STATE OF OKLAHOMA

1st Session of the 57th Legislature (2019)

HOUSE BILL XXXX By: \_\_\_\_\_\_\_\_

As Introduced

An Act relating to insurance; creating Tim’s Law; prohibiting certain utilization review protocols for medications for the treatment of substance abuse.

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 6060.23 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Each insurer that offers, issues, or renews any individual or group health benefit plan that provides prescription drug benefits for the treatment of substance abuse disorders shall not impose any prior authorization requirements on any prescription medication approved by the federal Food and Drug Administration (FDA) for the treatment of substance abuse disorders.

B. Each insurer that offers, issues, or renews any individual or group health benefit plan that provides prescription drug benefits for the treatment of substance abuse disorders shall not impose any step therapy requirements before the insurer will authorize coverage for a prescription medication approved by the FDA for the treatment of substance abuse disorders.

C. Each insurer that offers, issues, or renews any individual or group health benefit plan that provides prescription drug benefits for the treatment of substance abuse disorders shall place all prescription medications approved by the FDA for the treatment of substance abuse disorders on the lowest tier of the drug formulary developed and maintained by the insurer.

D. Each insurer that offers, issues, or renews any individual or group health benefit plan that provides prescription drug benefits for the treatment of substance abuse disorders shall not exclude coverage for any prescription medication approved by the FDA for the treatment of substance abuse disorders and any associated counseling or wraparound services on the grounds that such medications and services were court ordered.

E. For the purposes of this section:

1. “Health benefit plan” means any plan or arrangement as defined in subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes; and

2. “Insurer” means any entity that provides an accident and health insurance policy in this state, including but not limited to a licensed insurance company, a not-for-profit hospital service and medical indemnity corporation, a fraternal benefit society, a multiple employer welfare arrangement, or any other entity subject to regulation by the Insurance Commissioner.

Section 3. This Act shall become effective November 1, 2019.

57-1-XXXX SDR XX/XX/XX