

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1101

By: Coleman

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6 AS INTRODUCED

7 An Act relating to dental insurance; defining terms;
8 specifying calculations for dental loss ratio;
9 directing the Insurance Commissioner to promulgate
10 rules; regulating rules; mandating reports by
11 carrier; directing publication of dental loss ratio
12 data; mandating legislative reports; providing for
13 civil penalty; providing rules for insurance cards;
14 providing for codification; and providing an
15 effective date.

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

17 SECTION 1. NEW LAW A new section of law to be codified
18 in the Oklahoma Statutes as Section 6170.1 of Title 36, unless there
19 is created a duplication in numbering, reads as follows:

20 As used in this act:

21 1. "Community benefit expenditure" means an expenditure for an
22 activity or program, or to an organization, which seeks to achieve
23 the objectives of improving access to dental services and enhancing
24 dental public health. This includes an activity that:

- 25 a. is available broadly to the public and serves low-
26 income consumers,

- 1 b. reduces geographic, financial, or cultural barriers to
2 accessing dental services, and if the activity ceased
3 to exist would result in access problems,
4 c. addresses oral health workforce shortages, such as
5 advancing education and training of oral health
6 professionals, or
7 d. leverages or enhances dental public health activities;
8 provided, the term community benefit expenditure shall
9 not include any expenses incurred for promotion,
10 advertisement, or marketing by a dental insurer;

11 2. "Dental coverage plan" means a health coverage plan that
12 includes coverage for the costs of dental care services; and

13 3. "Dental loss ratio" means the percentage of premium dollars
14 collected each year for a dental coverage plan that the dental
15 coverage plan incurs on dental services provided to an enrollee,
16 separate from overhead and administrative costs.

17 SECTION 2. NEW LAW A new section of law to be codified
18 in the Oklahoma Statutes as Section 6170.2 of Title 36, unless there
19 is created a duplication in numbering, reads as follows:

20 A. 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
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1 activities that improve dental care quality, and the amount of
2 claims payments identified through fraud reduction efforts; 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 benefit expenditures, and any other
6 payments required by federal law.

7 B. The Insurance Commissioner shall define by rule:

8 1. Expenditures for clinical dental services;

9 2. Activities that improve dental services;

10 3. Overhead and administrative cost expenditures; and

11 4. Nonprofit community benefit expenditures that are aligned
12 with exclusion parameters, except that the Commissioner shall ensure
13 that only expenditures that improve access to dental services or
14 enhance dental health, and no overhead or administrative costs, are
15 reported under this section.

16 C. The definitions promulgated by rule pursuant to this section
17 must be consistent with similar definitions that are used for the
18 reporting of medical loss ratios by carriers offering health benefit
19 plans in the state. Overhead and administrative costs must not be
20 included in the numerator as described in paragraph 1 of subsection
21 A of this section.

22 D. On or before July 31, 2026, and on or before July 31 each
23 year thereafter, a carrier that issues, sells, renews, or offers a
24 dental coverage plan shall file a dental loss ratio form

1 electronically with the Employees Group Insurance Division of the
2 Office of Management and Enterprise Services for the preceding
3 calendar year in which dental coverage was provided by the dental
4 coverage plan. The Commissioner may create a new reporting form or
5 use an existing reporting form to facilitate data collection. The
6 Commissioner shall ensure that fields are reported consistently by
7 carriers. The filing must:

8 1. Report the calculated dental loss ratio according to the
9 formula in subsection A of this section;

10 2. Separately report each data element;

11 3. Report additional data that includes the number of
12 enrollees, the plan cost-sharing and deductible amounts, the annual
13 maximum coverage limit, and the number of enrollees who meet or
14 exceed the annual coverage limit;

15 4. Report data by market segment and product type, as defined
16 by rule of the Commissioner; and

17 5. Be in a form and manner as prescribed by rule of the
18 Commissioner.

19 E. For the report to be submitted on or before July 31, 2026, a
20 carrier shall also submit the information required in subsection D
21 of this section for the plan years 2023 through 2026.

22 F. If the Commissioner deems that data verification of a
23 carrier's dental loss ratio for a dental coverage plan is necessary,
24 the Commissioner shall give the carrier at least thirty (30) days'

1 notification prior to beginning the verification process with the
2 carrier.

3 G. By January 1 of the year after the Division receives the
4 dental loss ratio information collected pursuant to subsection D of
5 this section, the Division shall make the information, including the
6 aggregate dental loss ratio and the data reported pursuant to
7 paragraphs 2 and 3 of subsection D of this section, available to the
8 public in a searchable format on a public website that allows
9 members of the public to compare dental loss ratios among carriers
10 by plan type by posting the information on the Division's website.
11 The Division shall report the data in subsection D of this section
12 and, if available, subsection H of this section to the Governor,
13 President Pro Tempore of the Senate, and Speaker of the House of
14 Representatives.

15 H. Once the Division has collected the data pursuant to
16 subsection D of this section for two (2) calendar years, the
17 Commissioner shall promulgate rules that create a process to
18 identify any carriers that significantly deviate from average dental
19 loss ratios and to investigate the causes of the deviation. Such
20 process shall include:

21 1. Calculating an average dental loss ratio for each market
22 segment using aggregate data for a three-year period, consisting of
23 data for the dental loss ratio reporting year that is being reported
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1 and the data for the two (2) prior dental loss ratio reporting
2 years; and

3 2. Identifying as outliers the dental coverage plans that fall
4 outside of a set number of standard deviations from the average
5 dental loss ratio, as determined by rule of the Commissioner based
6 on review of the data and consideration of the impact of nonprofit
7 community benefit expenditures on any outlier calculation. The
8 Commissioner may apply more restrictive standard deviation metrics
9 over time to prevent declines in the average dental loss ratio in a
10 market segment and may establish by rule additional criteria for use
11 in identifying outliers.

12 I. 1. The Commissioner may enforce compliance with the
13 reporting requirements in this section and impose a penalty against
14 a person who violates this section.

15 2. The Commissioner may investigate or take enforcement actions
16 against carriers that are determined to be outliers pursuant to
17 subsection H of this section and rules adopted pursuant to
18 subsection H of this section and may impose a penalty against a
19 person who violates this section.

20 J. The Commissioner may promulgate rules to implement this
21 section.

22 SECTION 3. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 6170.3 of Title 36, unless there
24 is created a duplication in numbering, reads as follows:

1 The Insurance Commissioner shall adopt rules that require each
2 carrier that provides a dental coverage plan, as defined in Section
3 1 of this act, to issue to covered persons to whom a dental coverage
4 plan identification card is issued a standardized written or virtual
5 card containing plan information. The Commissioner shall adopt
6 rules by March 31, 2026, that describe the format of the
7 standardized card to be issued by carriers. The rules establishing
8 the format for the card shall include a standard size, shall require
9 the card to be legible and photocopied, and shall delineate the
10 information to be contained on the card, including the following, as
11 applicable:

- 12 1. The covered person's name and the applicable plan number;
- 13 2. Contact information for the carrier or dental coverage plan
14 administrator; and
- 15 3. An indication of whether the dental coverage plan is
16 regulated by this state.

17 SECTION 4. This act shall become effective November 1, 2025.

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