

BILL SUMMARY

1st Session of the 60th Legislature

Bill No.:	HB2013
Version:	FULLPCS2
Request Number:	12893
Author:	Rep. Pae
Date:	2/25/2025
Impact:	OHCA: \$152,453 - \$1,219,705
	OSDH: \$45,000

Research Analysis

The second full proposed committee substitute for HB 2013 removes the information clarifying what constitutes "seizure protection devices" and changes the language to provide coverage for medically necessary neurostimulation devices.

HB 2013 creates "Dylan's Law," which provides that all individual and group health insurance policies that provide medical and surgical benefits must provide the same coverage and benefits to any individual who has been diagnosed with epilepsy as they would to an individual that has not been diagnosed with epilepsy. No insurer can terminate coverage or refuse to renew coverage because of an epilepsy diagnosis. All individual and group health insurance policies that provide medical and surgical benefits must provide coverage for neurostimulation devices prescribed by a physician who is actively treating the enrollee. The measure requires Service Oklahoma, effective June 1, 2026, to permit a driver license or state identification cardholder to voluntarily designate with a unique symbol that the person has been diagnosed with epilepsy. This designation will only be used law enforcement or an emergency medical professional to identify and effectively communicate with a person who been diagnosed with epilepsy. The cardholder may choose if the designation is on the card or in the Oklahoma Law Enforcement Telecommunications System. A cardholder can remove the designation at any time. The measure requires the State Commissioner of Health to provide education or services related to epilepsy conditions and to provide guidance to medical professionals who treat people with epilepsy to determine if they are at elevated risk for sudden unexpected death in epilepsy (SUDEP). The Division of Health Care Information is also required to develop an information program in the Injury Prevention Service to notify individuals with epilepsy of the danger of SUDEP and encourage the American Medical Association to add a CPT code for epilepsy education by a medical service professional. The Chief Medical Examiner must also provide all employees and medical professionals authorized to sign death certificates information about SUDEP. When an autopsy is conducted of a deceased human with epilepsy or a history of seizures, the report must include an investigation and determination as to whether they died as a results of SUDEP. If this determined to be the case, this information must be noted on the death certificate and reported to the North American SUDEP Registry.

Prepared By: Suzie Nahach, House Research Staff

Fiscal Analysis

HB 2013 creates Dylan's Law, which sets forth directives for multiple agencies to ensure the protection of individuals with epilepsy.

1. Oklahoma Health Care Authority (OHCA):

Prohibits insurers from discriminating coverage based on an epilepsy diagnosis.

OHCA estimates the state share to range from \$152,453.15 to \$1,219,705.20 for Medicaid. The fiscal impact on HealthChoice rates is negligible.

2. Service Oklahoma:

Allows the placement of a unique symbol on a driver's license or ID card showing the individual has been diagnosed with epilepsy.

According to Service Oklahoma, the fiscal impact on Service Oklahoma is negligible, as the epilepsy designation can be incorporated into the new driver license system launching by June 1, 2026, without additional costs. The physical driver license design has approximately ten remaining spaces for special designations. Administrative updates, including integration with the Oklahoma Law Enforcement Telecommunications System (OLETS), will be managed within existing resources. Therefore, no fiscal impact is anticipated.

3. State Department of Health (OSDH):

Directs OSDH to provide guidance to medical professionals responsible for treatment of epilepsy to assist in determining if the patient is at risk for sudden unexpected death in epilepsy (SUDEP) and develop an information program in the Injury Prevention Service to disseminate to the public to notify the danger of SUDEP.

OSDH anticipates a total fiscal impact of \$45,000. The breakdown for this cost is below.

Commissioner consultation with local and national organizations - \$10,000

Development of information program - \$20,000

Dissemination of information to the public and medical professionals - \$10,000

Pursuit of CPT code - \$5,000

4. Office of the Chief Medical Examiner (OCME):

Directs the Chief Medical Examiner to include an investigation and determination on the autopsy report whether the deceased suffered from SUDEP. If determined it was, it must be noted on the death certificate and be reported to the North American SUDEP Registry (NASR).

OCME does not anticipate a fiscal impact, as the provisions are already included in their current protocol.

Therefore, the total anticipated impact for the state ranges from \$197,453 to \$1,264,705.

The second proposed committee substitute does not change the fiscal impact of this measure.

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Other Considerations

None.

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