

1 STATE OF OKLAHOMA

2 2nd Session of the 52nd Legislature (2010)

3 HOUSE BILL 2340

By: McAffrey

4
5 AS INTRODUCED

6 An Act relating to insurance; requiring coverage of
7 bariatric surgery; specifying certain requirements;
8 providing for certain exclusions and limitations;
9 establishing treatment plan requirements; requiring
10 certain diagnosis; prohibiting certain insurer
11 refusals or denials; providing exceptions; providing
12 for codification; and providing an effective date.

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

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

17 A. Any individual or group health benefit plan, including the
18 State and Education Employees Group Health Insurance Plan, that is
19 offered, issued, or renewed in this state on or after January 1,
20 2011, shall provide coverage for the treatment of bariatric surgery.
21 Coverage provided under this section is limited to treatment that is
22 prescribed by the insured individual's treating physician in
23 accordance with a treatment plan.

24 B. The coverage required under this section shall not be
subject to dollar limits, deductibles, or coinsurance provisions

1 that are less favorable to an insured individual than the dollar
2 limits, deductibles, or coinsurance provisions that apply to
3 surgical procedures generally under the health benefit plan.

4 Coverage of services may be subject to other general exclusions and
5 limitations of the health benefit plan including, but not limited
6 to:

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

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

- 17 1. A diagnosis of morbid obesity as established by the
18 Consensus Panel of the National Institutes of Health, including, but
19 not limited to, the following criteria:
 - 20 a. a body mass index of forty (40) or higher, or
 - 21 b. a body mass index of thirty-five (35) or higher with
22 the presence of a related comorbidity;

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1 2. A determination by the personal physician or surgeon
2 specialist that the morbidly obese individual has attempted to lose
3 weight by nonsurgical means, but has not lost weight successfully;

4 3. A statement by the personal physician or surgeon specialist
5 that bariatric surgery is the best course of treatment for the
6 individual, taking into consideration the risks and benefits of such
7 surgery;

8 4. The anticipated outcome stated as goals, to include the
9 targeted weight goal and the reduction or elimination of
10 comorbidities associated with morbid obesity; and

11 5. The surgeon specialist's signature attesting to the
12 diagnosis and treatment option selected.

13 D. An insurer shall not deny or refuse to issue coverage on,
14 refuse to contract with, refuse to renew, refuse to reissue, or
15 otherwise terminate or restrict coverage on an individual under an
16 insurance policy solely because the individual is diagnosed as
17 morbidly obese and that bariatric surgery has been recommended.

18 E. This section shall not apply to limited benefits policies
19 including, but not limited to:

- 20 1. Accident-only policies;
- 21 2. Specified disease policies;
- 22 3. Hospital indemnity policies;
- 23 4. Medicare supplement policies; or
- 24 5. Long-term care policies.

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SECTION 2. This act shall become effective November 1, 2010.

52-2-8379 SDR 12/14/09