

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

COMMITTEE SUBSTITUTE  
FOR

SENATE BILL 438

By: Coleman

COMMITTEE SUBSTITUTE

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; 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

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  
23  
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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.

23       ~~E.~~ F. The provisions of this section shall not be waived by  
24 contract, and any contractual clause in conflict with the provisions

1 of this section or that purport to waive any requirements of this  
2 section are void.

3 ~~F.~~ G. Violations of this section shall be subject to  
4 enforcement by the Insurance Commissioner.

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

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