

STATE OF OKLAHOMA

1st Session of the 48th Legislature (2001)

SENATE BILL 433

By: Morgan

AS INTRODUCED

An Act relating to insurance; amending Section 2, Chapter 250, O.S.L. 1995, as last amended by Section 5, Chapter 180, O.S.L. 1997 (36 O.S. Supp. 2000, Section 6532), which relates to the Health Insurance High Risk Pool Act; exempting the State and Education Employees Group Health Insurance Plan; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 2, Chapter 250, O.S.L. 1995, as last amended by Section 5, Chapter 180, O.S.L. 1997 (36 O.S. Supp. 2000, Section 6532), is amended to read as follows:

Section 6532. As used in the Health Insurance High Risk Pool Act:

1. "Agent" means any person who is licensed to sell health insurance in this state;
2. "Board" means the Board of Directors of the Health Insurance High Risk Pool;
3. "Church plan" has the meaning given such term under Section 3(33) of the Employee Retirement Income Security Act of 1974;
4. "Creditable coverage" means, with respect to an individual, coverage of the individual provided under any of the following:
 - a. a group health plan,
 - b. health insurance coverage,
 - c. Part A or B of Title XVIII of the Social Security Act,
 - d. Title XIX of the Social Security Act, other than coverage consisting solely of benefits under Section 1928 of such act,

- e. Chapter 55 of Title 10, U.S. Code,
 - f. a medical care program of the Indian Health Service or of a tribal organization,
 - g. a state health benefits risk pool,
 - h. a health plan offered under Chapter 89 of Title 5, U.S. Code,
 - i. a public health plan as defined in federal regulations, or
 - j. a health benefit plan under Section 5(e) of the Peace Corps Act, 22 U.S.C. 2504(e);
5. "Federally defined eligible individual" means an individual:
- a. for whom, as of the date on which the individual seeks coverage under the Health Insurance High Risk Pool Act, the aggregate of the periods of creditable coverage, as defined in Section 1D of the Employee Retirement Income Security Act of 1974, is eighteen (18) or more months,
 - b. whose most recent prior creditable coverage was under a group health plan, governmental plan, church plan or health insurance coverage offered in conjunction with any such plan,
 - c. who is not eligible for coverage under a group health plan, part A or B of Title XVIII of the Social Security Act, or a state plan under Title XIX of such Act or any successor program and who does not have other health insurance coverage,
 - d. with respect to whom the most recent coverage under a COBRA continuation provision or under a similar state program, elected such coverage, and
 - e. who has exhausted such continuation coverage under such provision or program, if the individual elected

the continuation coverage described in paragraph 5 of this section;

6. "Governmental plan" has the same meaning given such term under Section 3(32) of the Employee Retirement Income Security Act of 1974 and any federal governmental plan;

7. "Group health benefit plan" means an employee welfare benefit plan as defined in section 3(1) of the Employee Retirement Income Security Act of 1974 to the extent that the plan provides medical care as defined in Section 3N of the Employee Retirement Income Security Act of 1974 and including items and services paid for as medical care to employees or their dependents as defined under the terms of the plan directly or through insurance, reimbursement, or otherwise;

8. "Health insurance" means any individual or group hospital or medical expense-incurred policy or health care benefits plan or contract. The term does not include any policy governing short-term accidents only, a fixed-indemnity policy, a limited benefit policy, a specified accident policy, a specified disease policy, a Medicare supplement policy, a long-term care policy, medical payment or personal injury coverage in a motor vehicle policy, coverage issued as a supplement to liability insurance, a disability policy, or workers' compensation;

9. "Insurer" means any individual, corporation, association, partnership, fraternal benefit society, or any other entity engaged in the health insurance business, except insurance agents and brokers. This term shall also include not-for-profit hospital service and medical indemnity plans, health maintenance organizations, preferred provider organizations, prepaid health plans, ~~the State and Education Employees Group Health Insurance Plan,~~ and any reinsurer reinsuring health insurance in this state, which shall be designated as engaged in the business of insurance for the purposes of Section 6531 et seq. of this title. Provided,

for purposes of the Health Insurance High Risk Pool Act, the State and Education Employees Group Health Insurance Plan shall not be considered an insurer;

10. "Medical care" means amounts paid for:

- a. the diagnosis, care, mitigation, treatment or prevention of disease, or amounts paid for the purpose of affecting any structure or function of the body,
- b. transportation primarily for and essential to medical care referred to in paragraph 1 of this section, and
- c. insurance covering medical care referred to in paragraphs 1 and 2 of this section;

11. "Medicare" means coverage under Parts A and B of Title XVIII of the Social Security Act (Public Law 74-271, 42 U.S.C., Section 1395 et seq., as amended);

12. "Pool" means the Health Insurance High Risk Pool;

13. "Physician" means a doctor of medicine and surgery, doctor of osteopathic medicine, doctor of chiropractic, doctor of podiatric medicine, doctor of optometry, and, for purposes of oral and maxillofacial surgery only, a doctor of dentistry, each duly licensed by this state;

14. "Plan" means the comprehensive health insurance benefit plan as adopted by the Board of Directors of the Health Insurance High Risk Pool, or by rule; and

15. "Reinsurer" means any insurer as defined in Section 103 of this title from whom any person providing health insurance to Oklahoma insureds procures insurance for itself as the insurer, with respect to all or part of the health insurance risk of the person.

SECTION 2. 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.

48-1-352

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