

1 STATE OF OKLAHOMA

2 1st Session of the 52nd Legislature (2009)

3 COMMITTEE SUBSTITUTE  
4 FOR

5 SENATE BILL 378

6 By: Rice (and Anderson)

7 COMMITTEE SUBSTITUTE

8 [ insurance - reimbursement relating to certain  
9 immunizations- effective date ]

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

13 SECTION 1. AMENDATORY 36 O.S. 2001, Section 6060.4, as  
14 last amended by Section 65, Chapter 264, O.S.L. 2006 (36 O.S. Supp.  
15 2008, Section 6060.4), is amended to read as follows:

16 Section 6060.4 A. A health benefit plan delivered, issued for  
17 delivery or renewed in this state on or after January 1, 1998, that  
18 provides benefits for the dependents of an insured individual shall  
19 provide coverage for each child of the insured, from birth through  
20 the date such child is eighteen (18) years of age for:

21 1. Immunization against:

22 a. diphtheria,

23 b. hepatitis B,

24 c. measles,

- d. mumps,
- e. pertussis,
- f. polio,
- g. rubella,
- h. tetanus,
- i. varicella,
- j. haemophilus influenzae type B, and
- k. hepatitis A; and

2. Any other immunization subsequently required for children by the State Board of Health.

B. 1. Benefits required pursuant to subsection A of this section shall not be subject to a deductible, co-payment, or coinsurance requirement.

2. Benefits required pursuant to subsection A of this section shall not be discounted due to network agreements, preferred provider organization (PPO) contracts, or any other contract that is signed by a physician or facility providing immunizations which would result in a reimbursement amount of less than one hundred percent (100%) of the actual retail cost charged to the physician or facility purchasing the immunization.

3. Reimbursement shall be at one hundred percent (100%) of the actual retail cost of the immunization and an additional reimbursement of twenty percent (20%) of the retail cost charged which shall be for dispensing and storage of the immunizations.

1 C. 1. For purposes of this section, "health benefit plan"  
2 means a plan that:

3 a. provides benefits for medical or surgical expenses  
4 incurred as a result of a health condition, accident,  
5 or sickness, and

6 b. is offered by any insurance company, group hospital  
7 service corporation, the State and Education Employees  
8 Group Insurance Board, or health maintenance  
9 organization that delivers or issues for delivery an  
10 individual, group, blanket, or franchise insurance  
11 policy or insurance agreement, a group hospital  
12 service contract, or an evidence of coverage, or, to  
13 the extent permitted by the Employee Retirement Income  
14 Security Act of 1974, 29 U.S.C., Section 1001 et seq.,  
15 by a multiple employer welfare arrangement as defined  
16 in Section 3 of the Employee Retirement Income  
17 Security Act of 1974, or any other analogous benefit  
18 arrangement, whether the payment is fixed or by  
19 indemnity.

20 2. The term "health benefit plan" shall not include:

21 a. a plan that provides coverage:

22 (1) only for a specified disease,

23 (2) only for accidental death or dismemberment,  
24

1 (3) for wages or payments in lieu of wages for a  
2 period during which an employee is absent from  
3 work because of sickness or injury, or

4 (4) as a supplement to liability insurance,

5 b. a Medicare supplemental policy as defined by Section  
6 1882(g)(1) of the Social Security Act (42 U.S.C.,  
7 Section 1395ss),

8 c. worker's compensation insurance coverage,

9 d. medical payment insurance issued as part of a motor  
10 vehicle insurance policy,

11 e. a long-term care policy, including a nursing home  
12 fixed indemnity policy, unless a determination is made  
13 that the policy provides benefit coverage so  
14 comprehensive that the policy meets the definition of  
15 a health benefit plan, or

16 f. short-term health insurance issued on a nonrenewable  
17 basis with a duration of six (6) months or less.

18 SECTION 2. This act shall become effective November 1, 2009.

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