

ENGROSSED HOUSE  
BILL NO. 2313

By: Eddins of the House

and

Cain of the Senate

An Act relating to insurance; requiring health benefit plans to provide coverage for certain expenses associated with hospital dental procedures for certain minors; providing for covered person; allowing prior authorization for coverage; providing for application of deductibles, copayments or coinsurance; defining health benefit plan; providing exception to definition of health benefit plan; 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 6060.6 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 in this state on or after January 1, 1999, that provides hospitalization benefits shall provide coverage for anesthesia expenses and for hospital expenses associated with any inpatient or outpatient hospital dental procedure when provided to a covered person who:

1. Is severely disabled; or

2. Is a minor eight (8) years of age or under who has been certified by a physician to have a medical or emotional condition which requires hospitalization or general anesthesia for dental care treatment.

B. The plan may require prior authorization for either inpatient or outpatient hospitalization or for dental care procedures in the same manner that prior authorization is required for hospitalization for other covered diseases or medical conditions.

C. Coverage provided for in subsection A of this section shall be subject to the same annual deductibles, copayments or coinsurance limits as established for all other covered benefits within the health benefit plan.

D. As used in this section, "health benefit plan" means individual or 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, any program funded under Title XIX of the Social Security Act or such other publicly funded program, and to the extent permitted by the Employee Retirement Income Security Act of 1979, coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan. A health benefit plan shall not include a plan that provides coverage:

1. Only for a specified disease;

2. Only for accidental death and dismemberment;

3. For wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury; or

4. As a supplement to liability insurance.

SECTION 2. This act shall become effective November 1, 1998.