

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1443

By: Daniels

6 AS INTRODUCED

7 An Act relating to health benefit plans; defining
8 terms; requiring certain health benefit plans to
9 consider certain factors when determining certain
payments for certain services; providing for
codification; and providing an effective date.

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

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

16 A. As used in this act:

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

23 2. "Health benefit plan" means any plan that provides benefits
24 for medical or surgical expenses or disease management incurred as a

1 result of a health condition, accident, or sickness, including an
2 individual, group, blanket, or franchise insurance policy or
3 insurance agreement, a group hospital service contract, or an
4 individual or group evidence of coverage or similar coverage
5 document that is issued by:

- 6 a. an insurance company,
- 7 b. a group hospital service corporation,
- 8 c. a health maintenance organization,
- 9 d. an approved nonprofit health corporation,
- 10 e. a small employer health benefit plan, or
- 11 f. any other health insurance company whose primary
12 purpose is to provide benefits for medical or surgical
13 expenses as a result of a health condition, accident,
14 sickness, or disease; and

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

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

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

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

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

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