

STATE OF OKLAHOMA

1st Session of the 46th Legislature (1997)

HOUSE BILL NO. 1563

By: Gray

AS INTRODUCED

An Act relating to insurance; requiring health benefit plans to provide coverage for certain reconstructive surgery; requiring the surgery to be medically necessary and recommended; prohibiting plans from requiring the surgery if not requested; providing for supplemental payment for certain capitated or global rate plans; prohibiting termination or discipline of health care providers who recommend surgery; providing for deductibles or coinsurance; prohibiting reduction or cancellation of plan in certain situations; defining term; providing for codification; providing an effective date; 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 6060.4 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Every health benefit plan contract issued, amended, renewed, or delivered on or after the effective date of this act shall, subject to the terms of the policy contract or agreement, provide

coverage for reconstructive surgery for the insured after removal of artificial breast implants when medically necessary and when recommended by a physician or other licensed health care provider.

B. A health benefit plan shall not require reconstructive surgery after removal of artificial breast implants if the insured does not request and approve of such procedure.

C. If the coverage required by this section is provided under a contract that is subject to a capitated or global rate, the plan shall provide supplementary reimbursement to providers for any additional services required by that coverage if it is not included in the capitation or global rate.

D. No health benefit plan subject to the provisions of this section shall terminate the services of, reduce capitation payments for, or otherwise discipline a licensed health care provider who recommends the reconstructive surgery.

E. The coverage required by this section may be subject to the same annual deductibles or coinsurance as may be deemed appropriate and as are consistent with those established for other covered benefits within a given plan.

F. Health benefit plans shall not reduce or cancel coverage due to the requirements of this section.

G. As used in this section, "health benefit plan" means individual or group hospital or medical insurance coverage, a not-for-profit hospital or medical service or indemnity plan, a prepaid health plan, a health maintenance organization plan, a preferred provider organization plan, a health services corporation, a physician sponsored network, a physician hospital organization, the State and Education Employees Group Health Insurance Plan and coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan except as exempt under federal ERISA provisions.

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

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.

46-1-5107

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