

SENATE CHAMBER

STATE OF OKLAHOMA

DISPOSITION BY SENATE

FLOOR AMENDMENT

No. _____

(Date)

Mr./Madame President:

I move to amend House Bill No. 1048, Page 6, Line 5½,

as follows:

By inserting a new SECTION 4 to read as per attached and by renumbering subsequent sections.

Submitted by:

Senator Gumm

Gumm-JCR-FA-HB1048
3/26/2009 10:50 AM

1 SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as
2 Section 625.6 of Title 36, unless there is created a duplication in numbering, reads as follows:

3 A. For tax years beginning on or after January 1, 2010, no credit against the tax imposed by
4 Section 624 or 628 of Title 36 of the Oklahoma Statutes which is claimed by a taxpayer who is a
5 provider of an individual or group health benefit plan offered, issued or renewed in this state on or
6 after January 1, 2010, shall be granted unless such taxpayer provides qualifying coverage for the
7 treatment of an autistic disorder. Further, notwithstanding any other provisions of law, no taxpayer
8 subject to the tax imposed by Section 624 or 628 of Title 36 of the Oklahoma Statutes that qualifies
9 for any economic development or job creation incentive shall receive any such incentive unless such
10 taxpayer provides qualifying coverage for the treatment of an autistic disorder.

11 B. For the purposes of this section, “qualifying coverage for treatment of an autistic disorder”
12 means treatment which is prescribed by the insured’s individual treating physician in accordance
13 with a treatment plan and which meets the requirements of subsections C, D, E, F, G, H, I , J and K
14 of this section.

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

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

1 D. The treatment plan required under subsection B shall include all elements necessary for the
2 insurer to appropriately pay claims. These elements shall include, but not be limited to:

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

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

11 E. A diagnosis of an autistic spectrum disorder by a licensed physician or board certified
12 therapist shall be required to be eligible for benefits and coverage under this section. The
13 prescribing medical practitioner shall be:

- 14 1. Licensed, certified or registered by an appropriate agency of the State of Oklahoma;
- 15 2. One whose professional credential is recognized and accepted by an appropriate agency of
16 the United States; or
- 17 3. One who is certified as a provider under the TRICARE military health system.

18 F. The benefits and coverage provided under this section shall be provided to any eligible
19 person less than twenty-one (21) years of age.

20 G. The insurer shall provide coverage for all therapies, treatments, diagnoses and testing,
21 medicines, special diets and supplements prescribed by a licensed physician or board certified
22 therapist, including but not limited to, coverage for behavioral therapy.

23 H. Coverage for behavioral therapy shall be subject to a maximum benefit of Thirty-Six
24 Thousand Dollars (\$36,000.00) per year.

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

4 J. This act shall not apply to limited benefits policies, including but not limited to:

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

10 K. For purposes of this section:

11 1. “Autistic spectrum disorder” means a neurological disorder that is marked by severe
12 impairment in social interaction, communication, and imaginative play, with onset generally during
13 the first three (3) years of life and is included in a group of disorders known as autism spectrum
14 disorders;

15 2. “Autism spectrum disorder” means any of the pervasive developmental disorders as
16 defined by the most recent edition of the Diagnostic and Statistical Manual of the Mental Disorders
17 (DSM), including Autistic disorder, Asperger’s disorder and pervasive developmental disorder not
18 otherwise specified (NOS), Rett disorder and childhood degenerative disorder; and

19 3. “Neurobiological disorder” means an illness of the nervous system caused by genetic,
20 metabolic, or other biological factors.