

1 STATE OF OKLAHOMA

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

3 SENATE BILL 14

By: Wilson

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5
6 AS INTRODUCED

7 An Act relating to insurance; requiring a health
8 benefit plan to fully cover certain health care
9 services; providing exception; defining terms;
10 requiring the Insurance Commissioner to promulgate
11 certain rules; providing for codification; and
12 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 6060.19 of Title 36, unless
16 there is created a duplication in numbering, reads as follows:

17 A. Any health benefit plan that is offered, issued or renewed
18 in this state on or after January 1, 2010, shall fully cover any
19 health care services of the insured that is deemed by a health care
20 professional to be medically necessary in order to treat a health
21 condition, illness, injury or disease.

22 B. The provisions of subsection A of this section shall not
23 apply to any elective procedures that would result in the
24 termination of a pregnancy.

C. As used in this section:

1 1. "Health benefit plan" means individual or group hospital or
2 medical insurance coverage, a not-for-profit hospital or medical
3 service or indemnity plan, a prepaid health plan, a health
4 maintenance organization plan, a prepared provider organization
5 plan, the State and Education Employees Group Health Insurance Plan,
6 and coverage provided by a Multiple Employer Welfare Arrangement
7 (MEWA) or employee self-insured plan except as exempt under federal
8 ERISA provisions;

9 2. "Health care professional" means a physician or other health
10 care practitioner providing health care services;

11 3. "Health care services" means services for the diagnosis,
12 prevention or treatment of a health condition, illness, injury or
13 disease; and

14 4. "Medically necessary" means health care services that a
15 health care professional, exercising prudent clinical judgment,
16 would provide to a patient for the purpose of evaluating, diagnosing
17 or treating a health condition, illness, injury or its symptoms, and
18 that are:

- 19 a. in accordance with generally accepted standards of
20 medical practice,
- 21 b. clinically appropriate in terms of type, frequency,
22 extent, site and duration and considered effective for
23 the patient's health condition, illness, injury or
24 disease,

1 c. not primarily for the convenience of the patient or
2 health care professional, and

3 d. not more costly than an alternative service or
4 sequence of services at least as likely to produce
5 equivalent therapeutic or diagnostic results as to the
6 diagnosis or treatment of that patient's health
7 condition, illness, injury or disease.

8 D. The Insurance Commissioner shall promulgate rules necessary
9 to implement the provisions of this section.

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

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