

1 STATE OF OKLAHOMA

2 1st Session of the 57th Legislature (2019)

3 HOUSE BILL 1034

By: Walke

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6 AS INTRODUCED

7 An Act relating to insurance; amending Section 1,
8 Chapter 230, O.S.L. 2016 (36 O.S. Supp. 2018, Section
9 6060.21), which relates to health coverage for
10 individuals with autism; modifying coverage
11 requirement; requiring coverage for individuals less
12 than eighteen years of age with autism; and providing
13 an effective date.

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

15 SECTION 1. AMENDATORY Section 1, Chapter 230, O.S.L.
16 2016 (36 O.S. Supp. 2018, Section 6060.21), is amended to read as
17 follows:

18 Section 6060.21 A. For all plans issued or renewed on or after
19 November 1, ~~2016~~ 2018, a health benefit plan and the Oklahoma
20 Employees Health Insurance Plan shall provide coverage for the
21 screening, diagnosis and treatment of autism spectrum disorder in
22 individuals less than ~~nine (9)~~ eighteen (18) years of age, ~~or if an~~
23 ~~individual is not diagnosed or treated until after three (3) years~~
24 ~~of age, coverage shall be provided for at least six (6) years,~~
~~provided that the individual continually and consistently shows~~
~~sufficient progress and improvement as determined by the health care~~

1 ~~provider~~. No insurer shall terminate coverage, or refuse to
2 deliver, execute, issue, amend, adjust or renew coverage to an
3 individual solely because the individual is diagnosed with or has
4 received treatment for an autism spectrum disorder.

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

9 C. Coverage under this section shall not be subject to dollar
10 limits, deductibles or coinsurance provisions that are less
11 favorable to an insured than the dollar limits, deductibles or
12 coinsurance provisions that apply to substantially all medical and
13 surgical benefits under the health benefit plan, except as otherwise
14 provided in subsection E of this section.

15 D. This section shall not be construed as limiting benefits
16 that are otherwise available to an individual under a health benefit
17 plan.

18 E. Coverage for applied behavior analysis shall be subject to a
19 maximum benefit of twenty-five (25) hours per week and no more than
20 Twenty-five Thousand Dollars (\$25,000.00) per year. Beginning
21 January 1, 2018, the Oklahoma Insurance Commissioner shall, on an
22 annual basis, adjust the maximum benefit for inflation by using the
23 Medical Care Component of the United States Department of Labor
24 Consumer Price Index for All Urban Consumers (CPI-U). The

1 Commissioner shall submit the adjusted maximum benefit for
2 publication annually before January 1, 2018, and before the first
3 day of January of each calendar year thereafter, and the published
4 adjusted maximum benefit shall be applicable in the following
5 calendar year to the Oklahoma Employees Health Insurance Plan and
6 health benefit plans subject to this section. Payments made by an
7 insurer on behalf of a covered individual for treatment other than
8 applied behavior analysis shall not be applied toward any maximum
9 benefit established under this section.

10 F. Coverage for applied behavior analysis shall include the
11 services of the board-certified behavior analyst or a licensed
12 doctoral-level psychologist.

13 G. Except for inpatient services, if an insured is receiving
14 treatment for an autism spectrum disorder, an insurer shall have the
15 right to review the treatment plan annually, unless the insurer and
16 the insured's treating physician or psychologist agree that a more
17 frequent review is necessary. Any such agreement regarding the
18 right to review a treatment plan more frequently shall apply only to
19 a particular insured being treated for an autism spectrum disorder
20 and shall not apply to all individuals being treated for autism
21 spectrum disorder by a physician or psychologist. The cost of
22 obtaining any review or treatment plan shall be borne by the
23 insurer.

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1 H. This section shall not be construed as affecting any
2 obligation to provide services to an individual under an
3 individualized family service plan, an individualized education
4 program or an individualized service plan.

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

12 J. As used in this section:

13 1. "Applied behavior analysis" means the design, implementation
14 and evaluation of environmental modifications, using behavioral
15 stimuli and consequences, to produce socially significant
16 improvement in human behavior, including the use of direct
17 observation, measurement and functional analysis of the relationship
18 between environment and behavior;

19 2. "Autism spectrum disorder" means any of the pervasive
20 developmental disorders or autism spectrum disorders as defined by
21 the most recent edition of the Diagnostic and Statistical Manual of
22 Mental Disorders (DSM) or the edition that was in effect at the time
23 of diagnosis;

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

3 a. necessary to develop, maintain or restore, to the
4 maximum extent practicable, the functioning of an
5 individual, and

6 b. provided by a board-certified behavior analyst or by a
7 licensed doctoral-level psychologist so long as the
8 services performed are commensurate with the
9 psychologist's university training and experience;

10 4. "Diagnosis of autism spectrum disorder" means medically
11 necessary assessment, evaluations or tests to diagnose whether an
12 individual has an autism spectrum disorder;

13 5. "Health benefit plan" means any plan or arrangement as
14 defined in subsection C of Section 6060.4 of ~~Title 36 of the~~
15 ~~Oklahoma Statutes~~ this title;

16 6. "Oklahoma Employees Health Insurance Plan" means "~~Health~~
17 ~~Insurance Plan~~ health insurance plan" as defined in Section 1303 of
18 Title 74 of the Oklahoma Statutes;

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

22 8. "Psychiatric care" means direct or consultative services
23 provided by a psychiatrist licensed in the state in which the
24 psychiatrist practices;

1 9. "Psychological care" means direct or consultative services
2 provided by a psychologist licensed in the state in which the
3 psychologist practices;

4 10. "Therapeutic care" means services provided by licensed or
5 certified speech therapists, occupational therapists or physical
6 therapists; and

7 11. "Treatment for autism spectrum disorder" means evidence-
8 based care and related equipment prescribed or ordered for an
9 individual diagnosed with an autism spectrum disorder by a licensed
10 physician or a licensed doctoral-level psychologist who determines
11 the care to be medically necessary, including, but not limited to:

- 12 a. behavioral health treatment,
- 13 b. pharmacy care,
- 14 c. psychiatric care,
- 15 d. psychological care, and
- 16 e. therapeutic care.

17 SECTION 2. This act shall become effective November 1, 2019.

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