

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 1312

By: Brown

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6 AS INTRODUCED

7 An Act relating to insurance; creating Nick's Law;  
8 providing short title; requiring certain coverage;  
9 requiring equal coverage in certain circumstances;  
10 specifying certain requirement; stating certain  
11 right; requiring certain diagnosis; providing certain  
12 restrictions; providing exceptions; prohibiting  
13 certain acts; clarifying applicability of act;  
14 defining terms; 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 6060.4b of Title 36, unless  
19 there is created a duplication in numbering, reads as follows:

20 A. This section shall be known and may be cited as "Nick's  
21 Law".

22 B. Any individual or group health benefit plan, including the  
23 State and Education Employees Group Health Insurance Plan, that is  
24 offered, issued, or renewed in this state on or after January 1,  
2010, shall provide coverage for the treatment of an autistic  
disorder. Coverage provided under this section is limited to

1 treatment that is prescribed by the insured individual's treating  
2 physician in accordance with a treatment plan.

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

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

16 D. The treatment plan required under subsection B of this  
17 section shall include all elements necessary for the insurer to  
18 appropriately pay claims. These elements shall include, but not be  
19 limited to:

- 20 1. A diagnosis;
- 21 2. Proposed treatment or treatments by type, frequency and  
22 duration;
- 23 3. The anticipated outcomes stated as goals;

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1 4. The frequency by which the treatment plan will be updated;  
2 and

3 5. The treating physician's signature.

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

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

14 F. The insurer shall provide coverage for all therapies,  
15 treatments, diagnoses and testing, medicines and supplements  
16 prescribed by a licensed physician including, but not limited to,  
17 coverage for behavioral therapy.

18 G. Coverage for behavioral therapy shall be subject to a  
19 maximum benefit of Fifty Thousand Dollars (\$50,000.00) per year.  
20 The maximum period of coverage for behavioral therapy shall be three  
21 (3) years, unless clinical progress reports demonstrate that the  
22 child is in a period of steady skill acquisition. For behavioral  
23 therapy to continue beyond three (3) years, the child's physician or  
24 licensed behavioral practitioner shall submit progress reports not

1 less than once every six (6) months demonstrating continuing  
2 clinically significant progress.

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

8 I. This section shall not apply to limited benefits policies  
9 including, but not limited to:

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

15 J. For purposes of this section:

16 1. "Autistic disorder" means a neurological disorder that is  
17 marked by severe impairment in social interaction, communication,  
18 and imaginative play, with onset during the first three (3) years of  
19 life and is included in a group of disorders known as autism  
20 spectrum disorders;

21 2. "Autism spectrum disorder" means a neurobiological disorder  
22 that includes autistic disorder, Asperger's syndrome, regressive  
23 autism, and pervasive developmental disorder; and

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1           3. "Neurobiological disorder" means an illness of the nervous  
2 system caused by genetic, metabolic, or other biological factors.

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

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