

STATE OF OKLAHOMA

1st Session of the 48th Legislature (2001)

SENATE BILL 733

By: Cain

AS INTRODUCED

An Act relating to insurance; requiring certain insurers to provide specified coverage; construing act; providing for certain exclusion; 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 6060.8A of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Any individual or group health insurance or health benefit plan agreement, contract or policy, including the State and Education Employees Group Insurance Board, and any indemnity plan, not-for-profit hospital or medical service or indemnity contract, prepaid or managed care plan or provider arrangement, and Multiple Employer Welfare Arrangement (MEWA) or employer self-insured plan, except as exempt under federal ERISA provisions, that is offered, issued, or renewed on or after the effective date of this act shall provide colon cancer screening services for the subscriber or any dependent of the subscriber who is covered by the agreement, contract or policy.

B. Any individual or group health insurance or health benefit plan agreement, contract or policy, including the State and Education Employees Group Insurance Board, and any indemnity plan, not-for-profit hospital or medical service or indemnity contract, prepaid or managed care plan or provider arrangement, and Multiple Employer Welfare Arrangement (MEWA) or employer self-insured plan,

except as exempt under federal ERISA provisions, that is offered, issued, or renewed on or after the effective date of this act shall provide coverage of the cost of routine care associated with participation in an approved cancer clinical trial for the subscriber or any dependent of the subscriber who is covered by the agreement, contract or policy.

C. Nothing in this section shall be construed to extend the practice or privileges of any health care provider beyond that provided in the laws governing the provider's practice and privileges.

D. These requirements shall not apply to agreements, contracts or policies that provide coverage for a specified disease or other limited benefit coverage, or groups with fifty or fewer employees.

SECTION 2. This act shall become effective November 1, 2001.

48-1-1034

CJ

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