

SHORT TITLE: State Department of Health, Oklahoma Health Care Authority, State and Education Employees Group Insurance Board, and the Insurance Commissioner; requiring social and financial impact report. Effective date. Emergency.

STATE OF OKLAHOMA

2nd Session of the 46th Legislature (1998)

SENATE BILL NO. 1210

By: Robinson

AS INTRODUCED

An Act relating to the State Department of Health, Oklahoma Health Care Authority, State and Education Employees Group Insurance Board, and the Insurance Commissioner; defining terms; requiring social and financial impact report; defining contents of report; 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 353 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. "Mandated health benefit" means a statute, state board or commission's official action, or an administrative rule of this state which requires an insurance policy, plan or contract to do any of the following:

1. Permit a person insured under the policy, plan or contract to obtain treatment or services from a particular type of health care provider, including, but not limited to, requiring a health maintenance organization, preferred provider plan, or other plan to contract with or credential a health care provider or providers for participation in the plan or plans;

2. Provide coverage for the treatment of a particular disease, condition or other health care need;

3. Provide coverage of a particular type of health care treatment or service, or of equipment, supplies or drugs used in connection with a health care treatment or service;

4. Provide coverage for particular persons because of their relation to the insured or legal status with respect to the insured, or for any other reason; or

5. Require network arrangements contrary to those currently contracted by the health plan.

B. The Insurance Commissioner shall submit a report on the social and financial impact of any mandated health benefit contained in any bill affecting an insurance policy, plan or contract to the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives. Such report shall be considered by the legislature and the executive branch prior to the adoption of any mandated health benefit.

C. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following social impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. The number of this state's residents who use the treatments or services covered by the mandated health benefit;

2. The extent to which individuals under subsection A of this section use those treatments or services;

3. The availability of insurance coverage for those treatments or services;

4. The number of persons who would be eligible for coverage under the mandated health benefit and the availability of insurance coverage for these persons without the mandated health benefit; and

5. The number of persons currently enrolled in self-insured plans that are not subject to the mandated health benefit.

D. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following financial impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. Whether the mandated health benefit would increase or decrease the costs of the treatments or services covered by the mandated health benefit;

2. Whether the mandated health benefit would increase the use of the treatments or services covered by the health insurance mandate;

3. The impact of the mandated health benefit on total costs of health care in the state; and

4. Whether the mandated health benefit would increase the administrative costs to insurance companies and the premium costs to policyholders.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-106.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. "Mandated health benefit" means a statute, state board or commission's official action, or an administrative rule of this state which requires an insurance policy, plan or contract to do any of the following:

1. Permit a person insured under the policy, plan or contract to obtain treatment or services from a particular type of health care provider, including, but not limited to, requiring a health maintenance organization, preferred provider plan, or other plan to contract with or credential a health care provider or providers for participation in the plan or plans;

2. Provide coverage for the treatment of a particular disease, condition or other health care need;

3. Provide coverage of a particular type of health care treatment or service, or of equipment, supplies or drugs used in connection with a health care treatment or service;

4. Provide coverage for particular persons because of their relation to the insured or legal status with respect to the insured, or for any other reason; or

5. Require network arrangements contrary to those currently contracted by the health plan.

B. The State Commissioner of Health shall submit a report on the social and financial impact of any mandated health benefit contained in any bill affecting an insurance policy, plan or contract to the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives. Such report shall be considered by the legislature and the executive branch prior to the adoption of any mandated health benefit.

C. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following social impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. The number of this state's residents who use the treatments or services covered by the mandated health benefit;

2. The extent to which individuals under subsection A of this section use those treatments or services;

3. The availability of insurance coverage for those treatments or services;

4. The number of persons who would be eligible for coverage under the mandated health benefit and the availability of insurance coverage for these persons without the mandated health benefit; and

5. The number of persons currently enrolled in self-insured plans that are not subject to the mandated health benefit.

D. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following financial

impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. Whether the mandated health benefit would increase or decrease the costs of the treatments or services covered by the mandated health benefit;

2. Whether the mandated health benefit would increase the use of the treatments or services covered by the health insurance mandate;

