

STATE OF OKLAHOMA

1st Session of the 46th Legislature (1997)

HOUSE BILL NO. 1532

By: Blackburn

AS INTRODUCED

An Act relating to insurance; creating the Oklahoma Breast Cancer Patient Protection Act; requiring certain health plans to provide coverage for breast conditions; providing for construction of act; prohibiting certain modifications of terms and conditions of coverage; requiring certain notice; defining terms; prohibiting certain inclusions in health plans; 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. This section shall be known and may be cited as the "Oklahoma Breast Cancer Patient Protection Act".

B. Any health plan that offers, is sold, issued, renewed, in effect or operated after January 1, 1998, that provides medical and surgical benefits with respect to the treatment of breast cancer and other breast conditions shall ensure that coverage is provided for not less than forty-eight (48) hours of inpatient care following a mastectomy and not less than twenty-four (24) hours of inpatient

care following a lymph node dissection for the treatment of breast cancer.

C. Nothing in this section shall be construed as requiring the provision of inpatient coverage where the attending physician and patient determine that a shorter period of hospital stay is appropriate.

D. In implementing the requirements of this section, a health plan may not modify the terms and conditions of coverage based on the determination by an enrollee to request less than the minimum coverage required under subsection B of this section.

E. A health plan shall provide notice to each enrollee under such plan regarding the coverage required by this section in accordance with rules promulgated by the State Insurance Commissioner. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health plan and shall be transmitted:

1. In the next mailing made by the plan to the employee;
2. As part of any yearly informational packet sent to the enrollee; or
3. Not later than December 1, 1997;

whichever is earlier.

F. 1. As used in this section, "health plan" means any plan or arrangement which provides or pays the cost of health benefits, including but not limited to any plan or arrangement not described in any subparagraph of paragraph 2 of this subsection which provides for benefit payments, on a periodic basis, for:

- a. a specified disease or illness, or
- b. period of hospitalization,

without regard to the costs incurred or services rendered during the period to which the payments relate.

2. The term health plans shall not include the following, or any combination thereof:

- a. coverage only for accidental death or dismemberment,
- b. coverage providing wages or payments in lieu of wages for any period during which the employee is absent from work on account of sickness or injury,
- c. a Medicare supplement policy as defined in Section 1882(g)(1) of the Social Security Act,
- d. coverage issued as a supplement to liability insurance,
- e. worker's compensation or similar insurance,
- f. automobile medical-payment insurance,
- g. a long-term care policy, including a nursing home fixed indemnity policy, unless the Secretary determines that such a policy provides sufficiently comprehensive coverage of a benefit so that it should be treated as a health plan, or
- h. such other plan or arrangement as the Secretary of Health and Human Services determines is not a health plan.

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

46-1-5315

KSM