

ENROLLED HOUSE
BILL NO. 1210

By: Ross, Collins, Gilbert and
Deutschendorf of the House

and

Horner of the Senate

An Act relating to insurance; requiring health benefit plans to offer coverage for prostate cancer screening for certain men; providing for application of policy deductibles; specifying amount of coverage and limit; prohibiting diminishing of other benefits by such coverage; stating guidelines for coverage; defining term and stating 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 6060.7 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Any health benefit plan that is offered, issued or renewed in this state on or after January 1, 2000, which provides coverage to men forty (40) years old or older in this state, shall offer coverage for annual screening for the early detection of prostate cancer in men over the age of fifty (50) years and in men over the age of forty (40) years who are in high-risk categories. The coverage shall not be subject to policy deductibles. The coverage shall not exceed:

The actual cost of the prostate cancer screening up to a maximum of Sixty-five Dollars (\$65.00) per screening.

B. The benefit required to be provided by subsection A of this section shall in no way diminish or limit diagnostic benefits otherwise allowable under a health benefit plan.

C. The prostate cancer screening coverage shall be offered as follows:

1. The screening shall be performed by a qualified medical professional including, but not limited to, a urologist, internist, general practitioner, doctor of osteopathy, nurse practitioner, or physician assistant;

2. The screening shall consist, at a minimum, of the following tests:

a. a prostate-specific antigen blood test, and

b. a digital rectal examination;

3. At least one screening per year shall be covered for any man fifty (50) years of age or older; and

4. At least one screening per year shall be covered for any man from forty (40) to fifty (50) years of age who is at increased risk of developing prostate cancer as determined by a physician.

D. As used in this section, "health benefit plan" means 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, the State and Education Employees Group Health Insurance Plan, any program funded under Title XIX of the Social Security Act, or such other publicly funded program, and coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan except as exempt under federal ERISA provisions. The term shall not include short-term, accident, fixed indemnity, or specified disease policies, disability income contracts, limited benefit or credit disability insurance, workers' compensation insurance coverage, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and which is required by law to be contained in any liability insurance policy or equivalent self-insurance.

SECTION 2. This act shall become effective November 1, 1999.

Passed the House of Representatives the 28th day of April, 1999.

Speaker of the House of
Representatives

Passed the Senate the 30th day of March, 1999.

President of the Senate