

STATE OF OKLAHOMA

2nd Session of the 51st Legislature (2008)

SUBCOMMITTEE RECOMMENDATION
FOR ENGROSSED

SENATE BILL NO. 2157

By: Barrington and Gumm of the
Senate

and

Joyner of the House

SUBCOMMITTEE RECOMMENDATION

(Retirement - requiring certain information be
provided to Department of Human Services relating
to child support enforcement - health benefit plan
- codification -

effective date)

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

SECTION 1. AMENDATORY 11 O.S. 2001, Section 49-122.6, is
amended to read as follows:

Section 49-122.6 All information, documents and copies thereof
contained in a member's retirement file shall be given confidential
treatment and shall not be made public by the Oklahoma Firefighters
Pension and Retirement System without the prior written consent of

1 the member to which it pertains, but shall be subject to subpoena or
2 court order. In connection with the collection of child support
3 orders, the System is required to provide the Department of Human
4 Services on a calendar quarterly basis the home address and Social
5 Security number of all retired members and other payees of the
6 System in an electronic medium acceptable to both agencies.

7 SECTION 2. NEW LAW A new section of law to be codified in
8 the Oklahoma Statutes as Section 6060.4a of Title 36, unless there
9 is created a duplication in numbering, reads as follows:

10 A. Any individual or group health benefit plan, including the
11 State and Education Employees Group Health Insurance Plan, that is
12 offered, issued, or renewed in this state on or after January 1,
13 2009, shall provide coverage for the screening, diagnosis, testing,
14 and treatment of an autistic spectrum disorder. Coverage provided
15 under this section is limited to generally recognized services and
16 treatments that are prescribed by the insured individual's treating
17 physician in accordance with a treatment plan.

18 B. The coverage required under this section shall not be
19 subject to dollar limits, visit limitations, deductibles or
20 coinsurance provisions that are less favorable to an insured
21 individual than the dollar limits, visit limitations, deductibles,
22 or coinsurance provisions that apply to physical illness generally
23 under the health benefit plan. Coverage of services may be subject
24

1 to other general exclusions and limitations of the health benefit
2 plan, including, but not limited to:

- 3 1. The coordination of benefits;
- 4 2. Participating provider requirements;
- 5 3. Services provided by family or household member
6 restrictions;
- 7 4. Eligibility; and
- 8 5. Appeals processes.

9 C. The treatment plan required under subsection A of this
10 section shall include all elements necessary for the insurer to
11 appropriately pay claims. These elements shall include, but not be
12 limited to:

- 13 1. A diagnosis;
- 14 2. Proposed treatment or treatments by type, frequency and
15 duration;
- 16 3. The anticipated outcomes stated as goals;
- 17 4. The frequency by which the treatment plan will be updated;
- 18 and
- 19 5. The treating physician's signature.

20 The insurer shall have the right to request an updated treatment
21 plan not more than once every six (6) months from the treating
22 physician to review medical necessity, unless the insurer and the
23 provider agree that a more frequent review is necessary due to
24 emerging clinical circumstances.

1 D. 1. A diagnosis of an autistic spectrum disorder by a
2 licensed physician or board-certified therapist shall be required to
3 be eligible for benefits and coverage under this section.

4 2. The prescribing medical practitioner shall:

5 a. be licensed, certified, or registered by an

6 appropriate agency of the State of Oklahoma,

7 b. have a professional credential that is recognized and

8 accepted by an appropriate agency of the United

9 States, or

10 c. be certified as a provider under the TRICARE military

11 health system.

12 3. The benefits and coverage provided under this section shall
13 be provided to any eligible person less than twenty-one (21) years
14 of age.

15 E. The insurer shall provide coverage for all therapies,
16 treatments, diagnoses and testing, medicines, special diets, and
17 supplements prescribed by a licensed physician or board-certified
18 therapist, including, but not limited to, coverage for behavioral
19 therapy.

20 F. Coverage for behavioral therapy shall be subject to a
21 maximum benefit of Seventy-five Thousand Dollars (\$75,000.00) per
22 year.

23 G. An insurer shall not deny or refuse to issue coverage on,
24 refuse to contract with, refuse to renew, refuse to reissue, or

1 otherwise terminate or restrict coverage on an individual under an
2 insurance policy solely because the individual is diagnosed with an
3 autistic spectrum disorder.

4 H. This act shall not apply to limited benefits policies,
5 including, but not limited to:

- 6 1. Accident-only policies;
- 7 2. Specified disease policies;
- 8 3. Hospital indemnity policies;
- 9 4. Medicare supplement policies; or
- 10 5. Long-term care policies.

11 I. 1. For purposes of this section, "autistic spectrum
12 disorder" means a neurological disorder that is marked by severe
13 impairment in social interaction, communication, and imaginative
14 play, with onset generally during the first three (3) years of life
15 and is included in a group of disorders known as autism spectrum
16 disorders.

17 2. "Autism spectrum disorder" means any of the pervasive
18 developmental disorders as defined by the most recent edition of the
19 Diagnostic and Statistical Manual of the Mental Disorders (DSM)
20 including Autistic Disorder, Asperger's Disorder, Pervasive
21 Developmental Disorder not otherwise specified (NOS), Rett Disorder,
22 and Childhood Degenerative Disorder (CDD).

23 3. "Neurobiological disorder" means an illness of the nervous
24 system caused by genetic, metabolic, or other biological factors.

1 SECTION 3. This act shall become effective November 1, 2008.

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