

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

SENATE BILL 1343

By: Stanley

AS INTRODUCED

An Act relating to optometric services; creating the Vision Plan Contractual Requirements Act; providing short title; defining terms; prohibiting certain contracts from requiring certain services; requiring certain written approval; prohibiting use of certain agreement to constitute certain approval; prohibiting certain changes without certain written consent; requiring certain payment to be based on actual overpayment or underpayment; requiring certain notice of ownership to certain subscriber; 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 2668 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Vision Plan Contractual Requirements Act".

B. As used in this act:

1. "Health maintenance organization" means an organization licensed in this state by the Insurance Commissioner pursuant to Section 6902 of Title 36 of the Oklahoma Statutes;

1 2. "Insurer" means an insurance company licensed in this state
2 by the Commissioner;

3 3. "Nonprofit optometric service and indemnity corporations"
4 means corporations organized pursuant to Sections 2601 through 2667
5 of Title 36 of the Oklahoma Statutes;

6 4. "Subscriber" means an individual who is enrolled in an
7 individual or group vision plan as a principal subscriber and
8 dependents who are entitled to vision services and material under
9 the vision service plan solely because of their status as dependents
10 of the principal subscriber;

11 5. "Subscribership coverage" means any certificate or contract
12 issued to a subscriber specifying the vision coverage to which the
13 subscriber is entitled;

14 6. "Vision plan organization" means any affiliate, subsidiary,
15 agent, contractor, subcontractor, or other designee of a person or
16 entity including, but not limited to, an insurer, health maintenance
17 organization, or nonprofit optometric service and indemnity
18 corporation that markets, sells, offers, issues, underwrites,
19 administers, manages, conducts, operates, establishes fee schedules
20 or reimbursement rates, adjudicates, pays claims for, or provides
21 utilization management or prior authorization for, or exercises
22 control over, one or more prepaid, discount, or reimbursement vision
23 service plans;

1 7. "Vision service plan" means a contractual arrangement where
2 any vision plan organization pays for, reimburses, or discounts the
3 cost of vision services whether offered on a stand-alone basis or as
4 a part of, or as a rider to, any other health, welfare, or insurance
5 coverage and regardless of the form of consideration including, but
6 not limited, to premiums, subscription fees, administrative fees,
7 capitation, or other renumeration; and

8 8. "Vision services" means services or materials including, but
9 not limited to, exams, eyeglasses, or contact lenses.

10 C. No contract between a vision plan organization and an
11 optometrist shall require an optometrist to provide services to
12 subscribers at a fee set by the vision plan organization unless the
13 services are covered vision services under the applicable vision
14 service plan.

15 D. All vision service plans offered by a vision plan
16 organization shall require an optometrist's written approval.

17 E. Vision plan organizations shall not:

18 1. Utilize an optometrist's agreement to the contractual terms
19 of one group agreement for vision services to constitute approval to
20 another agreement to provide vision services;

21 2. Change the terms, discounts, or reimbursement amounts during
22 the term of the optometrist's agreement without written consent to
23 an amendment of the agreement;

1 3. Require or incentivize an optometrist to use certain vision
2 services;

3 4. Incentivize a subscriber to receive vision care services at
4 an entity owned, in whole or in part, by such vision plan
5 organization; or

6 5. Use extrapolation to complete an audit of an optometrist.

7 F. Any overpayment or underpayment due to an optometrist or any
8 refund to a vision service plan shall be based on actual overpayment
9 or underpayment and shall not be based on extrapolation.

10 G. Any entity providing vision care services that has any
11 ownership, in whole or in part, by a vision plan organization shall
12 notify subscribers of such ownership.

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

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