

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 1161

By: Tedford

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5
6 AS INTRODUCED

7 An Act relating to insurance; providing definitions;
8 directing for bills providing mandates impacting
9 health benefit plans be assigned to certain insurance
10 committees; providing for when an impact analysis
11 shall be required; prohibiting certain bills from
12 being reported out of committee without required
13 impact analysis; directing the Legislative Service
14 Bureau to submit certain bills to Oklahoma Insurance
15 Department; directing Department to return report
16 within time frame; providing required contents of
17 report; permitting contracting with third party;
18 permitting Department to seek input from state
19 agencies; permitting submission of certain
20 amendments; limiting number of submissions; requiring
21 written permission; directing Bureau to provide copy
22 of report; directing report be made publicly
23 available; providing for codification; and providing
24 an effective date.

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

19 SECTION 1. NEW LAW A new section of law to be codified
20 in the Oklahoma Statutes as Section 8000 of Title 36, unless there
21 is created a duplication in numbering, reads as follows:

22 As used in this act:

23 1. "Bureau" means the Legislative Service Bureau as established
24 in Section 450.1 of Title 74 of the Oklahoma Statutes;

1 2. "Department" means the Oklahoma Insurance Department as
2 established in Section 301 of Title 36 of the Oklahoma Statutes;

3 3. "Health benefit plan" means a health benefit plan as defined
4 pursuant to Section 6060.4 of Title 36 of the Oklahoma Statutes; and

5 4. "Mandate" means any requirement proposed in legislation or
6 regulation that obligates health benefit plans to:

7 a. provide, offer, or expand coverage for specific health
8 care services or providers, treatments, medical
9 supplies, or populations, or

10 b. implement operational or administrative processes such
11 as prior authorization, reporting requirements, or
12 claims procedures.

13 SECTION 2. NEW LAW A new section of law to be codified
14 in the Oklahoma Statutes as Section 8001 of Title 36, unless there
15 is created a duplication in numbering, reads as follows:

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

21 B. If a majority of the total membership of such committee is
22 opposed to the bill or should such bill not receive a hearing in
23 such committee, no impact analysis as provided for in this section
24 shall be necessary, and the bill shall not be reported out by the

1 committee and shall not be adopted or considered by the House of
2 Representatives or the Senate. If a majority of the committee
3 wishes to consider the bill further and votes in favor of an impact
4 analysis of the bill, an impact analysis shall be required as
5 provided in Section 3 of this act.

6 C. Except as otherwise provided by subsections B and D of
7 Section 3 of this act, no bill providing for a mandate impacting the
8 health plans in this state may be reported out of the committee to
9 which it is assigned or may be considered or adopted by the House of
10 Representatives or the Senate unless an impact analysis of the bill
11 is requested in accordance with Section 3 of this act.

12 SECTION 3. NEW LAW A new section of law to be codified
13 in the Oklahoma Statutes as Section 8002 of Title 36, unless there
14 is created a duplication in numbering, reads as follows:

15 A. When a committee of the Legislature votes to submit a bill
16 for an impact analysis as provided for in Section 2 of this act, the
17 Legislative Service Bureau shall submit such bill to the Oklahoma
18 Insurance Department for the purposes of conducting an impact
19 analysis.

20 B. When conducting such analysis, the Department shall:

21 1. Analyze the proposed mandate and prepare a written report to
22 be returned to the Legislative Service Bureau within sixty (60) days
23 from referral; and

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

1 a. social impact:

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

8 b. medical efficacy:

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

15 c. financial impact:

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

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

1 other services which the Department deems necessary to carry out the
2 provisions of this act; and

3 D. 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 E. 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, may, upon written request of the Chairman
10 of the committee having jurisdiction over such amendment or the
11 Floor Leader of the respective chamber of the Legislature, have the
12 Bureau submit such amendment, conference committee report, or other
13 legislative proposal to the Department for review.

14 F. The Bureau shall not submit more than five 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 G. Upon return of the analysis by the Department to the Bureau,
20 the Bureau shall provide a copy, by either written or electronic
21 means, to the author of the legislative measure, the chairman of the
22 legislative committee(s) to which the measure was referred, and make
23 such report available on the legislative website, which is
24 accessible to the general public.

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

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