

Bill Summary
2nd Session of the 59th Legislature

Bill No.:	SB 1703
Version:	INT
Request No.	2724
Author:	Sen. Daniels
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Bill Analysis

SB 1703 prohibits insurers not offering a Medicare Advantage plan from denying Oklahoma Health Care Authority claims solely on the basis that a claimed item or service did not receive prior authorization under the rules or coverage policies of the insurer. The measure requires the insurer to accept an authorization provided by the Authority for an item or service covered under the state Medicaid program or under a home- and community-based services waiver. Additionally, the measure requires insurers to respond within 60 days of receiving the inquiry if the claimed item occurred within the last 3 years.

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