

1 ENGROSSED SENATE AMENDMENT
TO

2 ENGROSSED HOUSE
BILL NO. 2226

By: Schwartz of the House

and

Griffin of the Senate

7 An Act relating to public health and safety; defining
8 terms; requiring health insurance issuer to use
9 certain form for obtaining prior authorization for
10 prescription drug benefits; requiring health
11 insurance issuer to submit certain forms and
12 replacements to Insurance Department; providing for
13 codification; providing an effective date; and
14 declaring an emergency. An act relating to health
15 benefit plans; defining terms; providing exceptions;
16 requiring use of certain forms under certain
17 circumstances; establishing requirements for certain
18 forms; providing for accessibility of certain forms;
19 providing for codification; providing an effective
20 date; and declaring an emergency.

16 AMENDMENT NO. 1. Page 1, strike the title, enacting clause and
entire bill and insert

18 "An Act relating to health benefit plans; defining
19 terms; providing exceptions; requiring use of certain
20 forms under certain circumstances; establishing
21 requirements for certain forms; providing for
22 accessibility of certain forms; providing for
23 codification; providing an effective date; and
24 declaring an emergency.

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

1 SECTION 1. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 313A of Title 63, unless there
3 is created a duplication in numbering, reads as follows:

4 A. As used in this section:

5 1. a. "Health benefit plan" means a plan that:

6 (1) provides benefits for medical or surgical
7 expenses incurred as a result of a health
8 condition, accident, or sickness, and

9 (2) is offered by any insurance company, group
10 hospital service corporation, the State and
11 Education Employees Group Insurance Board, or a
12 health maintenance organization that delivers or
13 issues for delivery an individual, group,
14 blanket, or franchise insurance policy or
15 insurance agreement, a group hospital service
16 contract, or an evidence of coverage, or, to the
17 extent permitted by the Employee Retirement
18 Income Security Act of 1974, 29 U.S.C., Section
19 1001 et seq., by a multiple employer welfare
20 arrangement as defined in Section 3 of the
21 Employee Retirement Income Security Act of 1974,
22 or any other analogous benefit arrangement,
23 whether the payment is fixed or by indemnity.

24 b. "Health benefit plan" shall not include:

- 1 (1) a plan that provides coverage:
 - 2 (a) only for a specified disease or diseases or
 - 3 under an individual limited benefit policy,
 - 4 (b) only for accidental death or dismemberment,
 - 5 (c) for dental or vision care,
 - 6 (d) a hospital confinement indemnity policy,
 - 7 (e) disability income insurance or a combination
 - 8 of accident-only and disability income
 - 9 insurance, or
 - 10 (f) as a supplement to liability insurance,
- 11 (2) a Medicare supplemental policy as defined by
- 12 Section 1882(g)(1) of the Social Security Act (42
- 13 U.S.C., Section 1395ss),
- 14 (3) worker's compensation insurance coverage,
- 15 (4) medical payment insurance issued as part of a
- 16 motor vehicle insurance policy,
- 17 (5) a long-term care policy, including a nursing home
- 18 fixed indemnity policy, unless a determination is
- 19 made that the policy provides benefit coverage so
- 20 comprehensive that the policy meets the
- 21 definition of a health benefit plan, or
- 22 (6) short-term health insurance issued on a
- 23 nonrenewable basis with a duration of six (6)
- 24 months or less; and

1 2. "Prior authorization" means a utilization management
2 criterion utilized to seek permission or waiver of a drug to be
3 covered under a health prior authorization.

4 B. Notwithstanding any other provision of law to the contrary,
5 in order to establish uniformity in the submission of prior
6 authorization forms, on or after January 1, 2014, a health benefit
7 plan shall utilize prior authorization forms for obtaining any prior
8 authorization for prescription drug benefits. A form shall not
9 exceed four (4) pages in length, excluding any instructions or
10 guiding documentation and a health benefit plan may customize the
11 content of the form specific to the prescription drug for which the
12 prior authorization is being requested. A health benefit plan may
13 make the form accessible through multiple computer operating
14 systems. Additionally, upon request, the health benefit plan shall
15 make a copy of the form available to the Insurance Commissioner.

16 SECTION 2. This act shall become effective July 1, 2013.

17 SECTION 3. It being immediately necessary for the preservation
18 of the public peace, health and safety, an emergency is hereby
19 declared to exist, by reason whereof this act shall take effect and
20 be in full force from and after its passage and approval."

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1 Passed the Senate the 24th day of April, 2013.

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4 Presiding Officer of the Senate

5 Passed the House of Representatives the ____ day of _____,
6 2013.

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8 _____
9 Presiding Officer of the House
10 of Representatives

1 ENGROSSED HOUSE
2 BILL NO. 2226

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7 An Act relating to public health and safety; defining
8 terms; requiring health insurance issuer to use
9 certain form for obtaining prior authorization for
10 prescription drug benefits; requiring health
11 insurance issuer to submit certain forms and
12 replacements to Insurance Department; providing for
13 codification; providing an effective date; and
14 declaring an emergency.

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

16 SECTION 4. NEW LAW A new section of law to be codified
17 in the Oklahoma Statutes as Section 313A of Title 63, unless there
18 is created a duplication in numbering, reads as follows:

19 A. As used in this section:

20 1. "Health insurance issuer" means any entity that offers
21 health insurance coverage through a plan, policy, or certificate of
22 insurance subject to state law that regulates the business of
23 insurance. It shall also include a health maintenance organization;

24 2. "Health benefit plan", "plan", "benefit", or "health
insurance coverage" means services consisting of medical care,

1 provided directly, through insurance or reimbursement, or otherwise,
2 and including items and services paid for as medical care under any
3 hospital or medical service policy or certificate, hospital or
4 medical service plan contract, preferred provider organization, or
5 health maintenance organization contract offered by a health
6 insurance issuer. However, excepted benefits are not included as a
7 "health benefit plan"; and

8 3. "Prior authorization" means a utilization management
9 criterion utilized to seek permission or waiver of a drug to be
10 covered under a health prior authorization.

11 B. Notwithstanding any other provision of law to the contrary,
12 in order to establish uniformity in the submission of prior
13 authorization forms, on or after January 1, 2014, a health insurance
14 issuer shall utilize only a single, standardized prior authorization
15 form for obtaining any prior authorization for prescription drug
16 benefits. The form shall not exceed two pages in length, excluding
17 any instructions or guiding documentation. A health insurance
18 issuer may make the form accessible through multiple computer
19 operating systems. Additionally, the health insurance issuer shall
20 submit its prior authorization forms to the Insurance Department to
21 be kept on file on or after January 1, 2014. A copy of any
22 subsequent replacements or modification of a health insurance
23 issuer's prior authorization form shall be filed with the Insurance
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