

1                   **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2                                   STATE OF OKLAHOMA

3                                   1st Session of the 54th Legislature (2013)

4 COMMITTEE SUBSTITUTE  
5 FOR  
6 HOUSE BILL NO. 2226

By: Schwartz

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8                                   COMMITTEE SUBSTITUTE

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

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

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

20                   A. As used in this section:

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

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

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

15 B. Notwithstanding any other provision of law to the contrary,  
16 in order to establish uniformity in the submission of prior  
17 authorization forms, on or after January 1, 2014, a health insurance  
18 issuer shall utilize only a single, standardized prior authorization  
19 form for obtaining any prior authorization for prescription drug  
20 benefits. The form shall not exceed two pages in length, excluding  
21 any instructions or guiding documentation. A health insurance  
22 issuer may make the form accessible through multiple computer  
23 operating systems. Additionally, the health insurance issuer shall

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1 submit its prior authorization forms to the Insurance Department to  
2 be kept on file on or after January 1, 2014. A copy of any  
3 subsequent replacements or modification of a health insurance  
4 issuer's prior authorization form shall be filed with the Insurance  
5 Department within fifteen (15) days prior to use or implementation  
6 of such replacements or modifications.

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

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

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13 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 02/28/2013 -  
14 DO PASS, As Amended and Coauthored.

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UNDERLINED language denotes Amendments to present Statutes.  
**BOLD FACE CAPITALIZED** language denotes Committee Amendments.  
~~Strike thru~~ language denotes deletion from present Statutes.