

STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

HOUSE BILL 1712

By: Moore

AS INTRODUCED

An Act relating to insurance; authorizing insurers to offer health benefit plans without regulated health benefits; requiring notice to insured; requiring list of included and excluded health services; allowing additional premium charges for each benefit offered; requiring certain group insurers to offer individual plans; defining term; providing for codification; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.31 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Any domestic insurer formed under the laws of Oklahoma and transacting business in this state offering individual or group health insurance policies may offer a health benefit plan that does not contain one or more regulated health benefits.

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

1 health services that will be limited or not covered. The insurer is  
2 required to retain a signed copy of this notice on file as a part of  
3 the original application as evidence that the insured has  
4 acknowledged such notice.

5 C. The health benefit plan may impose additional premium  
6 charges for each optional benefit offered.

7 D. Any insurer that offers group health insurance policies that  
8 include health benefit plans that do not contain one or more  
9 regulated health benefits under this section shall also offer an  
10 individual health benefit plan.

11 E. "Regulated health benefits" mean coverages for health care  
12 services or benefits, required by state law or regulations,  
13 requiring the reimbursement or utilization related to a specific  
14 illness, injury or condition of the covered person, or inclusion of  
15 a specific category of licensed health care practitioner to be  
16 provided to the covered person in a health benefits plan for a  
17 health-related condition of a covered person. "Regulated health  
18 benefits" does not mean standard provisions or rights required to be  
19 present in a health benefit plan pursuant to state law or state  
20 regulations unrelated to a specific illness, injury or condition of  
21 the insured, including, but not limited to, those related to  
22 continuation of benefits found in Article 45 of the Oklahoma  
23 Insurance Code.

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SECTION 2. This act shall become effective November 1, 2017.

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