

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1692

By: Anderson

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6 AS INTRODUCED

7 An Act relating to insurance; requiring certain
8 coverage; requiring equal coverage in certain
9 circumstances; specifying certain requirement;
10 stating certain right; requiring certain diagnosis;
11 providing certain restrictions; providing exceptions;
12 prohibiting certain acts; clarifying applicability of
13 act; defining term; providing for codification; and
14 providing an effective date.

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

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

19 A. Any individual or group health benefit plan, including the
20 State and Education Employees Group Health Insurance Plan, that is
21 offered, issued, or renewed in this state on or after January 1,
22 2009, shall provide coverage for the treatment of an autistic
23 disorder. Coverage provided under this section is limited to
24 treatment that is prescribed by the insured individual's treating
physician in accordance with a treatment plan.

1 B. The coverage required under this section shall not be
2 subject to dollar limits, deductibles or coinsurance provisions that
3 are less favorable to an insured individual than the dollar limits,
4 deductibles, or coinsurance provisions that apply to physical
5 illness generally under the health benefit plan. Coverage of
6 services may be subject to other general exclusions and limitations
7 of the health benefit plan, including, but not limited to:

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

14 C. The treatment plan required under subsection A shall include
15 all elements necessary for the insurer to appropriately pay claims.
16 These elements shall include, but not be limited to:

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

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

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

11 E. The insurer shall provide coverage for all therapies,
12 treatments, diagnoses and testing, medicines and supplements
13 prescribed by a licensed physician, including but not limited to
14 coverage for behavioral therapy.

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

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1 G. An insurer shall not deny or refuse to issue coverage on,
2 refuse to contract with, refuse to renew, refuse to reissue, or
3 otherwise terminate or restrict coverage on an individual under an
4 insurance policy solely because the individual is diagnosed with an
5 autistic disorder.

6 H. This act shall not apply to limited benefits policies,
7 including, but not limited to:

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

13 I. For purposes of this section, "autistic disorder" means a
14 neurological disorder that is marked by severe impairment in social
15 interaction, communication, and imaginative play, with onset during
16 the first three (3) years of life.

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

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