

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

COMMITTEE SUBSTITUTE  
FOR ENGROSSED  
SENATE BILL NO. 889

By: Murdock, Bullard,  
Bergstrom, Frix, Jett,  
Grellner, Sacchieri,  
McIntosh, and Deevers of  
the Senate

and

Lepak of the House

COMMITTEE SUBSTITUTE

An Act relating to hospitals; defining terms;  
requiring hospitals to make public certain file and  
list; stating requirements for list of standard  
charges; requiring certain digital publication of  
specified information; requiring certain online  
display of list; stipulating requirements related to  
accessibility and formatting of list; requiring  
annual update of list; stating requirements for list  
of standard charges and selection of shoppable  
services; requiring list to include certain  
information; directing certain display and  
availability of list; authorizing certain compliance  
monitoring by the State Department of Health;  
authorizing certain actions for noncompliance;  
defining material violation; authorizing issuance of  
certain notice upon certain determination; specifying  
certain requirements for corrective action plans;  
prohibiting certain collection actions by  
noncompliant hospitals; authorizing certain civil  
actions; imposing certain requirements on hospitals  
found noncompliant; providing certain construction;  
amending 63 O.S. 2021, Section 1-725.2, which relates  
to definitions in the Transparency in Health Care  
Prices Act; excluding hospitals; providing for  
codification; and providing an effective date.

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

2 SECTION 1. NEW LAW A new section of law to be codified  
3 in the Oklahoma Statutes as Section 1-725.11 of Title 63, unless  
4 there is created a duplication in numbering, reads as follows:

5 As used in this act:

6 1. "Ancillary service" means a hospital item or service that a  
7 hospital customarily provides as part of a shoppable service;

8 2. "Chargemaster" means the list of all hospital items or  
9 services maintained by a hospital for which the hospital has  
10 established a charge;

11 3. "De-identified maximum negotiated charge" means the highest  
12 charge that a hospital has negotiated with all third-party payors  
13 for a hospital item or service;

14 4. "De-identified minimum negotiated charge" means the lowest  
15 charge that a hospital has negotiated with all third-party payors  
16 for a hospital item or service;

17 5. "Department" means the State Department of Health;

18 6. "Discounted cash price" means the charge that applies to an  
19 individual who pays cash, or a cash equivalent, for a hospital item  
20 or service;

21 7. "Gross charge" means the charge for a hospital item or  
22 service that is reflected on a hospital's chargemaster, absent any  
23 discounts;

24 8. "Hospital" means a hospital:

- a. licensed under Section 1-702 of Title 63 of the Oklahoma Statutes, or
- b. owned or operated by a state agency;

9. "Hospital items or services" means all items and services, including individual items and services and service packages, that may be provided by a hospital to a patient in connection with an inpatient admission or an outpatient department visit, as applicable, for which the hospital has established a standard charge, including:

- a. supplies and procedures,
- b. room and board,
- c. use of the facility and other areas, generally referred to as facility fees,
- d. services of physicians and non-physician practitioners, generally referred to as professional charges, and
- e. any other item or service for which a hospital has established a standard charge;

10. "Machine-readable format" means a digital representation of information in a file that can be imported or read into a computer system for further processing. The term includes Extensible Markup Language (.XML), JavaScript Object Notation (.JSON), and Comma-Separated Values (.CSV) formats;

1 11. "Payor-specific negotiated charge" means the charge that a  
2 hospital has negotiated with a third-party payor for a hospital item  
3 or service;

4 12. "Service package" means an aggregation of individual  
5 hospital items or services into a single service with a single  
6 charge;

7 13. "Shoppable service" means a service that may be scheduled  
8 by a health care consumer in advance;

9 14. "Standard charge" means the regular rate established by the  
10 hospital for a hospital item or service provided to a specific group  
11 of paying patients. The term includes all of the following, as  
12 defined under this section:

- 13 a. the gross charge,
- 14 b. the payor-specific negotiated charge,
- 15 c. the de-identified minimum negotiated charge,
- 16 d. the de-identified maximum negotiated charge, and
- 17 e. the discounted cash price; and

18 15. "Third-party payor" means an entity that is, by statute,  
19 contract, or agreement, legally responsible for payment of a claim  
20 for a hospital item or service.

21 SECTION 2. NEW LAW A new section of law to be codified  
22 in the Oklahoma Statutes as Section 1-725.12 of Title 63, unless  
23 there is created a duplication in numbering, reads as follows:

24 Notwithstanding any other law, a hospital shall make public:

1        1. A digital file in a machine-readable format that contains a  
2 list of all standard charges for all hospital items or services as  
3 described by Section 3 of this act; and

4        2. A consumer-friendly list of standard charges for a limited  
5 set of shoppable services as provided in Section 4 of this act.

