

and

Askins, Boyd (Betty), Cox,  
Kirby, Satterfield,  
Stanley, Toure, Voskuhl and  
Wells of the House

An Act relating to insurance; requiring certain health benefit plans to include certain immunization coverage; making such benefits not subject to a deduction, copayment or coinsurance; defining term; providing exceptions; 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 6060.4 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. A health benefit plan delivered, issued for delivery or renewed on or after January 1, 1998, that provides benefits for the dependents of an insured individual shall provide coverage for each child of the insured, from birth through the date such child is eighteen (18) years of age for:

1. Immunization against:

- a. diphtheria,
- b. hepatitis B,
- c. measles,
- d. mumps,
- e. pertussis,
- f. polio,
- g. rubella,
- h. tetanus,
- i. varicella,
- j. haemophilus influenzae type B, and
- k. hepatitis A; and

2. Any other immunization subsequently required for children by the State Board of Health.

B. Benefits required pursuant to subsection A of this section shall not be subject to a deductible, copayment, or coinsurance requirement.

C. 1. For purposes of this section, "health benefit plan" means a plan that:

- a. provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, and

- b. is offered by any insurance company, group hospital service corporation, the Oklahoma Employees Group Insurance Program, the Oklahoma Medicaid Program, or health maintenance organization that delivers or issues for delivery an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an evidence of coverage, or, to the extent permitted by the Employee Retirement Income Security Act of 1974, 29 U.S.C., Section 1001 et seq., by a multiple employer welfare arrangement as defined in Section 3 of the Employee Retirement Income Security Act of 1974, or any other analogous benefit arrangement.
2. The term "health benefit plan" shall not include:
- a. a plan that provides coverage:
    - (1) only for a specified disease,
    - (2) only for accidental death or dismemberment,
    - (3) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury, or
    - (4) as a supplement to liability insurance,
  - b. a Medicare supplemental policy as defined by Section 1882(g)(1) of the Social Security Act (42 U.S.C., Section 1395ss),
  - c. worker's compensation insurance coverage,
  - d. medical payment insurance issued as part of a motor vehicle insurance policy, or
  - e. a long-term care policy, including a nursing home fixed indemnity policy, unless a determination is made that the policy provides benefit coverage so comprehensive that the policy meets the definition of a health benefit plan.

SECTION 2. This act shall become effective November 1, 1997.