

1 Section 6060.10. As used in this act:

2 1. "Base period" means the period of coverage pursuant to the
3 issuance or renewal of a health benefit plan that is required to
4 provide benefits pursuant to the provisions of Section 6060.11 of
5 this title;

6 2. a. "Health benefit plan" means any plan or arrangement as
7 defined in subsection C of Section 6060.4 of this
8 title, ~~except as provided in subparagraph b of this~~
9 ~~paragraph.~~

10 b. ~~The term "health benefit plan" shall not include~~
11 ~~individual plans;~~

12 3. "Insurer" means any entity providing an accident and health
13 insurance policy in this state including, but not limited to, a
14 licensed insurance company, a not-for-profit hospital service and
15 medical indemnity corporation, a fraternal benefit society, a
16 multiple employer welfare arrangement or any other entity subject to
17 regulation by the Insurance Commissioner;

18 ~~"Severe mental illness" means any of the following biologically~~
19 ~~based mental illnesses for which the diagnostic criteria are~~
20 ~~prescribed in the most recent edition of the Diagnostic and~~
21 ~~Statistical Manual of Mental Disorders:~~

22 a. ~~schizophrenia,~~

23 b. ~~bipolar disorder (manic depressive illness),~~

24 c. ~~major depressive disorder,~~

1 ~~d. panic disorder,~~

2 ~~e. obsessive-compulsive disorder, and~~

3 ~~f. schizoaffective disorder; and~~

4 4. ~~"Small employer" means any person, firm, corporation,~~
5 ~~partnership, limited liability company, association, or other legal~~
6 ~~entity that is actively engaged in business that, on at least fifty~~
7 ~~percent (50%) of its working days during the preceding calendar~~
8 ~~year, employed no more than fifty (50) employees who work on a full-~~
9 ~~time basis, which means an employee has a normal work week of~~
10 ~~twenty-four (24) or more hours~~ "Mental health and substance use
11 disorder" means any condition or disorder involving a mental health
12 condition or substance use disorder listed under any of the
13 diagnostic categories in the mental disorders section of the most
14 recent edition of the International Classification of Disease or in
15 the mental disorders section of the most recent version of the
16 Diagnostic and Statistical Manual of Mental Disorders; and

17 5. "Mental health and substance use disorder benefits" means
18 benefits covering items or services for mental health conditions or
19 substance use disorders, as defined under the terms of the health
20 benefit plan and in accordance with applicable federal and state
21 law. Any condition defined by the plan as a mental health condition
22 or not a mental health condition shall be consistent with the
23 definition of that condition included in generally recognized
24 independent standards of current medical practice, including but not

1 limited to the most recent version of the Diagnostic and Statistical
2 Manual of Mental Disorders or the most recent edition of the
3 International Classification of Disease.

4 SECTION 2. AMENDATORY 36 O.S. 2011, Section 6060.11, is
5 amended to read as follows:

6 Section 6060.11. A. Subject to the limitations set forth in
7 this section and Sections 6060.12 and 6060.13 of this title, any
8 health benefit plan that is offered, issued, or renewed in this
9 state on or after the effective date of this act shall provide
10 benefits for treatment of ~~severe mental illness~~ health and substance
11 use disorders.

12 ~~B. Subject to the limitations set forth in this section and~~
13 ~~Sections 6060.12 and 6060.13 of this title, any health benefit plan~~
14 ~~offered, issued, or issued for delivery in this state on or after~~
15 ~~the effective date of this act may provide benefits for other forms~~
16 ~~of mental health or substance abuse disorder benefits.~~

17 ~~C. 1. Benefits for mental health and substance use disorders,~~
18 ~~including, but not limited to those required by subsection A of this~~
19 ~~section, and for substance abuse disorder as provided in subsection~~
20 ~~B of this section shall be equal to benefits for treatment of and~~
21 shall be subject to the same preauthorization and utilization review
22 mechanisms and other terms and conditions as all other physical
23 diseases and disorders, including, but not limited to:

- a. coverage of inpatient hospital services for either twenty-six (26) days or the limit for other covered illnesses, whichever is greater,
- b. coverage of outpatient services,
- c. coverage of medication,
- d. maximum lifetime benefits,
- e. copayments,
- f. coverage of home health visits,
- g. individual and family deductibles, and
- h. coinsurance.

2. Treatment limitations applicable to mental health or substance ~~abuse~~ use disorder benefits shall be no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan. There shall be no separate treatment limitations that are applicable only with respect to mental health or substance abuse disorder benefits.

