STATE OF OKLAHOMA

2nd Session of the 52nd Legislature (2010)

SENATE BILL 1390

By: Mazzei

AS INTRODUCED

An Act relating to insurance; requiring health benefit plan to provide coverage for certain prosthetic devices; defining terms; providing for coverage; 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 6060.20 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Any health benefit plan that is offered, issued or renewed on or after January 1, 2011, which provides medical and surgical benefits, shall provide coverage for prosthetic devices at least equivalent to that provided by the federal Medicare program. Covered benefits are limited to the most appropriate model that adequately meets the medical needs of the patient as determined by the insured’s treating physician. A health benefit plan may require prior authorization for prosthetic devices in the same manner and to the same extent as prior authorization is required for any other...
covered benefit. A health benefit plan shall provide coverage under this section for the medically necessary repair or replacement of a prosthetic device.

B. As used in this section:

1. “Health benefit plan” means group hospital or medical insurance coverage, a not-for-profit hospital or medical service or indemnity plan, a prepaid health plan, a health maintenance organization plan, a preferred provider organization plan, the State and Education Employees Group Health Insurance plan, and coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan, except as exempt under federal ERISA provisions; and

2. “Prosthetic device” means an artificial limb device to replace, in whole or in part, an arm or a leg.

SECTION 2. This act shall become effective November 1, 2010.