

**FLOOR AMENDMENT**  
HOUSE OF REPRESENTATIVES  
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB2805 \_\_\_\_\_  
Of the printed Bill  
Page \_\_\_\_\_ Section \_\_\_\_\_ Lines \_\_\_\_\_  
Of the Engrossed Bill

By deleting the content of the entire measure, and by inserting in lieu thereof the following language:

**AMEND TITLE TO CONFORM TO AMENDMENTS**

Adopted: \_\_\_\_\_

Amendment submitted by: TJ Marti

\_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

1 STATE OF OKLAHOMA

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

3 FLOOR SUBSTITUTE  
4 FOR

5 HOUSE BILL NO. 2805

By: Marti, Banning, Stinson,  
and Turner of the House

6 and

7 Thompson of the Senate

8  
9 FLOOR SUBSTITUTE

10 An Act relating to dental benefit plans; creating the  
11 Oklahoma Medical Loss Ratios for Dental (DLR) Health  
12 Care Services Plans Act; defining terms; establishing  
13 formula for medical loss ratio; requiring annual  
14 reporting to the Oklahoma Insurance Department;  
15 establishing process for certain data verification;  
16 providing for rebate calculation; directing rule  
17 promulgation; establishing provisions for rate  
18 determination by Commissioner; requiring certain rate  
19 increase notice; providing for codification; and  
20 providing an effective date.

21 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

22 SECTION 1. NEW LAW A new section of law to be codified  
23 in the Oklahoma Statutes as Section 7140 of Title 36, unless there  
24 is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Oklahoma  
Medical Loss Ratios for Dental (DLR) Health Care Services Plans  
Act".

1 SECTION 2. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 7141 of Title 36, unless there  
3 is created a duplication in numbering, reads as follows:

4 A. As used in this act:

5 1. "Commissioner" means the Insurance Commissioner of this  
6 state;

7 2. "Dental carrier" or "carrier" means a dental insurance  
8 company, dental service corporation, dental plan organization  
9 authorized to provide dental benefits, or a health benefits plan  
10 that includes coverage for dental services;

11 3. "Dental health care service plan" or "plan" means any plan  
12 that provides coverage for dental health care services to enrollees  
13 in exchange for premiums, and does not include plans under Medicaid,  
14 the Children's Health Insurance Program (CHIP), or employer-  
15 sponsored self-funded plans covered by the federal Employee  
16 Retirement Income Security Act (ERISA); and

17 4. "Dental loss ratio" or "DLR" means percentage of premium  
18 dollars spent on patient care as calculated pursuant to subsection B  
19 in this section.

20 B. The dental loss ratio is calculated by dividing the  
21 numerator by the denominator, where:

22 1. The numerator is the sum of the amount incurred for clinical  
23 dental services provided to enrollees, the amount incurred on  
24

1 activities that improve dental care quality, and other incurred  
2 claims as defined at 45 C.F.R., Section 158.140(a); and

3 2. The denominator is the total amount of premium revenue,  
4 excluding federal and state taxes, licensing and regulatory fees  
5 paid, nonprofit community expenditures as defined at 45 C.F.R.,  
6 Section 158.162(c), and any other payments required by federal law.

7 C. The Commissioner shall define by order, rule, or bulletin:

8 1. Expenditures for clinical dental services;

9 2. Activities that improve dental care quality, activities  
10 conducted by an issuer intended to improve dental care quality shall  
11 not exceed five percent (5%) of net premium revenue; and

12 3. Overhead and administrative cost expenditures.

13 D. Overhead and administrative costs shall not be included in  
14 the numerator.

15 SECTION 3. NEW LAW A new section of law to be codified  
16 in the Oklahoma Statutes as Section 7142 of Title 36, unless there  
17 is created a duplication in numbering, reads as follows:

18 A. A carrier that issues, sells, renews, or offers a dental  
19 health care service plan contract shall electronically file in the  
20 manner and format prescribed by the Commissioner a Dental Loss Ratio  
21 (DLR) annual report with the Commissioner, along with any  
22 transaction or other filing fees. The Commissioner may create the  
23 reporting form or use the federal Medical Loss Ratio (MLR) Annual  
24 Reporting Form (CMS-10418) in use for that reporting period. The

1 DLR annual report shall report the DLR calculated in accordance with  
2 this Act, be organized by market and product type, and include any  
3 additional data the Commissioner deems necessary, which shall  
4 include but is not limited to, the number of enrollees, the plan  
5 cost-sharing and deductible amounts, the annual maximum coverage  
6 limit, and the number of enrollees who meet or exceed the annual  
7 coverage limit.

