

**BILL SUMMARY**  
2<sup>nd</sup> Session of the 59<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1703</b>
<b>Version:</b>	<b>CCR A</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. McEntire</b>
<b>Date:</b>	<b>5/23/2024</b>
<b>Impact:</b>	<b>\$0</b>

**Research Analysis**

Pending

Prepared By: House Research Staff

**Fiscal Analysis**

SB 1703 prohibits insurers and third-party administrators, except a Medicare Advantage plan, from denying claims submitted by the Oklahoma Health Care Authority (OHCA) exclusively upon the service or item not receiving prior authorization. Furthermore, this measure requires an insurer or third-party administrator to respond to inquiries submitted by OHCA within sixty (60) days if the claim is for a service or item that occurred within a three (3) year time frame.

In its current form, this measure is not anticipated to have a direct fiscal impact on the state budget or appropriation.

Prepared By: Alexandra Ladner, House Fiscal Staff

**Other Considerations**

None.