6        SECTION 3.        NEW LAW        A new section of law to be codified  
7 in the Oklahoma Statutes as Section 1-725.13 of Title 63, unless  
8 there is created a duplication in numbering, reads as follows:

9        A. A hospital shall:

10       1. Maintain a list of all standard charges for all hospital  
11 items or services in accordance with this section; and

12       2. Ensure the list required under paragraph 1 of this  
13 subsection is available at all times to the public, including by  
14 posting the list electronically in the manner provided by this  
15 section.

16       B. The standard charges contained in the list required to be  
17 maintained by a hospital under subsection A of this section shall  
18 reflect the standard charges applicable to that location of the  
19 hospital, regardless of whether the hospital operates in more than  
20 one location or operates under the same license as another hospital.

21       C. The list required under subsection A of this section shall  
22 include the following items, as applicable:

23       1. A description of each hospital item or service provided by  
24 the hospital;

1        2. The following charges for each individual hospital item or  
2 service when provided in either an inpatient setting or an  
3 outpatient department setting, as applicable:

- 4            a. the gross charge,
- 5            b. the de-identified minimum negotiated charge,
- 6            c. the de-identified maximum negotiated charge,
- 7            d. the discounted cash price, and
- 8            e. the payor-specific negotiated charge, listed by the  
9                name of the third-party payor and plan associated with  
10               the charge and displayed in a manner that clearly  
11               associates the charge with each third-party payor and  
12               plan; and

13        3. Any code used by the hospital for purposes of accounting or  
14 billing for the hospital item or service, including the Current  
15 Procedural Terminology (CPT) code, the Healthcare Common Procedure  
16 Coding System (HCPCS) code, the Diagnosis Related Group (DRG) code,  
17 the National Drug Code (NDC), or other common identifier.

18        D. The information contained in the list required under  
19 subsection A of this section shall be published in a single digital  
20 file that is in a machine-readable format.

21        E. The list required under subsection A of this section shall  
22 be displayed in a prominent location on the hospital's publicly  
23 accessible Internet website. If the hospital operates multiple  
24 locations and maintains a single Internet website, the list required

1 under subsection A of this section shall be posted for each location  
2 the hospital operates in a manner that clearly associates the list  
3 with the applicable location of the hospital.

4 F. The list required under subsection A of this section shall:

5 1. Be available:

6 a. free of charge,

7 b. without having to establish a user account or  
8 password, and

9 c. without having to submit personal identifying  
10 information;

11 2. Be digitally searchable; and

12 3. Use the Centers for Medicare and Medicaid Services naming  
13 convention specified under 45 C.F.R., Section 180.50.

14 G. The hospital shall update the list required under subsection  
15 A of this section at least once each year. The hospital shall  
16 clearly indicate the date on which the list was most recently  
17 updated, either on the list or in a manner that is clearly  
18 associated with the list.

19 SECTION 4. NEW LAW A new section of law to be codified  
20 in the Oklahoma Statutes as Section 1-725.14 of Title 63, unless  
21 there is created a duplication in numbering, reads as follows:

22 A. Except as provided by subsection C of this section, a  
23 hospital shall maintain and make publicly available a list of the  
24 standard charges described by Section 3 of this act for each of at

1 least three hundred shoppable services provided by the hospital.

2 The hospital may select the shoppable services to be included in the  
3 list, except that the list shall include:

4 1. The seventy services specified as shoppable services by the  
5 Centers for Medicare and Medicaid Services; or

6 2. If the hospital does not provide all of the shoppable  
7 services described by paragraph 1 of this subsection, as many of  
8 those shoppable services the hospital does provide.

9 B. In selecting a shoppable service for purposes of inclusion  
10 in the list required under subsection A of this section, a hospital  
11 shall consider how frequently the hospital provides the service and  
12 the hospital's billing rate for that service.

13 C. If a hospital does not provide three hundred shoppable  
14 services, the hospital shall maintain a list of the total number of  
15 shoppable services that the hospital provides in a manner that  
16 otherwise complies with the requirements of subsection A of this  
17 section.

