

1 **SENATE FLOOR VERSION**

2 March 6, 2025

3 **AS AMENDED**

4 SENATE BILL NO. 1096

5 By: Frix and Coleman of the
6 Senate

7 and

8 Tedford of the House

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

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

23 SECTION 1. NEW LAW A new section of law to be codified
24 in the Oklahoma Statutes as Section 6013 of Title 36, unless there
is created a duplication in numbering, reads as follows:

A. For the purposes of this act:

1. "Bureau" means the Legislative Service Bureau;
2. "Department" means the Insurance Department;

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 **related to providing, offering,**
16 **or expanding coverage as set forth in subparagraph a**
17 **of this paragraph.**

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

23 C. If a majority of the committee votes in favor of an impact
24 analysis of the bill, an analysis shall be required as provided in

1 this act. If a majority of the total membership of such committee
2 is opposed to the bill or should such bill not receive a hearing in
3 such committee, no impact analysis shall be necessary.

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

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

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

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

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

24 a. social impact, including:

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

7 b. medical efficacy, including:

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

14 c. financial impact, including:

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

22 3. The Department may contract with a third-party vendor who
23 specializes in actuarial services, insurance mandate reviews, or
24

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.

2 COMMITTEE REPORT BY: COMMITTEE ON BUSINESS AND INSURANCE
3 March 6, 2025 - DO PASS AS AMENDED
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