

1 STATE OF OKLAHOMA

2 1st Session of the 60th Legislature (2025)

3 SENATE BILL 1096

By: Frix

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7 AS INTRODUCED

8 An Act relating to health benefit plan legislation;
9 defining terms; requiring assignment of certain
10 legislation to certain committees; requiring analysis
11 of certain legislation by the Insurance Department
12 following certain majority vote; prohibiting
13 advancement of certain legislation; directing
14 furnishing of report; specifying report contents;
15 allowing Department to contract with certain third
16 parties for report production; providing for
17 exceptions to act; limiting amount of reports to be
18 conducted; requiring transmission and publication of
19 report; providing for codification; and providing an
20 effective date.

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1 3. "Health benefit plan" means a health benefit plan as defined
2 pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes;

3 4. "Legislative actuary" means the person who, or firm or
4 entity that, enters into a contract with the Legislative Service
5 Bureau pursuant to Section 452.15 of Title 74 of the Oklahoma
6 Statutes to provide the actuarial services and other duties provided
7 for in this act; and

8 5. "Mandate" means any bill or joint resolution introduced or
9 amended by a member or a committee of the Legislature that:

- 10 a. provides, offers, or expands coverage for specific
11 health care services or providers, treatments, medical
12 supplies, or populations, or
13 b. implements operational or administrative processes
14 such as prior authorization, reporting requirements,
15 or claims procedures.

16 B. When a bill providing for a mandate impacting any health
17 benefit plan in this state is introduced, it shall be assigned to
18 the respective Senate or House of Representatives standing committee
19 or subcommittee that is primarily responsible for the consideration
20 of insurance legislation.

21 C. If a majority of the committee votes in favor of an impact
22 analysis of the bill, an analysis shall be required as provided in
23 this act. If a majority of the total membership of such committee
24

1 is opposed to the bill or should such bill not receive a hearing in
2 such committee, no impact analysis shall be necessary.

3 D. Except as otherwise provided by subsections B and D of
4 Section 2 of this act, no bill providing for a mandate impacting any
5 health benefit plan in this state may be reported out of the
6 committee to which it is assigned or may be considered or adopted by
7 the House of Representatives or the Senate unless an impact analysis
8 of the bill is requested in accordance with Section 2 of this act.

9 SECTION 2. NEW LAW A new section of law to be codified
10 in the Oklahoma Statutes as Section 6014 of Title 36, unless there
11 is created a duplication in numbering, reads as follows:

12 A. When a committee of the Legislature votes to submit a bill
13 providing for a mandate impacting any health benefit plan in this
14 state for an impact analysis as provided for in Section 1 of this
15 act, the Legislative Service Bureau shall submit the bill to the
16 Insurance Department for the purposes of conducting an impact
17 analysis.

18 B. 1. When conducting such impact analysis, the Department
19 shall analyze the proposed mandate and prepare a written report to
20 be returned to the Legislative Service Bureau within sixty (60) days
21 from referral.

22 2. Such report shall include, but not be limited to:

23 a. social impact, including:
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- (1) the extent to which the mandate addresses a significant public health issue,
- (2) the number of individuals and demographics affected by the proposed mandate, and
- (3) any anticipated impact on access to health care services,

b. medical efficacy, including:

- (1) a review of peer-reviewed studies, clinical guidelines, and other scientific evidence evaluating the effectiveness of the treatment or service, and
- (2) input from medical experts and professional organizations as appropriate, and

c. financial impact, including:

- (1) the estimated effect on insurance premiums for consumers and employers,
- (2) the potential cost implications for insurers, health care providers, and state-funded programs that provide payment for covered services, and
- (3) any anticipated impact on the stability of the state's insurance market.

3. The Department may contract with a third-party vendor who specializes in actuarial services, insurance mandate reviews, or

1 other services as deemed necessary by the Department to implement
2 the provisions of this act.

3 4. The Department may seek the input and expertise of any
4 agency of this state to evaluate the potential impact to state-
5 funded programs that provide payment for covered services.

6 C. Any amendment, conference committee report, or other
7 legislative proposal to a bill providing for a mandate impacting
8 health benefit plans in this state, which has not been submitted by
9 the Bureau for analysis following a majority vote of the committee
10 to which the bill is assigned, may, following written request of the
11 chair of the committee to which the bill is assigned or the Majority
12 Floor Leader of the respective chamber of the Legislature, be
13 submitted by the Bureau to the Department for review.

14 D. The Bureau shall not submit more than five (5) referrals for
15 analysis to the Department per fiscal year. Any additional referral
16 for analysis must be approved by the Department in writing at the
17 discretion of the Insurance Commissioner before submission by the
18 Bureau.

19 E. Upon return of the analysis by the Department, the Bureau
20 shall provide a copy by electronic means to the author of the
21 legislative measure, and to the chair of the legislative
22 committee(s) to which the measure is assigned. The applicable
23 legislative staff shall make such report available on the
24 legislative website.

1 SECTION 3. This act shall become effective November 1, 2025.

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