18 D. The list required under subsection A or C of this section,  
19 as applicable, shall:

20 1. Include:

21 a. a plain-language description of each shoppable service  
22 included on the list,

23 b. the payor-specific negotiated charge that applies to  
24 each shoppable service included on the list and any



- ancillary service, listed by the name of the third-party payor and plan associated with the charge and displayed in a manner that clearly associates the charge with the third-party payor and plan,
- c. the discounted cash price that applies to each shoppable service included on the list and any ancillary service or, if the hospital does not offer a discounted cash price for one or more of the shoppable or ancillary services on the list, the gross charge for the shoppable service or ancillary service, as applicable,
  - d. the de-identified minimum negotiated charge that applies to each shoppable service included on the list and any ancillary service,
  - e. the de-identified maximum negotiated charge that applies to each shoppable service included on the list and any ancillary service, and
  - f. any code used by the hospital for purposes of accounting or billing for each shoppable service included on the list and any ancillary service, including the Current Procedural Terminology (CPT) code, the Healthcare Common Procedure Coding System (HCPCS) code, the Diagnosis Related Group (DRG) code,

the National Drug Code (NDC), or other common  
identifier; and

2. If applicable:

- a. state each location at which the hospital provides the shoppable service and whether the standard charges included in the list apply at that location to the provision of that shoppable service in an inpatient setting, an outpatient department setting, or in both of those settings, as applicable, and
- b. indicate if one or more of the shoppable services specified by the Centers for Medicare and Medicaid Services is not provided by the hospital.

E. The list required under subsection A or C of this section, as applicable, shall be:

1. Displayed in the manner prescribed by subsection E of Section 3 of this act for the list required under that section;

2. Available:

- a. free of charge,
- b. without having to register or establish a user account or password, and
- c. without having to submit personal identifying information;

3. Searchable by service description, billing code, and payor;  
and

1        4. Updated in the manner prescribed by subsection G of Section  
2 3 of this act for the list required under that section.

3        F. Notwithstanding any other provision of this section, a  
4 hospital is considered to meet the requirements of this section if  
5 the hospital maintains, as determined by the State Department of  
6 Health, an Internet-based price estimator tool that:

7        1. Provides a cost estimate for each shoppable service and any  
8 ancillary service included on the list maintained by the hospital  
9 under subsection A of this section;

10       2. Allows a person to obtain an estimate of the amount the  
11 person will be obligated to pay the hospital if the person elects to  
12 use the hospital to provide the service; and

13       3. Is:

14           a. prominently displayed on the hospital's publicly  
15 accessible Internet website, and

16           b. accessible to the public:

17               (1) without charge, and

18               (2) without having to register or establish a user  
19 account or password.

20       SECTION 5.       NEW LAW       A new section of law to be codified  
21 in the Oklahoma Statutes as Section 1-725.15 of Title 63, unless  
22 there is created a duplication in numbering, reads as follows:  
23  
24

1       A. The State Department of Health may monitor each hospital's  
2 compliance with the requirements of this act using any of the  
3 following methods:

4       1. Evaluating complaints made by persons to the Department  
5 regarding noncompliance with this act;

6       2. Reviewing any analysis prepared regarding noncompliance with  
7 this act; and

8       3. Auditing the Internet websites of hospitals for compliance  
9 with this act.

10      B. If the Department determines that a hospital is not in  
11 compliance with a provision of this act, the Department may take any  
12 of the following actions:

13      1. Provide a written notice to the hospital that clearly  
14 explains the manner in which the hospital is not in compliance with  
15 this act;

16      2. Request a corrective action plan from the hospital if the  
17 hospital has materially violated a provision of this act, as  
18 determined under Section 6 of this act; and

19      3. Impose an administrative penalty on the hospital and  
20 publicize the penalty on the Department's Internet website if the  
21 hospital fails to:

22          a. respond to the Department's request to submit a  
23             corrective action plan, or  
24

b. comply with the requirements of a corrective action plan submitted to the Department.

SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-725.16 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. A hospital materially violates this act if the hospital fails to publicize:

1. Pricing information as required by Section 2 of this act; or
2. The hospital's standard charges in the form and manner required by Sections 3 and 4 of this act.

B. If the State Department of Health determines that a hospital has materially violated this act, the Department may issue a notice of material violation to the hospital and request that the hospital submit a corrective action plan. The notice shall indicate the form and manner in which the corrective action plan shall be submitted to the Department, and clearly state the date by which the hospital shall submit the plan.

C. A hospital that receives a notice under subsection B of this section shall:

1. Submit a corrective action plan in the form and manner, and by the specified date, prescribed by the notice of violation; and
2. As soon as practicable after submission of a corrective action plan to the Department, act to comply with the plan.

D. A corrective action plan submitted to the Department shall:

1        1. Describe in detail the corrective action the hospital will  
2 take to address any violation identified by the Department in the  
3 notice provided under subsection B of this section; and

4        2. Provide a date by which the hospital will complete the  
5 corrective action described by paragraph 1 of this subsection.

