

1 ENGROSSED SENATE  
2 BILL NO. 2157

By: Barrington and Gumm of the  
Senate

3 and

4 Joyner of the House

5  
6  
7 [ retirement - requiring certain information be  
8 provided to Department of Human Services relating to  
9 child support enforcement - health benefit plan -  
10 codification -  
11 effective date ]

12  
13 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

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

16 Section 49-122.6 All information, documents and copies thereof  
17 contained in a member's retirement file shall be given confidential  
18 treatment and shall not be made public by the Oklahoma Firefighters  
19 Pension and Retirement System without the prior written consent of  
20 the member to which it pertains, but shall be subject to subpoena or  
21 court order. In connection with the collection of child support  
22 orders, the System is required to provide the Department of Human  
23 Services on a calendar quarterly basis the home address and Social

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1 Security number of all retired members and other payees of the  
2 System in an electronic medium acceptable to both agencies.

3 SECTION 2. NEW LAW A new section of law to be codified  
4 in the Oklahoma Statutes as Section 6060.20 of Title 36, unless  
5 there is created a duplication in numbering, reads as follows:

6 Any health benefit plan, including the State and Education  
7 Employees Group Health Insurance Plan, that is offered, issued, or  
8 renewed in this state on or after January 1, 2009, shall provide  
9 coverage for benefits provided for preventative health care services  
10 including physicals and testing regardless of whether the provider  
11 is considered in network for any insurance company. The coverage  
12 provided by this section shall be equal to one hundred percent  
13 (100%) of the contracted allowable, when applicable, or up to, but  
14 not more than Medicare allowable for each service when no contract  
15 applies. Each laboratory test shall be paid for unless that test is  
16 usually included in a "disease-oriented panel" or profile as defined  
17 by Federal Current Procedural Terminology (CPT) Codes. All  
18 laboratory testing shall be paid for when done by an Oklahoma  
19 laboratory with Clinical Laboratory Improvement Amendments (CLIA)  
20 certification. The benefit period deductible shall not apply.  
21 Covered services are subject to physician's office co-pay only if  
22 services are provided in a healthcare facility.

1           SECTION 3.       NEW LAW       A new section of law to be codified in  
2 the Oklahoma Statutes as Section 6060.4a of Title 36, unless there  
3 is created a duplication in numbering, reads as follows:

4           A. Any individual or group health benefit plan, including the  
5 State and Education Employees Group Health Insurance Plan, that is  
6 offered, issued, or renewed in this state on or after January 1,  
7 2009, shall provide coverage for the treatment of an autistic  
8 disorder. Coverage provided under this section is limited to  
9 treatment that is prescribed by the insured individual's treating  
10 physician in accordance with a treatment plan.

11           B. The coverage required under this section shall not be  
12 subject to dollar limits, deductibles or coinsurance provisions that  
13 are less favorable to an insured individual than the dollar limits,  
14 deductibles, or coinsurance provisions that apply to physical  
15 illness generally under the health benefit plan. Coverage of  
16 services may be subject to other general exclusions and limitations  
17 of the health benefit plan, including, but not limited to:

- 18           1. The coordination of benefits;
  - 19           2. Participating provider requirements;
  - 20           3. Services provided by family or household member  
21 restrictions;
  - 22           4. Eligibility; and
  - 23           5. Appeals processes.
- 24

1 C. The treatment plan required under subsection A shall include  
2 all elements necessary for the insurer to appropriately pay claims.

3 These elements shall include, but not be limited to:

4 1. A diagnosis;

5 2. Proposed treatment or treatments by type, frequency and  
6 duration;

7 3. The anticipated outcomes stated as goals;

8 4. The frequency by which the treatment plan will be updated;  
9 and

10 5. The treating physician's signature.

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

16 D. A diagnosis of an autistic disorder by a licensed physician  
17 or licensed behavioral practitioner shall be required to be eligible  
18 for benefits and coverage under this section. The benefits and  
19 coverage provided under this section shall be provided to any  
20 eligible person less than twenty-one (21) years of age.

21 E. The insurer shall provide coverage for all therapies,  
22 treatments, diagnoses and testing, medicines and supplements  
23 prescribed by a licensed physician, including, but not limited to,  
24 coverage for behavioral therapy.

1 F. Coverage for behavioral therapy shall be subject to a  
2 maximum benefit of Seventy-five Thousand Dollars (\$75,000.00) per  
3 year. The maximum period of coverage for behavior therapy shall be  
4 three (3) years, unless clinical progress reports demonstrate that  
5 the child is in a period of steady skill acquisition. For  
6 behavioral therapy to continue beyond three (3) years, the child's  
7 physician and/or licensed behavioral practitioner shall submit  
8 progress reports not less than once every six (6) months  
9 demonstrating continuing clinically significant progress.

10 G. An insurer shall not deny or refuse to issue coverage on,  
11 refuse to contract with, refuse to renew, refuse to reissue, or  
12 otherwise terminate or restrict coverage on an individual under an  
13 insurance policy solely because the individual is diagnosed with an  
14 autistic disorder.

15 H. This act shall not apply to limited benefits policies,  
16 including, but not limited to:

- 17 1. Accident-only policies;
- 18 2. Specified disease policies;
- 19 3. Hospital indemnity policies;
- 20 4. Medicare supplement policies; or
- 21 5. Long-term care policies.

22 I. 1. For purposes of this section, "autistic disorder" means  
23 a neurological disorder that is marked by severe impairment in  
24 social interaction, communication, and imaginative play, with onset

1 during the first three (3) years of life and is included in a group  
2 of disorders known as autism spectrum disorders;

3 2. "Autism spectrum disorder" means a neurobiological disorder  
4 that includes autistic disorder, Asperger's syndrome, regressive  
5 autism, and pervasive developmental disorder; and

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

8 SECTION 4. This act shall become effective November 1, 2008.  
9 Passed the Senate the 10th day of March, 2008.

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11 \_\_\_\_\_  
12 Presiding Officer of the Senate

13 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,  
14 2008.

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17 Presiding Officer of the House  
18 of Representatives  
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