## 1 HOUSE OF REPRESENTATIVES - FLOOR VERSION 2 STATE OF OKLAHOMA 3 1st Session of the 56th Legislature (2017) HOUSE BILL 1712 By: Moore of the House 4 5 and Brown of the Senate 6 7 8 9 AS INTRODUCED 10 An Act relating to insurance; authorizing insurers to offer health benefit plans without regulated health benefits; requiring notice to insured; requiring list 11 of included and excluded health services; allowing 12 additional premium charges for each benefit offered; requiring certain group insurers to offer individual 1.3 plans; defining term; providing for codification; and providing an effective date. 14 15 16 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 17 SECTION 1. A new section of law to be codified NEW LAW 18 in the Oklahoma Statutes as Section 6060.31 of Title 36, unless 19 there is created a duplication in numbering, reads as follows: 20 A. Any domestic insurer formed under the laws of Oklahoma and 21 transacting business in this state offering individual or group 22 health insurance policies may offer a health benefit plan that does 23 not contain one or more regulated health benefits.

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- B. The insured shall be provided with a written notice that one or more of the regulated health benefits are not included in the health benefit plan. The health benefit plan shall specify the health services that are included and shall specifically list the health services that will be limited or not covered. The insurer is required to retain a signed copy of this notice on file as a part of the original application as evidence that the insured has acknowledged such notice.
- C. The health benefit plan may impose additional premium charges for each optional benefit offered.
- D. Any insurer that offers group health insurance policies that include health benefit plans that do not contain one or more regulated health benefits under this section shall also offer an individual health benefit plan.
- E. "Regulated health benefits" mean coverages for health care services or benefits, required by state law or regulations, requiring the reimbursement or utilization related to a specific illness, injury or condition of the covered person, or inclusion of a specific category of licensed health care practitioner to be provided to the covered person in a health benefits plan for a health-related condition of a covered person. "Regulated health benefits" does not mean standard provisions or rights required to be present in a health benefit plan pursuant to state law or state regulations unrelated to a specific illness, injury or condition of

1	the insured, including, but not limited to, those related to
2	continuation of benefits found in Article 45 of the Oklahoma
3	Insurance Code.
4	SECTION 2. This act shall become effective November 1, 2017.
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6	COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 02/22/2017 - DO
7	PASS, As Coauthored.
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