

HOUSE OF REPRESENTATIVES
Thursday, February 4, 1999

House Bill No. 1210

As Amended

HOUSE BILL NO. 1210 -- By ROSS and COLLINS.

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; stating amount of coverage; prohibiting coverage to diminish other benefits; stating guidelines for coverage; providing a definition of health benefit plans; providing certain 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:

1. Sixty-five Dollars (\$65.00) per prostate cancer screening; or
2. The actual cost of the prostate cancer 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. 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 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, 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, specified disease policies or disability income contracts and 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.

COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 2-3-99 -- DO PASS, As Amended and Coauthored.