Multiple Employer Welfare Arrangement (MEWA) or employer self-insured plan, except as exempt under federal ERISA provisions, that is offered, issued, or renewed on or after the effective date of this act shall provide benefits for treatment of adults, adolescents and children with severe mental illness. Such benefits may be provided through a managed care system.

2. Such benefits shall be equal to benefits for treatment of and shall be subject to the same preauthorization and utilization review mechanisms and other terms and conditions as all other physical diseases and disorders.

3. This requirement shall not apply to agreements, contracts or policies that provide coverage for a specified disease or other limited benefit coverage or groups with fifty (50) or fewer employees.

B. 1. The nondiscrimination requirement set forth in subsection A of this section shall pertain to all aspects of any health insurance or health benefit plan agreement, contract or policy that is offered, issued, or renewed in this state including, but not limited to:

- a. coverage of inpatient hospital services for at least twenty-six (26) days,
- b. coverage of outpatient services,
- c. coverage of medication,
- d. maximum lifetime benefits,
- e. copayments,
- f. coverage of home health visits,
- g. individual and family deductibles, and
- h. coinsurance.

2. For purposes of this section, "severe mental illness" means:

- a. schizophrenia,
- b. bipolar disorder (manic-depressive illness),

- c. major depression,
- d. panic disorder,
- e. obsessive-compulsive disorder, and
- f. schizoaffective disorder.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.11 of Title 36, unless there is created a duplication in numbering, reads as follows:

The provisions of this law shall not apply to any agreement, contract, or policy which will have increased premium's cost of over three percent (3%) by the implementation of these provisions.

SECTION 3. This act shall become effective November 1, 1998.

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