8 B. The DLR annual report shall be filed with the Commissioner  
9 no later than May 1, 2026, and annually thereafter no later than May  
10 1 of each year. The DLR reporting year shall be for the preceding  
11 calendar year during which dental coverage is provided by the plan.  
12 All terms used in the DLR annual report shall have the same meaning  
13 as used in the federal Public Health Service Act (42 U.S.C., Section  
14 300gg-18), Part 158 (commencing with 158.101) of Title 45 of the  
15 Code of Federal Regulations, and 42 U.S.C., Section 1367.003.

16 C. Every carrier, upon receipt of any inquiry from the  
17 Commissioner, shall, within twenty (20) days from receipt of the  
18 inquiry, furnish the Commissioner with an adequate response,  
19 including but not limited to any requested documents or information.

20 D. By January 1 of the year after the Commissioner receives the  
21 dental loss ratio information collected pursuant to subsection A of  
22 this section, the Commissioner shall make the information, including  
23 the aggregate dental loss ratio and other data reported pursuant to  
24 this section, available to the public in a searchable format on the

1 Oklahoma Insurance Department's website that allows members of the  
2 public to compare dental loss ratios among carriers by plan type.

3 E. The Commissioner shall report the data in this section to  
4 the Legislature.

5 SECTION 4. NEW LAW A new section of law to be codified  
6 in the Oklahoma Statutes as Section 7143 of Title 36, unless there  
7 is created a duplication in numbering, reads as follows:

8 A. The Commissioner shall aggregate dental loss ratios for each  
9 carrier by year pursuant to Section 3 of this act for each market  
10 segment in which the carrier operates. The Commissioner shall  
11 calculate an average dental loss ratio (DLR) for each market segment  
12 using aggregate data for a three-year period including data for the  
13 most recent dental loss ratio reporting year and the data for the  
14 two (2) prior dental loss ratio reporting years.

15 Newer experience shall be subject to reporting standards defined  
16 in 45 C.F.R., Section 158.121.

17 B. The Commissioner shall calculate an average dental loss  
18 ratio for each market segment using the data pursuant to subsection  
19 A of this section, identify as outliers dental plans that fall  
20 outside one standard deviation of the average dental loss ratio, and  
21 report those plans to the Legislature consistent with the manner set  
22 forth in subsections D and E of Section 3 of this act.

23 A carrier shall not be considered an outlier if its DLR in a  
24 market segment is within three (3) percentage points of the average

1 dental loss ratio. A higher threshold may be set in unique  
2 circumstances as determined reasonable by the Commissioner.

3 C. The Commissioner shall investigate those carriers that  
4 report a DLR lower than one standard deviation from the mathematical  
5 average, and may take remediation or enforcement actions against  
6 them, including ordering such carriers to rebate, in a manner  
7 consistent with 45 C.F.R., Part 158(B) of the Affordable Care Act  
8 all premiums paid above such amounts that would have caused said  
9 carrier to have achieved the mathematical average of the data  
10 submitted in a given year for a given market segment.

11 D. The report in subsection B of this section shall be  
12 organized to show year-over-year changes in a carrier's outlier  
13 status relative to meeting the one (1) standard deviation outlier  
14 standard at subsection B of this section. If the DLR for a carrier  
15 in a market segment does not increase and remains an outlier as  
16 defined in subsection B of this section after two (2) consecutive  
17 years, barring unique circumstances as determined reasonable by the  
18 Commissioner, the carrier shall be subject to a minimum DLR  
19 percentage by market segment. The Commissioner shall promulgate  
20 rules establishing the DLR percentage based on, at minimum, the  
21 average of existing carrier loss ratios by market segment in the  
22 state to be effective no sooner than forty-two (42) months after a  
23 carrier is determined to be an outlier as defined in this section.

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1 E. A carrier subject to remediation in subsections C and D of  
2 this section shall provide any rebate owing to a policyholder no  
3 later than August 1 of the fiscal year following the year for which  
4 the ratio described in subsection A of this section was calculated.  
5 The Commissioner may establish alternatives to direct rebates to  
6 include premium reductions in the following benefit year.

7 F. The Commissioner may promulgate rules that create a process  
8 to identify carriers that increase rates in excess of the percentage  
9 increase of the latest dental services Consumer Price Index as  
10 reported through the United States Bureau of Labor Statistics.

11 G. The Commissioner shall adopt rules as necessary to  
12 effectuate the provisions of this act.

13 SECTION 5. This act shall become effective November 1, 2025.

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