

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB3928 _____ Of the printed Bill
Page _____ Section _____ Lines _____

Of the Engrossed Bill

By deleting the content of the entire measure, and by inserting in lieu
thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Rande Worthen

Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 PROPOSED POLICY
4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 3928

7
8 By: Worthen

9 PROPOSED POLICY COMMITTEE SUBSTITUTE

10 An Act relating to vision insurance; amending Section
11 2, Chapter 360, O.S.L. 2024 (36 O.S. Supp. 2025,
12 Section 6973), which relates to reimbursements,
13 charges, and pricing related to vision insurance;
14 modifying citation; requiring reimbursement of
15 services provided which are payable by Medicare or
16 Medicaid to be paid according to Medicare and
17 Medicaid reimbursement rates; requiring non-Medicare
18 reimbursements to be not less than sixtieth
percentile of usual charge for same services;
prohibiting increases in reimbursement being offset
by decrease for ophthalmic materials; providing
exception for uniform application of changes;
prohibiting reduction in reimbursements to providers
for using nonaffiliated labs or frame vendors if
credentialing standards are met; requiring disclosure
of certain reimbursements; providing for
codification; and providing an effective date.

19
20 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

21 SECTION 1. AMENDATORY Section 2, Chapter 360, O.S.L.

22 2024 (36 O.S. Supp. 2025, Section 6973), is amended to read as
23 follows:

1 Section 6973. A. No agreement between an insurer or prepaid
2 vision plan and a vision care provider may require that a provider
3 provide services or materials at a fee limited or set by the insurer
4 or prepaid vision plan, unless the services or materials are
5 reimbursed as covered services or covered materials under the
6 contract.

7 B. A provider shall not charge more for services and materials
8 that are not covered services or materials to an enrollee of a
9 prepaid vision plan or insurer than his or her usual and customary
10 rate for those services and materials.

11 C. Reimbursements paid by an insurer or prepaid vision plan for
12 covered services and covered materials, regardless of the supplier
13 or optical lab used to obtain materials, shall be at the usual,
14 customary, and reasonable rate and made available to the vision care
15 provider prior to the provider accepting a contract from the insurer
16 or prepaid vision plan. An insurer or prepaid vision plan shall not
17 provide nominal reimbursement or advertise services and materials to
18 be covered with additional copay or coinsurance in order to claim
19 that services and materials are covered services and materials if
20 the health benefit plan or prepaid vision plan does not reimburse
21 for the services or materials.

22 D. Prepaid vision plans shall not in any manner impact the
23 pricing of noncovered services or materials.

24

1 E. Prepaid vision plans shall provide standard reimbursements
2 for all lenses with the same design, quality, and composition. The
3 period of time prescribed by a contract between any prepaid vision
4 plan and a provider for the plan to recover any reimbursement amount
5 from a provider shall be the same period of time allowed or required
6 for any provider to recover any reimbursement amount from a prepaid
7 vision plan.

8 F. A prepaid vision plan shall not use extrapolation to
9 complete an audit of a vision care provider. Any additional payment
10 due to a provider or any refund to a prepaid vision plan shall be
11 based on actual overpayment or underpayment and shall not be based
12 on extrapolation.

13 G. A prepaid vision plan shall not incentivize patients to
14 receive vision care services at an entity owned wholly or in part by
15 the plan or subsidiaries of the plan. Any entity providing vision
16 care services shall provide notice to patients that an entity is
17 owned wholly or in part by the plan or subsidiaries of the plan.

18 H. No person or entity shall sell, solicit, or negotiate any
19 prepaid vision plan to an enrollee in this state without an approved
20 certificate of authority under Section ~~7 of this act~~ 6978 of this
21 title.

22 I. A vision benefit plan or an insurer/insurance company,
23 health maintenance organization (HMO), vision benefit managers,
24 or nonprofit optometric service and indemnity corporation and any

1 affiliate, subsidiary, agent, contractor, subcontractor, or other
2 designee acting on behalf of, at the direction of, or under
3 common control with any of the foregoing, shall reimburse licensed
4 optometric physicians for any and all services provided by an
5 optometrist which are payable by Medicare or Medicaid and shall be
6 reimbursed according to said Medicare and Medicaid reimbursement
7 rates depending upon the coverage held by the subscriber. If the
8 reimbursement does not fall under the Medicare reimbursement
9 schedule, the reimbursement shall not be less than the sixtieth
10 percentile of usual and customary charges for the same services or
11 materials in the same geographic region, as determined by a
12 nationally known independent nonprofit that collects data from
13 privately billed health insurance claims as determined by the
14 Oklahoma Insurance Commissioner.

15 J. Any increase in reimbursement for covered services shall not
16 be offset by a decrease in reimbursement for ophthalmic materials
17 (including frames, lenses, and contacts), unless such changes apply
18 uniformly to all providers, including those owned or employed by the
19 vision benefit plan and including those practicing in a clinic owned
20 by the vision benefit plan, or the provider is employed by a company
21 which has any ownership by the plan.

22 K. A vision benefit plan or an insurer/insurance company,
23 health maintenance organization (HMO), vision benefit managers,
24 or nonprofit optometric service and indemnity corporation and any

1 affiliate, subsidiary, agent, contractor, subcontractor, or other
2 designee acting on behalf of, at the direction of, or under
3 common control with any of the foregoing shall not reduce
4 reimbursements to providers for using nonaffiliated labs or frame
5 vendors if they meet credentialing standards.

6 L. A vision benefit plan or an insurer/insurance company,
7 health maintenance organization (HMO), vision benefit managers,
8 or nonprofit optometric service and indemnity corporation and any
9 affiliate, subsidiary, agent, contractor, subcontractor, or other
10 designee acting on behalf of, at the direction of, or under
11 common control with any of the foregoing shall be required to
12 disclose average reimbursements to affiliated and independent
13 providers for both services and materials.

14 SECTION 2. This act shall become effective November 1, 2026.

16 60-2-16017 MJ 01/29/26

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