6        E. A corrective action plan is subject to review and approval  
7 by the Department. After the Department reviews and approves a  
8 hospital's corrective action plan, the Department shall monitor and  
9 evaluate the hospital's compliance with the plan.

10       F. A hospital is considered to have failed to respond to the  
11 Department's request to submit a corrective action plan if the  
12 hospital fails to submit a corrective action plan:

13       1. In the form and manner specified in the notice provided  
14 under subsection B of this section; or

15       2. By the date specified in the notice provided under  
16 subsection B of this section.

17       G. A hospital is considered to have failed to comply with a  
18 corrective action plan if the hospital fails to address a violation  
19 within the specified period of time contained in the plan.

20       SECTION 7.       NEW LAW       A new section of law to be codified  
21 in the Oklahoma Statutes as Section 1-725.17 of Title 63, unless  
22 there is created a duplication in numbering, reads as follows:

23       A. A hospital that is not in material compliance with this act  
24 on the date that items or services are purchased from or provided to

1 a patient by the hospital shall not initiate or pursue collection  
2 action against the patient or patient guarantor for a debt owed for  
3 the items or services.

4 B. If a patient believes that a hospital was not in material  
5 compliance with this act on a date on or after the effective date of  
6 this act that items or services were purchased by or provided to the  
7 patient, and the hospital takes a collection action against the  
8 patient or patient guarantor, the patient or patient guarantor may  
9 file suit to determine if the hospital was materially out of  
10 compliance with this act on the date of service and if the  
11 noncompliance is related to the items or services. The hospital  
12 shall not take a collection action against the patient or patient  
13 guarantor while the lawsuit is pending.

14 C. A hospital that has been found by a judge or jury to be  
15 materially out of compliance with this act:

16 1. Shall refund the payor any amount of the debt the payor has  
17 paid and shall pay a penalty to the patient or patient guarantor in  
18 an amount equal to the total amount of the debt;

19 2. Shall dismiss or cause to be dismissed any court action with  
20 prejudice and pay any reasonable attorney fees and costs incurred by  
21 the patient or patient guarantor relating to the action; and

22 3. Shall remove or cause to be removed from the patient's or  
23 patient guarantor's credit report any report made to a consumer  
24 reporting agency relating to the debt.

D. Nothing in this act:

1. Prohibits a hospital from billing a patient, patient guarantor, or third-party payor, including a health insurer, for items or services provided to the patient; or

2. Requires a hospital to refund any payment made to the hospital for items or services provided to the patient, as long as no collection action is taken in violation of this act.

SECTION 8. AMENDATORY 63 O.S. 2021, Section 1-725.2, is amended to read as follows:

Section 1-725.2. As used in the Transparency in Health Care Prices Act:

1. "Agency" means a government department, agency or a government-created entity;

2. "CPT code" means the Current Procedural Terminology code, or its successor code, as developed and copyrighted by the American Medical Association or its successor entity;

3. "Health care facility" means a facility licensed or certified by the State Department of Health, but shall not include a nursing care facility, assisted living facility ~~or~~, home care agency, or hospital;

4. "Health care price" means the cash price that a health care provider or health care facility will charge a recipient for health care services that will be rendered. Health care price is the price charged for the standard service for the particular diagnosis and



1 does not include any amount that may be charged for complications or  
2 exceptional treatment;

3 5. "Health care provider" means a person who is licensed,  
4 certified or registered by this state to provide health care  
5 services or a medical group, independent practice association or  
6 professional corporation providing health care services;

7 6. "Health care services" or "services" means services included  
8 in, or incidental to, furnishing to an individual:

9 a. medical, mental, dental or optometric care or  
10 hospitalization, or

11 b. other services for the purpose of preventing,  
12 alleviating, curing or healing a physical or mental  
13 illness or injury;

14 7. "Recipient" means an individual who receives health care  
15 services from a health care provider or health care facility; and

16 8. "Specialty service line" means health care services rendered  
17 by a specific medical specialist to include, but not be limited to:

18 a. general surgery,

19 b. obstetrics or gynecology,

20 c. cardiology,

21 d. urology,

22 e. ophthalmology,

23 f. neurology/neurosurgery,

24 g. orthopedics,

- h. hematology/oncology,
- i. pathology,
- j. radiology,
- k. emergency medicine,
- l. physical therapy, or
- m. another specialty service provided by a health care facility.

SECTION 9. This act shall become effective November 1, 2025.

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