3. The impact of the mandated health benefit on total costs of health care in the state; and

4. Whether the mandated health benefit would increase the administrative costs to insurance companies and the premium costs to policyholders.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5023 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. "Mandated health benefit" means a statute, state board or commission's official action, or an administrative rule of this state which requires an insurance policy, plan or contract to do any of the following:

1. Permit a person insured under the policy, plan or contract to obtain treatment or services from a particular type of health care provider, including, but not limited to, requiring a health maintenance organization, preferred provider plan, or other plan to contract with or credential a health care provider or providers for participation in the plan or plans;

2. Provide coverage for the treatment of a particular disease, condition or other health care need;

3. Provide coverage of a particular type of health care treatment or service, or of equipment, supplies or drugs used in connection with a health care treatment or service;

4. Provide coverage for particular persons because of their relation to the insured or legal status with respect to the insured, or for any other reason; or

5. Require network arrangements contrary to those currently contracted by the health plan.

B. The Administrator shall submit a report on the social and financial impact of any mandated health benefit contained in any bill affecting an insurance policy, plan or contract to the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives. Such report shall be considered by the legislature and the executive branch prior to the adoption of any mandated health benefit.

C. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following social impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. The number of this state's residents who use the treatments or services covered by the mandated health benefit;

2. The extent to which individuals under subsection A of this section use those treatments or services;

3. The availability of insurance coverage for those treatments or services;

4. The number of persons who would be eligible for coverage under the mandated health benefit, and the availability of insurance coverage for these persons without the mandated health benefit; and

5. The number of persons currently enrolled in self-insured plans that are not subject to the mandated health benefit.

D. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following financial impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. Whether the mandated health benefit would increase or decrease the costs of the treatments or services covered by the mandated health benefit;

2. Whether the mandated health benefit would increase the use of the treatments or services covered by the health insurance mandate;

3. The impact of the mandated health benefit on total costs of health care in the state; and

4. Whether the mandated health benefit would increase the administrative costs to insurance companies and the premium costs to policyholders.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1324 of Title 74, unless there is created a duplication in numbering, reads as follows:

A. "Mandated health benefit" means a statute, state board or commission's official action, or an administrative rule of this state which requires an insurance policy, plan or contract to do any of the following:

1. Permit a person insured under the policy, plan or contract to obtain treatment or services from a particular type of health care provider, including, but not limited to, requiring a health maintenance organization, preferred provider plan, or other plan to contract with or credential a health care provider or providers for participation in the plan or plans;

2. Provide coverage for the treatment of a particular disease, condition or other health care need;

3. Provide coverage of a particular type of health care treatment or service, or of equipment, supplies or drugs used in connection with a health care treatment or service;

4. Provide coverage for particular persons because of their relation to the insured or legal status with respect to the insured, or for any other reason; or

5. Require network arrangements contrary to those currently contracted by the health plan.

B. The Administrator shall submit a report on the social and financial impact of any mandated health benefit contained in any bill affecting an insurance policy, plan or contract to the Governor, President Pro Tempore of the Senate, and the Speaker of the House of Representatives. Such report shall be considered by the legislature and the executive branch prior to the adoption of any mandated health benefit.

C. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following social impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. The number of this state's residents who use the treatments or services covered by the mandated health benefit;

2. The extent to which individuals under subsection A of this section use those treatments or services;

3. The availability of insurance coverage for those treatments or services;

4. The number of persons who would be eligible for coverage under the mandated health benefit and the availability of insurance coverage for these persons without the mandated health benefit; and

5. The number of persons currently enrolled in self-insured plans that are not subject to the mandated health benefit.

D. Any report prepared pursuant to subsection B of this section shall assess to the extent possible all of the following financial impact factors which are relevant to the type of mandated health benefit created, expanded or continued by the bill:

1. Whether the mandated health benefit would increase or decrease the costs of the treatments or services covered by the mandated health benefit;

2. Whether the mandated health benefit would increase the use of the treatments or services covered by the health insurance mandate;

3. The impact of the mandated health benefit on total costs of health care in the state; and

4. Whether the mandated health benefit would increase the administrative costs to insurance companies and the premium costs to policyholders.

SECTION 5. This act shall become effective July 1, 1998.

SECTION 6. 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.

46-2-2164

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