STATE OF OKLAHOMA

1st Session of the 59th Legislature (2023)

COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 444

By: Montgomery of the Senate

and

Miller of the House

COMMITTEE SUBSTITUTE

An Act relating to mental health and substance use disorder benefits; defining terms; requiring certain health benefit plans and Oklahoma Medicaid Program to provide reimbursement for certain care pursuant to certain models; allowing for denial of reimbursement under certain circumstances; providing for necessity determination; 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 6060.11a of Title 36, unless there is created a duplication in numbering, reads as follows:

A. For the purposes of this section:

1. “Behavioral health integration” means an approach to delivering mental health care that improves the ability for primary care providers to include mental and behavioral health screening, treatment, and specialty care into their practice pursuant to
current procedural terminology billing code 99484, as established by
the American Medical Association;

2. “Health benefit plan” means a plan as defined pursuant to
Section 6060.4 of Title 36 of the Oklahoma Statutes;

3. “Mental health and substance abuse disorder benefits” means
benefits for the treatment of any condition or disorder that
involves a mental health condition or substance abuse disorder,
including but not limited to those that fall under any of the
diagnostic categories listed in the mental disorders section of the
most recent edition of the International Classification of Diseases
or in the mental disorders section of the most recent version of the
Diagnostic and Statistical Manual of Mental Disorders;

4. “Oklahoma Medicaid Program” means the state program
administered by the Oklahoma Health Care Authority pursuant to
Section 1002 of Title 56 of the Oklahoma Statutes; and

5. “Psychiatric collaborative care model” means the evidence-
based, integrated behavioral health service delivery method
described pursuant to 81 C.F.R. 80230. The model shall include, but
not be limited to, the following current procedural terminology
billing codes, as established by the American Medical Association:

   a. 99492,

   b. 99493, and

   c. 99494.
B. 1. Any health benefit plan that is offered, issued, or renewed in this state and that provides mental health or substance abuse disorder benefits shall provide reimbursement for such benefits that are delivered through the behavioral health integration and psychiatric collaborative care models.

2. The Oklahoma Medicaid Program shall provide reimbursement for such benefits that are delivered through the behavioral health integration and psychiatric collaborative care models.

3. Plans offered, issued, or renewed in this state that provide benefits under this subsection may deny reimbursement of any current procedural terminology code pursuant to paragraph 3 of subsection A of this section due to medical necessity; provided, such medical necessity determinations shall be in compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, as amended, and its implementing and related regulations, and in accordance with the utilization review requirements pursuant to Section 6551 et seq. of Title 36 of the Oklahoma Statutes and the review and denial of substance use disorder treatments and services in Section 1250.5 et seq. of Title 36 of the Oklahoma Statutes.

SECTION 2. This act shall become effective November 1, 2023.