

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 3111

By: Peterson (Ron)

4
5
6 AS INTRODUCED

7 An Act relating to health care coverage legislation;
8 specifying time period for introduction of bills
9 mandating certain health coverage; providing
10 exception to time period for introduction; requiring
11 report assessing impacts of certain health coverage;
12 exempting Legislature from payment for report;
13 providing requirements of report; requiring actuarial
14 analysis for report; providing for codification; and
15 providing an effective date.

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

17 SECTION 1. NEW LAW A new section of law to be codified
18 in the Oklahoma Statutes as Section 7011 of Title 36, unless there
19 is created a duplication in numbering, reads as follows:

20 A. Any bill which would mandate a health coverage or offering
21 of a health coverage by an insurer, hospital, medical, dental or
22 optometric service corporation, health care services organization or
23 any other health care service contractor as a component of
24 individual or group policies may be introduced according to the
applicable deadlines established by the House of Representatives or
Senate only in any odd-numbered year during the regular session.

1 Any such bill may be passed by the Legislature only during an even-
2 numbered year of the regular session. Any such bill may be
3 introduced in an even-numbered year, but shall not be considered by
4 the Legislature during that year.

5 B. Notwithstanding the provisions of subsection A of this
6 section, any bill which would mandate a health coverage or offering
7 of a health coverage as provided for in subsection A of this section
8 may be introduced, considered and enacted in any year of the regular
9 session of the Legislature if such bill is introduced solely for the
10 purpose of an unforeseen emergency situation that needs to be
11 addressed immediately. Such bill shall only be considered if three-
12 fourths (3/4) of the membership of each House votes to allow the
13 bill to be considered.

14 SECTION 2. NEW LAW A new section of law to be codified
15 in the Oklahoma Statutes as Section 7012 of Title 36, unless there
16 is created a duplication in numbering, reads as follows:

17 A. An organization or individual advocating a bill which would
18 mandate a health coverage or offering of a health coverage by an
19 insurer, hospital, medical, dental or optometric service
20 corporation, health care services organization or any other health
21 care service contractor as a component of individual or group
22 policies shall submit a report to the respective Senate or House of
23 Representatives standing committee or subcommittee that has been
24 assigned to consider the proposal.

1 B. The report shall assess both the social and financial
2 impacts of such coverage, including the effectiveness of the
3 treatment or service proposed, according to the factors prescribed
4 in Section 3 of this act.

5 C. The Legislature shall not be responsible for the cost of
6 preparing the report.

7 SECTION 3. NEW LAW A new section of law to be codified
8 in the Oklahoma Statutes as Section 7013 of Title 36, unless there
9 is created a duplication in numbering, reads as follows:

10 A. To the extent that information is available, the report
11 prescribed by Section 2 of this act shall include, but not be
12 limited to, the following:

13 1. The social impact:

14 a. the extent to which the treatment or service is
15 generally utilized by a significant portion of the
16 population,

17 b. the extent to which the insurance coverage is already
18 generally available,

19 c. if coverage is not generally available, the extent to
20 which the lack of coverage results in persons avoiding
21 necessary health care treatments,

22 d. if coverage is not generally available, the extent to
23 which the lack of coverage results in unreasonable
24 financial hardship to a patient,

- e. the level of public demand for the treatment or service,
- f. the level of public demand for insurance coverage of the treatment or service, and
- g. the level of interest of collective bargaining agents in negotiating privately for inclusion of this coverage in group contracts; and

2. The financial impact:

- a. the extent to which the coverage will increase or decrease the cost of the treatment or service,
- b. the extent to which the coverage will increase the appropriate use of the treatment or service,
- c. the extent to which the mandated treatment or service will be a substitute for a more expensive treatment or service,
- d. the extent to which the coverage will increase or decrease the administrative expenses of insurers and the premium and administrative expenses of policyholders, and
- e. the impact of this coverage on the total cost of health care.

B. An actuary who is a member of the American Academy of Actuaries shall prepare the financial impact analysis required by

1 paragraph 2 of subsection A of this section and certify that the
2 analysis is consistent with accepted actuarial techniques.

3 C. The report required by Section 2 of this act shall address
4 the specific language of the proposed mandate. A report on a
5 similar bill or proposal in a different jurisdiction is insufficient
6 and does not meet the requirements of Section 1 of this act.

7 D. An organization or individual that does not submit a report
8 required by Section 2 of this act is not subject to any civil
9 sanction or criminal penalty.

10 SECTION 4. This act shall become effective November 1, 2008.

11

12 51-2-8480 MMP 01/07/08

13

14

15

16

17

18

19

20

21

22

23

24