~~D. The provisions of this section shall not apply to coverage provided by a health benefit plan for a small employer~~

C. A health benefit plan shall not impose a nonquantitative treatment limitation with respect to mental health and substance use disorders in any classification of benefits unless, under the terms of the health benefit plan as written and in operation, any processes, strategies, evidentiary standards or other factors used in applying the nonquantitative treatment limitation to mental

1 health disorders in the classification are comparable to and applied
2 no more stringently than to medical and surgical benefits in the
3 same classification.

4 D. All health benefit plans must meet the requirements of the
5 federal Paul Wellstone and Pete Domenici Mental Health Parity and
6 Addiction Equity Act of 2008, as amended, and federal guidance or
7 regulations issued under these acts including 45 CFR 146.136, 45 CFR
8 147.160 and 45 CFR 156.115(a) (3).

9 E. Beginning on or after the effective date of this act, each
10 insurer that offers, issues or renews any individual or group health
11 benefit plan providing mental health or substance use disorder
12 benefits shall submit an annual report to the Insurance Commissioner
13 on or before April 1 of each year that contains the following:

14 1. A description of the process used to develop or select the
15 medical necessity criteria for mental health and substance use
16 disorder benefits and the process used to develop or select the
17 medical necessity criteria for medical and surgical benefits;

18 2. Identification of all nonquantitative treatment limitations
19 applied to both mental health and substance use disorder benefits
20 and medical and surgical benefits within each classification of
21 benefits; and

22 3. The results of an analysis that demonstrates that for the
23 medical necessity criteria described in paragraph 1 of this
24 subsection and for each nonquantitative treatment limitation

1 identified in paragraph 2 of this subsection, as written and in
2 operation, the processes, strategies, evidentiary standards or other
3 factors used in applying the medical necessity criteria and each
4 nonquantitative treatment limitation to mental health and substance
5 use disorder benefits within each classification of benefits are
6 comparable to and are applied no more stringently than to medical
7 and surgical in the same classification of benefits. At a minimum,
8 the results of the analysis shall:

- 9 a. identify the factors used to determine that a
10 nonquantitative treatment limitation will apply to a
11 benefit including factors that were considered but
12 rejected,
- 13 b. identify and define the specific evidentiary standards
14 used to define the factors and any other evidence
15 relied upon in designing each nonquantitative
16 treatment limitation,
- 17 c. provide the comparative analyses including the results
18 of the analyses performed to determine that the
19 processes and strategies used to design each
20 nonquantitative treatment limitation, as written, and
21 the as written processes and strategies used to apply
22 the nonquantitative treatment limitation to mental
23 health and substance use disorder benefits are
24 comparable to and applied no more stringently than the

1 processes and strategies used to design each
2 nonquantitative treatment limitation, as written, and
3 the as written processes and strategies used to apply
4 the nonquantitative treatment limitation to medical
5 and surgical benefits,

6 d. provide the comparative analyses including the results
7 of the analyses performed to determine that the
8 processes and strategies used to apply each
9 nonquantitative treatment limitation, in operation,
10 for mental health and substance use disorder benefits
11 are comparable to and applied no more stringently than
12 the processes or strategies used to apply each
13 nonquantitative treatment limitation for medical and
14 surgical benefits in the same classification of
15 benefits, and

16 e. disclose the specific findings and conclusions reached
17 by the insurer that the results of the analyses
18 required by this subsection indicate that the insurer
19 is in compliance with this section and the Paul
20 Wellstone and Pete Domenici Mental Health Parity and
21 Addiction Equity Act of 2008, as amended, and its
22 implementing and related regulations including 45 CFR
23 146.136, 45 CFR 147.160 and 45 CFR 156.115(a) (3).

1 F. The Commissioner shall implement and enforce any applicable
2 provisions of the Paul Wellstone and Pete Domenici Mental Health
3 Parity and Addiction Equity Act of 2008, as amended, and federal
4 guidance or regulations issued under these acts including 45 CFR
5 146.136, 45 CFR 147.136, 45 CFR 147.160 and 45 CFR 156.115(a) (3).

6 G. No later than June 1, 2021, and by June 1 of each year
7 thereafter, the Commissioner shall make available to the public the
8 reports submitted by insurers, as required in subsection E of this
9 section, during the most recent annual cycle; provided, however,
10 that any information that is confidential or a trade secret shall be
11 redacted.

12 1. The Commissioner shall identify insurers that have failed in
13 whole or in part to comply with the full extent of reporting
14 required in this section and shall make a reasonable attempt to
15 obtain missing reports or information by June 1 of the following
16 year.

17 2. The reports submitted by insurers and the identification by
18 the Commissioner of noncompliant insurers shall be made available to
19 the public by posting on the Internet website of the Insurance
20 Department.

