

Bill Summary
1st Session of the 58th Legislature

Bill No.:	SB 1703
Version:	CCR
Request No.:	
Author:	Sen. Daniels
Date:	05/28/2024

Bill Analysis

SB 1703 prohibits insurers and third-party administrators other than a Medicare Advantage plan from denying Oklahoma Health Care Authority claims solely on the basis that a claimed item or service did not receive prior authorization under the rules or coverage policies of the insurer. The measure requires the insurer or third-party administrator to accept an authorization provided by the Authority for an item or service covered under the state Medicaid program or under a home- and community-based services waiver. Additionally, the measure requires insurers and third-party administrators to respond within 60 days of receiving an inquiry regarding a claim if the claimed item occurred within the last 3 years.

CCR Changes

The Conference Committee Report for SB 1703 has the House recede from all amendments.

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