

SENATE CHAMBER

STATE OF OKLAHOMA

DISPOSITION BY SENATE

FLOOR AMENDMENT

No. _____

(Date)

Mr./Madame President:

I move to amend House Bill No. 2190, by striking the title, enacting clause and entire body of the bill and substituting the attached floor substitute.

Submitted by:

Senator Griffin

Griffin-JAM-FS-Req#3670
4/23/2014 4:59 PM

1 STATE OF OKLAHOMA

2 2nd Session of the 54th Legislature (2014)

3 FLOOR SUBSTITUTE
4 FOR ENGROSSED

5 HOUSE BILL NO. 2190

By: Schwartz and Sherrer of the
House

and

Griffin of the Senate

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9 FLOOR SUBSTITUTE

10 [health benefit plans - defining terms -
11 accessibility of certain forms - codification -
effective date]

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

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

18 A. As used in this section:

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

20 (1) provides benefits for medical or surgical
21 expenses incurred as a result of a health
22 condition, accident, or sickness, and

23 (2) is offered by any insurance company, group
24 hospital service corporation, the State and

1 Education Employees Group Insurance Board, or a
2 health maintenance organization that delivers or
3 issues for delivery an individual, group,
4 blanket, or franchise insurance policy or
5 insurance agreement, a group hospital service
6 contract, or an evidence of coverage, or, to the
7 extent permitted by the Employee Retirement
8 Income Security Act of 1974, 29 U.S.C., Section
9 1001 et seq., by a multiple employer welfare
10 arrangement as defined in Section 3 of the
11 Employee Retirement Income Security Act of 1974,
12 or any other analogous benefit arrangement,
13 whether the payment is fixed or by indemnity.

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

15 (1) a plan that provides coverage:

- 16 (a) only for a specified disease or diseases or
17 under an individual limited benefit policy,
18 (b) only for accidental death or dismemberment,
19 (c) for dental or vision care,
20 (d) a hospital confinement indemnity policy,
21 (e) disability income insurance or a combination
22 of accident-only and disability income
23 insurance, or
24 (f) as a supplement to liability insurance,

- 1 (2) a Medicare supplemental policy as defined by
- 2 Section 1882(g)(1) of the Social Security Act (42
- 3 U.S.C., Section 1395ss),
- 4 (3) worker's compensation insurance coverage,
- 5 (4) medical payment insurance issued as part of a
- 6 motor vehicle insurance policy,
- 7 (5) a long-term care policy, including a nursing home
- 8 fixed indemnity policy, unless a determination is
- 9 made that the policy provides benefit coverage so
- 10 comprehensive that the policy meets the
- 11 definition of a health benefit plan, or
- 12 (6) short-term health insurance issued on a
- 13 nonrenewable basis with a duration of six (6)
- 14 months or less; and

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

18 B. Notwithstanding any other provision of law to the contrary,
19 in order to establish uniformity in the submission of prior
20 authorization forms, on or after January 1, 2015, a health benefit
21 plan shall utilize prior authorization forms for obtaining any prior
22 authorization for prescription drug benefits. A form shall not
23 exceed three pages in length, excluding any instructions or guiding
24 documentation and a health benefit plan may customize the content of

1 the form specific to the prescription drug for which the prior
2 authorization is being requested. A health benefit plan may make
3 the form accessible through multiple computer operating systems.
4 Additionally, upon request, the health benefit plan shall make a
5 copy of the form available to the Insurance Commissioner.

6 SECTION 2. This act shall become effective November 1, 2014.

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