21 H. The Commissioner shall promulgate rules pursuant to the
22 provisions of this section and any provisions of the Paul Wellstone
23 and Pete Domenici Mental Health Parity and Addiction Equity Act of
24 2008, as amended, that relate to the business of insurance.

1 SECTION 3. AMENDATORY 36 O.S. 2011, Section 6060.12, is
2 amended to read as follows:

3 Section 6060.12. ~~A.~~ 1. A health benefit plan that, at the end
4 of its base period, experiences a greater than two percent (2%)
5 increase in premium costs pursuant to providing benefits for
6 treatment of ~~severe mental illness~~ health and substance use
7 disorders shall be exempt from the provisions of Section ~~2 of this~~
8 ~~act~~ 6060.11 of this title.

9 2. To calculate base-period-premium costs, the health benefit
10 plan shall subtract from premium costs incurred during the base
11 period, both the premium costs incurred during the period
12 immediately preceding the base period and any premium cost increases
13 attributable to factors unrelated to benefits for treatment of
14 ~~severe mental illness~~ health and substance use disorders.

15 3. a. To claim the exemption provided for in subsection A of
16 this section a health benefit plan shall provide to
17 the Insurance Commissioner a written request signed by
18 an actuary stating the reasons and actuarial
19 assumptions upon which the request is based.

20 b. The Commissioner shall verify the information provided
21 and shall approve or disapprove the request within
22 thirty (30) days of receipt.

23 c. If, upon investigation, the Commissioner finds that
24 any statement of fact in the request is found to be

1 knowingly false, the health benefit plan may be
2 subject to suspension or loss of license or any other
3 penalty as determined by the Commissioner, or the
4 State Commissioner of Health with regard to health
5 maintenance organizations.

6 SECTION 4. AMENDATORY 36 O.S. 2011, Section 6060.13, is
7 amended to read as follows:

8 Section 6060.13. A. The Insurance Commissioner shall analyze
9 any direct incremental impact on premium costs pursuant to the
10 requirements of Section ~~2 of this act~~ 6060.11 of this title. The
11 Commissioner shall submit a report of all preliminary data and
12 findings to the Governor, the President Pro Tempore of the Senate
13 and the Speaker of the House of Representatives by May 1, 2000, with
14 subsequent updates submitted by November 1, 2000; May 1, 2001;
15 November 1, 2001; May 1, 2002, and November 1, 2002.

16 B. 1. The Commissioner shall submit a final report to the
17 Governor, the President Pro Tempore of the Senate and the Speaker of
18 the House of Representatives by December 1, 2002, which shall
19 include, but not be limited to, the collection and analysis of data
20 provided by health benefit plans, including, but not limited to:

- 21 a. a determination of the average premium increase
22 directly attributable to providing benefits for
23 treatment of ~~severe mental illness~~ health and
24 substance use disorders pursuant to the provisions of

1 Section ~~2 of this act~~ 6060.11 of this title by health
2 benefit plans in this state incurred during the first
3 year of implementation of ~~this act~~ Section 6060.10 et
4 seq. of this title, and any additional premium
5 increases incurred during the second and third year of
6 implementation,

7 b. information on the number of claims filed and the
8 total amount expended on those claims for benefits for
9 treatment of ~~severe mental illness~~ health and
10 substance use disorders,

11 c. information on the utilization of services listed in
12 subsection ~~B C~~ of Section ~~2 of this act~~ 6060.11 of
13 this title, and

14 d. actuarial assumptions used in determining premium
15 costs for providing the required benefits.

16 2. The final report shall also include, to the extent possible,
17 an analysis of any other direct or indirect benefit of requiring
18 benefits for treatment of ~~severe mental illness~~ health and substance
19 use disorders.

20 C. 1. All health benefit plans shall provide the data required
21 by this subsection in such form and at such time as the Commissioner
22 shall prescribe.

23 2. The Commissioner shall compile and report the data provided
24 by the health benefit plans in such a way as to keep individual plan

1 information confidential, unless the plan gives explicit permission
2 to release such identifiable information.

3 D. If the report required by subsection A of this section shows
4 that the cumulative average premium increase incurred during the
5 first three (3) years of implementation of ~~this act~~ Section 6060.10
6 et seq. of this title that is directly attributable to the provision
7 of benefits for treatment of ~~severe mental illness~~ health and
8 substance use disorders is greater than six percent (6%), the
9 requirements of Section 2 of this act shall terminate May 1, 2003,
10 and any agreement, contract or policy issued after May 1, 2003,
11 shall not be required to provide benefits for treatment of ~~severe~~
12 mental illness health and substance use disorders.

13 SECTION 5. This act shall become effective November 1, 2020.

14
15 DIRECT TO CALENDAR.

16
17
18
19
20
21
22
23
24