SENATE FLOOR VERSION
February 12, 2026

COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 1443 By: Daniels of the Senate

and

Caldwell (Chad) of the House

An Act relating to health benefit plans; defining terms; requiring certain health benefit plans to consider certain factors when determining certain payments for certain services; requiring certain payments to be made in certain situations; providing for codification; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7501 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this act:

1. "Anesthesia services" means the same as defined by the prevailing medical coding and billing standards in the professional medical billing community, including the most recent version of the Current Procedural Terminology (CPT) code books, the Medicare Claims Processing Manual, and American Society of Anesthesiologists guidance;

2. "Base unit" means the value for each anesthesia code that reflects all activities other than anesthesia time including usual preoperative and postoperative visits, the administration of fluids and blood incident to anesthesia care, and monitoring services;

3. "Health benefit plan" means any plan that provides benefits for medical or surgical expenses or disease management incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

a. an insurance company,

b. a group hospital service corporation,

c. a health maintenance organization,

d. an approved nonprofit health corporation,

e. a small employer health benefit plan, or

f. any other health insurance company whose primary purpose is to provide benefits for medical or surgical expenses as a result of a health condition, accident, sickness, or disease; and

4. "Physical status modifiers" means classifications set forth in the American Society of Anesthesiologists (ASA) Physical Status Classification System.

B. All health benefit plans shall consider the following factors in determining necessity of services and calculation of benefit payment amounts for anesthesia services:

1. The assessment of patient physical status, including the use of physical status modifiers as determined by a participant's treating physician or health care provider; and

2. The complexity and urgency of care, as determined by a participant's treating physician or health care provider.

C. Physical status modifiers shall be paid according to the corresponding base unit values to the treating physician or health care provider if the patient is ranked in one of the three following categories:

1. ASA III: A patient with severe systemic disease. Modifier P3. Base Unit Value 1;

2. ASA IV: A patient with severe systemic disease that is a constant threat to life. Modifier P4. Base Unit Value 2; or

3. ASA V: A moribund patient who is not expected to survive without the operation. Modifier P5. Base Unit Value 3.

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

COMMITTEE REPORT BY: COMMITTEE ON BUSINESS AND INSURANCE
February 12, 2026 - DO PASS AS AMENDED BY CS