

STATE OF OKLAHOMA

1st Session of the 58th Legislature (2021)

SENATE BILL 652

By: Dossett (J.A.)

AS INTRODUCED

An Act relating to health insurance; amending Section 1, Chapter 230, O.S.L. 2016, as amended by Section 2, Chapter 437, O.S.L. 2019 (36 O.S. Supp. 2020, Section 6060.21), which relates to treatment of autism spectrum disorder; modifying age limit for certain insurance coverage; modifying maximum benefit for certain insurance coverage; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOM

SECTION 1. AMENDATORY Section 1, Chapter 230, O.S.L. 2016, as amended by Section 2, Chapter 437, O.S.L. 2019 (36 O.S. Supp. 2020, Section 6060.21), is amended to read as follows:

Section 6060.21. A. For all plans issued or renewed ~~on or~~ after beginning November 1, 2016, through October 30, 2021, a health benefit plan and the Oklahoma Employees Health Insurance Plan shall provide coverage for the screening, diagnosis and treatment of autism spectrum disorder in individuals less than nine (9) years of age, ~~or if;~~ for all plans issued or renewed on or after the effective date of this act, the plans shall provide for the

1 screening, diagnosis and treatment of autism spectrum disorder in
2 individuals less than twelve (12) years of age. If an individual is
3 not diagnosed or treated until after three (3) years of age for all
4 plans issued or renewed beginning November 1, 2016, through October
5 30, 2021, and after six (6) years of age for all plans issued or
6 renewed on or after the effective date of this act, coverage shall
7 be provided for at least six (6) years, provided that the individual
8 continually and consistently shows sufficient progress and
9 improvement as determined by the health care provider. No insurer
10 shall terminate coverage, or refuse to deliver, execute, issue,
11 amend, adjust or renew coverage to an individual solely because the
12 individual is diagnosed with or has received treatment for an autism
13 spectrum disorder.

14 B. Except as provided in subsection E of this section, coverage
15 under this section shall not be subject to any limits on the number
16 of visits an individual may make for treatment of autism spectrum
17 disorder.

18 C. Coverage under this section shall not be subject to dollar
19 limits, deductibles or coinsurance provisions that are less
20 favorable to an insured than the dollar limits, deductibles or
21 coinsurance provisions that apply to substantially all medical and
22 surgical benefits under the health benefit plan, except as otherwise
23 provided in subsection E of this section.

1 D. This section shall not be construed as limiting benefits
2 that are otherwise available to an individual under a health benefit
3 plan.

4 E. Coverage for applied behavior analysis shall be subject to a
5 maximum benefit of twenty-five (25) hours per week and no more than
6 Twenty-five Thousand Dollars (\$25,000.00) per year. On or after the
7 effective date of this act, coverage shall not be subject to a
8 maximum benefit of hours per week but shall be subject to a maximum
9 benefit of Thirty Thousand Dollars (\$30,000.00). Beginning January
10 1, 2018, the Oklahoma Insurance Commissioner shall, on an annual
11 basis, adjust the maximum benefit for inflation by using the Medical
12 Care Component of the United States Department of Labor Consumer
13 Price Index for All Urban Consumers (CPI-U). The Commissioner shall
14 submit the adjusted maximum benefit for publication annually before
15 January 1, 2018, and before the first day of January of each
16 calendar year thereafter, and the published adjusted maximum benefit
17 shall be applicable in the following calendar year to the Oklahoma
18 Employees Health Insurance Plan and health benefit plans subject to
19 this section. Payments made by an insurer on behalf of a covered
20 individual for treatment other than applied behavior analysis shall
21 not be applied toward any maximum benefit established under this
22 section.

23 F. Coverage for applied behavior analysis shall include the
24 services provided or supervised by a board-certified behavior
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1 analyst, a board-certified assistant behavior analyst or a licensed
2 doctoral-level psychologist.

3 G. Except for inpatient services, if an insured is receiving
4 treatment for an autism spectrum disorder, an insurer shall have the
5 right to review the treatment plan annually, unless the insurer and
6 the insured's treating physician or psychologist agree that a more
7 frequent review is necessary. Any such agreement regarding the
8 right to review a treatment plan more frequently shall apply only to
9 a particular insured being treated for an autism spectrum disorder
10 and shall not apply to all individuals being treated for autism
11 spectrum disorder by a physician or psychologist. The cost of
12 obtaining any review or treatment plan shall be borne by the
13 insurer.

14 H. This section shall not be construed as affecting any
15 obligation to provide services to an individual under an
16 individualized family service plan, an individualized education
17 program or an individualized service plan.

18 I. Nothing in this section shall apply to nongrandfathered
19 plans in the individual and small group markets that are required to
20 include essential health benefits under the federal Patient
21 Protection and Affordable Care Act, Public Law 111-148, or to
22 Medicare supplement, accident-only, specified disease, hospital
23 indemnity, disability income, long-term care or other limited
24 benefit hospital insurance policies.

1 J. As used in this section:

2 1. "Applied behavior analysis" means the design, implementation
3 and evaluation of environmental modifications, using behavioral
4 stimuli and consequences, to produce socially significant
5 improvement in human behavior, including the use of direct
6 observation, measurement and functional analysis of the relationship
7 between environment and behavior;

8 2. "Autism spectrum disorder" means any of the pervasive
9 developmental disorders or autism spectrum disorders as defined by
10 the most recent edition of the Diagnostic and Statistical Manual of
11 Mental Disorders (DSM) or the edition that was in effect at the time
12 of diagnosis;

13 3. "Behavioral health treatment" means counseling and treatment
14 programs, including applied behavior analysis, that are:

- 15 a. necessary to develop, maintain or restore, to the
16 maximum extent practicable, the functioning of an
17 individual, and
18 b. provided or supervised by a board-certified behavior
19 analyst, a board-certified assistant behavior analyst
20 or by a licensed doctoral-level psychologist so long
21 as the services performed are commensurate with the
22 psychologist's university training and experience;

1 4. "Diagnosis of autism spectrum disorder" means medically
2 necessary assessment, evaluations or tests to diagnose whether an
3 individual has an autism spectrum disorder;

4 5. "Health benefit plan" means any plan or arrangement as
5 defined in subsection C of Section 6060.4 of Title 36 of the
6 Oklahoma Statutes;

7 6. "Oklahoma Employees Health Insurance Plan" means "Health
8 Insurance Plan" as defined in Section 1303 of Title 74 of the
9 Oklahoma Statutes;

10 7. "Pharmacy care" means medications prescribed by a licensed
11 physician and any health-related services deemed medically necessary
12 to determine the need or effectiveness of the medications;

13 8. "Psychiatric care" means direct or consultative services
14 provided by a psychiatrist licensed in the state in which the
15 psychiatrist practices;

16 9. "Psychological care" means direct or consultative services
17 provided by a psychologist licensed in the state in which the
18 psychologist practices;

19 10. "Therapeutic care" means services provided by licensed or
20 certified speech therapists, occupational therapists or physical
21 therapists; and

22 11. "Treatment for autism spectrum disorder" means evidence-
23 based care and related equipment prescribed or ordered for an
24 individual diagnosed with an autism spectrum disorder by a licensed

1 physician or a licensed doctoral-level psychologist who determines
2 the care to be medically necessary, including, but not limited to:

- 3 a. behavioral health treatment,
- 4 b. pharmacy care,
- 5 c. psychiatric care,
- 6 d. psychological care, and
- 7 e. therapeutic care.

8 SECTION 2. This act shall become effective November 1, 2021.

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