

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

SENATE BILL 438

By: Coleman

AS INTRODUCED

An Act relating to health insurance; amending 36 O.S. 2021, Section 1219.6, which relates to methods of payments to providers; requiring notice of certain fee; requiring certain instructions; requiring submission of certain annual report; updating statutory language; and providing an effective date.

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

SECTION 1. AMENDATORY 36 O.S. 2021, Section 1219.6, is amended to read as follows:

Section 1219.6. A. As used in this section:

1. "Health maintenance organization" means an entity that is organized for the purpose of providing or arranging health care, which has been granted a certificate of authority by the Insurance Commissioner as a health maintenance organization pursuant to the Health Maintenance Organization Act of 2003;

2. "Credit card payment" means a type of electronic funds transfer in which a health insurance plan or health insurer or its contracted vendor issues a single-use series of numbers associated with the payment of health care services performed by a health care

1 provider and chargeable to a predetermined dollar amount, whereby
2 the health care provider is responsible for processing the payment
3 by a credit card terminal or Internet portal. Such term shall
4 include virtual or online credit card payments, whereby no physical
5 credit card is presented to the health care provider and the single-
6 use credit card expires upon payment processing;

7 3. "Electronic funds transfer payment" means a payment by any
8 method of electronic funds transfer other than through the Automated
9 Clearing House Network (ACH), as codified in 45 ~~CFR~~ C.F.R., Sections
10 162.1601 and 162.1602;

11 4. "Health care provider" means any physician, dentist,
12 pharmacist, optometrist, psychologist, registered optician, licensed
13 professional counselor, physical therapist, chiropractor, hospital
14 or other entity or person that is licensed or otherwise authorized
15 in this state to furnish health care services;

16 5. "Health care provider agent" means a person or entity that
17 contracts with a health care provider establishing an agency
18 relationship to process bills for services provided by the health
19 care provider under the terms and conditions of a contract between
20 the agent and health care provider. Such contracts may permit the
21 agent to submit bills, request reconsideration and receive
22 reimbursement;

23 6. "Health care services" means the examination or treatment of
24 persons for the prevention of illness or the correction or treatment
25

1 of any physical or mental condition resulting from illness, injury
2 or other human physical problem and includes, but is not limited to:

- 3 a. hospital services which include the general and usual
4 services and care, supplies and equipment furnished by
5 hospitals,
- 6 b. medical services which include the general and usual
7 services and care rendered and administered by doctors
8 of medicine, doctors of dental surgery and doctors of
9 podiatry, and
- 10 c. other health care services which include appliances
11 and supplies; nursing care by a registered nurse or a
12 licensed practical nurse; care furnished by such other
13 licensed practitioners; institutional services
14 including the general and usual care, services,
15 supplies and equipment furnished by health care
16 institutions and agencies or entities other than
17 hospitals; physiotherapy; ambulance services; drugs
18 and medications; therapeutic services and equipment
19 including oxygen and the rental of oxygen equipment;
20 hospital beds; iron lungs; orthopedic services and
21 appliances including wheelchairs, trusses, braces,
22 crutches and prosthetic devices including artificial
23 limbs and eyes; and any other appliance, supply or
24 service related to health care;

1 7. "Health insurance plan" means any hospital or medical
2 insurance policy or certificate; qualified higher deductible health
3 plan; health maintenance organization subscriber contract; contract
4 providing benefits for dental care whether such contract is pursuant
5 to a medical insurance policy or certificate; stand-alone dental
6 plan, health maintenance provider contract or managed health care
7 plan; and

8 8. "Health insurer" means any entity or person that issues
9 health insurance plans, as defined in this section.

10 B. Any health insurance plan issued, amended or renewed on or
11 after January 1, 2020, between a health insurer or its contracted
12 vendor or a health maintenance organization and a health care
13 provider for the provision of health care services to a plan
14 enrollee shall not contain restrictions on methods of payment from
15 the health insurer or its vendor or the health maintenance
16 organization to the health care provider in which the only
17 acceptable payment method is a credit card payment.

18 C. If initiating or changing payments to a health care provider
19 using a credit card, a health insurance plan, health insurer or its
20 contracted vendor, or health maintenance organization shall:

21 1. Notify the health care provider of any fees associated with
22 a particular payment method; and

1 2. Advise the health care provider of the available methods of
2 payment and provide clear instructions on how to select a preferred
3 method of payment.

4 D. If initiating or changing payments to a health care provider
5 using electronic funds transfer payments, including virtual credit
6 card payments, a health insurance plan, health insurer or its
7 contracted vendor, or health maintenance organization shall:

8 1. Notify the health care provider ~~if~~ of any fees that are
9 associated with a particular payment method; and

10 2. Advise the provider of the available methods of payment and
11 provide clear instructions to the health care provider as to how to
12 select an alternative payment method.

13 ~~D.~~ E. A health insurance plan, health insurer or its contracted
14 vendor, or health maintenance organization that initiates or changes
15 payments to a health care provider through the Automated Clearing
16 House Network, as codified in 45 ~~CFR~~ C.F.R., Sections 162.1601 and
17 162.1602, shall not charge a fee solely to transmit the payment to a
18 health care provider unless the health care provider has consented
19 to the fee. A health care provider agent may charge reasonable fees
20 when transmitting an Automated Clearing House Network payment
21 related to transaction management, data management, portal services
22 and other value-added services in addition to the bank transmittal.

1 E. F. Beginning January 1, 2026, health insurers shall submit
2 an annual report to the Insurance Department no later than January
3 31 that includes:

4 1. The percentage of payments provided by credit card and
5 electronic funds transfer; and

6 2. The total amount of payments that were reduced to cover fees
7 for payment by credit card or electronic funds transfer.

8 G. The provisions of this section shall not be waived by
9 contract, and any contractual clause in conflict with the provisions
10 of this section or that purport to waive any requirements of this
11 section are void.

12 F. H. Violations of this section shall be subject to
13 enforcement by the Insurance Commissioner.

14 SECTION 2. This act shall become effective November 1, 2025.

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