

1 STATE OF OKLAHOMA

2 2nd Session of the 51st Legislature (2008)

3 HOUSE BILL 2459

By: Schwartz

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5
6 AS INTRODUCED

7 An Act relating to insurance; defining terms;
8 providing for insurance coverage for the treatment of
9 autism spectrum disorder; providing for treatment
10 plan; providing for review of treatment plan;
11 providing eligibility requirements; providing for
12 codification; and providing an effective date.

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

14 SECTION 1. NEW LAW A new section of law to be codified
15 in the Oklahoma Statutes as Section 4413 of Title 36, unless there
16 is created a duplication in numbering, reads as follows:

17 A. As used in this section:

18 1. "Autism spectrum disorder" means one of the three following
19 disorders as defined in the most recent edition of the Diagnostic
20 and Statistical Manual of Mental Disorders of the American
21 Psychiatric Association:

- 22 a. autistic disorder,
- 23 b. Asperger's syndrome, and
- 24 c. pervasive developmental disorder - not otherwise
specified;

1 2. "Insurer" means an insurance company and any other entity
2 providing health insurance coverage, which is licensed to engage in
3 the business of insurance in this state and which is subject to
4 state insurance regulation;

5 3. "Health insurance plan" means a group health insurance
6 policy or group health benefit plan offered by an insurer. It
7 includes any state health plan, but does not include any health
8 insurance plan offered in the individual market, any health
9 insurance plan that is individually underwritten, or any health
10 insurance plan provided to a small employer.

11 a. "Individual market" means the market for health
12 insurance coverage offered to individuals other than
13 in connection with a group health plan. The term
14 includes, but is not limited to, coverage offered in
15 connection with a group health plan that has fewer
16 than two participants as current employees on the
17 first day of the plan year.

18 b. "Small employer" means, in connection with a health
19 insurance plan with respect to a calendar year and a
20 plan year, any person, firm, corporation, partnership,
21 association, or employer, as defined in Section 3(5)
22 of the Employee Retirement Income Security Act of
23 1974, that is actively engaged in business that, on at
24 least fifty percent (50%) of its working days during

1 the preceding calendar year, employed no more than
2 fifty (50) eligible employees or employed an average
3 of not more than fifty (50) employees on business days
4 during the preceding calendar year and who employs at
5 least one employee on the first day of the plan year;
6 and

7 4. "State health plan" means the State and Education Employees
8 Group Health and Life Insurance Plans as defined in Title 74 of the
9 Oklahoma Statutes.

10 B. Every health insurance plan shall provide coverage for the
11 treatment of autism spectrum disorder. Coverage provided pursuant
12 to this section is limited to treatment that is prescribed by the
13 treating medical doctor of the insured in accordance with a
14 treatment plan. With regards to a health insurance plan as defined
15 in this section, an insurer shall not deny or refuse to issue
16 coverage on, refuse to contract with, or refuse to renew or refuse
17 to reissue or otherwise terminate or restrict coverage on an
18 individual solely because the individual is diagnosed with autism
19 spectrum disorder.

20 C. The coverage required pursuant to subsection B of this
21 section shall not be subject to dollar limits, deductibles, or
22 coinsurance provisions that are less favorable to an insured than
23 the dollar limits, deductibles, or coinsurance provisions that apply
24 to physical illness generally under the health insurance plan,

1 except as otherwise provided for in subsection E of this section.
2 However, the coverage required pursuant to subsection B of this
3 section may be subject to other general exclusions and limitations
4 of the health insurance plan, including, but not limited to,
5 coordination of benefits, participating provider requirements,
6 restrictions on services provided by family or household members,
7 utilization of review of health care services including review of
8 medical necessity, case management, and other managed care
9 provisions.

10 D. The treatment plan required pursuant to subsection B of this
11 section shall include all elements necessary for the health
12 insurance plan to appropriately pay claims. These elements include,
13 but are not limited to, a diagnosis, proposed treatment by type,
14 frequency, and duration of treatment, the anticipated outcomes
15 stated as goals, the frequency by which the treatment plan will be
16 updated, and the signature of the treating medical doctor. The
17 health insurance plan may only request an updated treatment plan
18 once every six (6) months from the treating medical doctor to review
19 medical necessity, unless the health insurance plan and the treating
20 medical doctor agree that a more frequent review is necessary due to
21 emerging clinical circumstances.

22 E. To be eligible for benefits and coverage pursuant to this
23 section, an individual must be diagnosed with autistic spectrum
24 disorder at age eight (8) years or younger. The benefits and

1 coverage provided pursuant to this section shall be provided to any
2 eligible person under sixteen (16) years of age. Coverage for
3 behavioral therapy is subject to a fifty-thousand-dollar maximum
4 benefit per year. Beginning November 1, 2009, this maximum benefit
5 shall be adjusted annually on January 1 of each calendar year to
6 reflect any change from the previous year in the current Consumer
7 Price Index for All Urban Consumers, as published by the United
8 States Department of Labor's Bureau of Labor Statistics.

9 SECTION 2. This act shall become effective November 1, 2008.

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