

1 ENGROSSED SENATE
2 BILL NO. 2118

By: Sparks of the Senate
and
Cox of the House

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6
7 [health insurance - requiring Insurance Commissioner
8 to enforce certain provisions - codification -
9 effective date]

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

12 SECTION 1. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 6585 of Title 36, unless there
14 is created a duplication in numbering, reads as follows:

15 A. For purposes of this section:

16 1. "Health care provider" means any person, firm, corporation
17 or other legal entity that is licensed, certified or otherwise
18 authorized by the laws of this state to provide health care
19 services, procedures or supplies in the ordinary course of business
20 or practice of a profession; and

21 2. "Insurer" means any insurance company, not-for-profit
22 hospital service and medical indemnity plan, health insurance
23 service organization, preferred provider organization or other

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1 entity offering health insurance policies, contracts or benefits in
2 this state.

3 B. When a change occurs in any terms and conditions, policies,
4 procedures, or rules of the insurer as referenced by a contract and
5 such change results in a negative fiscal impact or a material change
6 to administration of the agreement, both the insurer and the health
7 care provider shall agree to the change in writing before such
8 change becomes effective.

9 C. The Insurance Commissioner shall enforce the provisions of
10 this section and shall promulgate rules, if necessary, to implement
11 the provisions of this section.

12 SECTION 2. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 1304.1 of Title 74, unless there
14 is created a duplication in numbering, reads as follows:

15 A. For purposes of this section, "health care provider" means
16 any person, firm, corporation or other legal entity that is
17 licensed, certified or otherwise authorized by the laws of this
18 state to provide health care services, procedures or supplies in the
19 ordinary course of business or practice of a profession.

20 B. When a change occurs in any terms and conditions, policies,
21 procedures, or rules of the State and Education Employees Group
22 Insurance Plan as referenced by a contract and such change results
23 in a negative fiscal impact or material change to administration of
24 the agreement, both the State and Education Employees Group

1 Insurance Plan and the health care provider shall agree to the
2 change in writing before such change becomes effective.

3 C. The Insurance Commissioner shall enforce the
4 provisions of this section and shall promulgate rules, if
5 necessary, to implement the provisions of this section.

6 SECTION 3. Section 4 of this act shall be known and may be
7 cited as "Nick's Law".

8 SECTION 4. NEW LAW A new section of law to be codified
9 in the Oklahoma Statutes as Section 6060.4a of Title 36, unless
10 there is created a duplication in numbering, reads as follows:

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

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

1 exclusions and limitations of the health benefit plan, including,
2 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 shall include
10 all elements necessary for the insurer to appropriately pay claims.
11 These elements shall include, but not be limited to:

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

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

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1 D. A diagnosis of an autistic spectrum disorder by a licensed
2 physician board certified therapist shall be required to be eligible
3 for benefits and coverage under this section. The prescribing
4 medical practitioner must be:

5 1. Licensed, certified or registered by an appropriate agency
6 of the State of Oklahoma; or

7 2. One whose professional credential is recognized and accepted
8 by an appropriate agency of the United States; or

9 3. One who is certified as a provider under the TRICARE
10 military health system.

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

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

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

22 G. An insurer shall not deny or refuse to issue coverage on,
23 refuse to contract with, refuse to renew, refuse to reissue, or
24 otherwise terminate or restrict coverage on an individual under an

1 insurance policy solely because the individual is diagnosed with an
2 autistic spectrum disorder.

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

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

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

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

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

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1 SECTION 5. This act shall become effective November 1, 2008.
2 Passed the Senate the 10th day of March, 2008.

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5 Presiding Officer of the Senate

6 Passed the House of Representatives the ____ day of _____,
7 2008.

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10 Presiding Officer of the House
11 of Representatives