STATE OF OKLAHOMA

2nd Session of the 52nd Legislature (2010)

SENATE BILL 2135 By: Johnson (Constance)

AS INTRODUCED

An Act relating to public health and safety; prohibiting certain facilities from requiring specified referral; providing for penalties; amending 36 O.S. 2001, Section 6060, as last amended by Section 23, Chapter 184, O.S.L. 2008 (36 O.S. Supp. 2009, Section 6060), which relates to coverage for mammography screenings; prohibiting requirement for certain referral; providing for codification; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-744 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, any licensed health care facility offering mammography screening services shall be prohibited from requiring a referral from a physician or other health care provider before providing such services.

B. The State Department of Health may fine a health care facility that violates the provisions of this section not less than

One Hundred Dollars ($100.00) or more than One Thousand Dollars ($1,000.00) for each violation.

SECTION 2. AMENDATORY 36 O.S. 2001, Section 6060, as last amended by Section 23, Chapter 184, O.S.L. 2008 (36 O.S. Supp. 2009, Section 6060), is amended to read as follows:

Section 6060. A. All individual and group health insurance policies providing coverage on an expense incurred basis, and all individual and group service or indemnity type contracts issued by a nonprofit corporation, including the Oklahoma State and Education Employees Group Insurance Board, which provide coverage for a female thirty-five (35) years old or older in this state, except for policies that provide coverage for specified disease or other limited benefit coverage, shall include the coverage specified by this section for a mammography screening in a reimbursement amount not to exceed One Hundred Fifteen Dollars ($115.00) for the presence of occult breast cancer. Such coverage shall not:

1. Be subject to the policy deductible, co-payments and co-insurance limits of the plan; ~~or~~

2. Require that a female undergo a mammography screening at a specified time as a condition of payment; or

3. Require the referral of a physician or other health care provider.

B. 1. Any female thirty-five (35) through thirty-nine (39) years of age shall be entitled pursuant to the provisions of this

section to coverage for a mammography screening once every five (5) years.

2. Any female forty (40) years of age or older shall be entitled pursuant to the provisions of this section to coverage for an annual mammography screening.

SECTION 3. This act shall become effective November 1, 2010.

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