

1 STATE OF OKLAHOMA

2 1st Session of the 53rd Legislature (2011)

3 SENATE BILL 779

By: Johnson (Constance)

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5  
6 AS INTRODUCED

7 An Act relating to health insurance coverage; stating  
8 legislative intent; defining terms; requiring health  
9 benefit plan to provide coverage for certain health  
10 care therapies; providing for exceptions; requiring  
the Insurance Commissioner to promulgate certain  
rules; providing for codification; and providing an  
effective date.

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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 6060.2a of Title 36, unless  
16 there is created a duplication in numbering, reads as follows:

17 A. It is the intent of the Oklahoma Legislature to acknowledge  
18 that all conditions do not have a medical cure and that health  
19 benefit plans should provide coverage for alternative and  
20 complementary health care therapies in order to assist in the  
21 management and treatment of such conditions.

22 B. As used in this section:  
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1 1. "Health benefit plan" means any plan or arrangement as  
2 defined in subsection C of Section 6060.4 of Title 36 of the  
3 Oklahoma Statutes;

4 2. "Homeopathic medicine" is a system of healing which utilizes  
5 generally accepted physical, pharmacological and homeopathic methods  
6 of diagnosis and therapy, including, but not limited to, the use of  
7 body mechanics, manipulative methods, and physiological  
8 therapeutics; and

9 3. "Naturopathic medicine" means a system of natural health  
10 care that employs diagnosis and treatment using natural therapies  
11 and diagnostic techniques for the promotion, maintenance and  
12 restoration of health and the prevention of illness and disease,  
13 including, but not limited to, eye health care, respiratory care,  
14 substance abuse treatment and sexual dysfunction.

15 C. Any health benefit plan that is offered, issued or renewed  
16 in this state on or after January 1, 2012, that provides medical and  
17 surgical benefits shall provide coverage for alternative and  
18 complementary health care therapies including homeopathic and  
19 naturopathic medicine.

20 D. The provisions of this section shall not apply to policies  
21 or certificates issued to groups with fifty or fewer employees.

22 E. 1. A health benefit plan that, at the end of its base  
23 period, experiences a greater than two percent (2%) increase in  
24 premium costs pursuant to providing benefits for alternative and

1 complementary health care therapies shall be exempt from the  
2 provisions of subsection C of this section.

3       2. To calculate the base period-premium costs, the health  
4 benefit plan shall subtract from premium costs incurred during the  
5 base period, both the premium costs incurred during the period  
6 immediately preceding the base period and any premium cost increases  
7 attributable to factors unrelated to benefits for alternative and  
8 complementary health care therapies.

9       3. a. To claim the exemption provided for in paragraph 1 of  
10 this subsection, a health benefit plan shall provide  
11 to the Insurance Commissioner a written request signed  
12 by an actuary stating the reasons and actuarial  
13 assumptions upon which the request is based.

14       b. The Commissioner shall verify the information provided  
15 and shall approve or disapprove the request within  
16 thirty (30) days of receipt.

17       c. If, upon investigation, the Commissioner finds that  
18 any statement of fact in the request is found to be  
19 knowingly false, the health benefit plan may be  
20 subject to suspension or loss of license or any other  
21 penalty as determined by the Commissioner.

22       F. The Commissioner shall promulgate any rules necessary to  
23 implement the provisions of this section.

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SECTION 2. This act shall become effective November 1, 2011.

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