

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1559

By: McIntosh

6 AS INTRODUCED

7 An Act relating to the state Medicaid program;
8 defining term; requiring the Oklahoma Health Care
9 Authority to conduct certain pilot program;
10 describing pilot program; stipulating certain
11 requirements related to contracts; requiring certain
competitive bidding process; providing certain
qualifications for direct primary care providers;
requiring certain annual reports; providing for
codification; and providing an effective date.

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

15 SECTION 1. NEW LAW A new section of law to be codified
16 in the Oklahoma Statutes as Section 1011.16 of Title 56, unless
17 there is created a duplication in numbering, reads as follows:

18 A. As used in this section, "direct primary care provider" has
19 the same meaning as provided in Section 4605 of Title 36 of the
20 Oklahoma Statutes.

21 B. The Oklahoma Health Care Authority shall conduct a pilot
22 program to test a direct primary care model for members of the state
23 Medicaid program as provided in this section. The pilot program
24 shall:

1 1. Operate for a period of thirty-six (36) months, beginning no
2 later than six (6) months following the effective date of this act;
3 2. Serve a cohort of up to one thousand Medicaid beneficiaries;
4 3. Include one or more direct primary care providers, selected
5 based on criteria established by the Authority; and
6 4. Utilize per-member-per-month payments to direct primary care
7 providers and quality benchmarks compliant with federal regulations
8 to promote value-based care.

9 C. Contracts entered into for the pilot program established
10 under this section shall:

11 1. Be executed directly between the Oklahoma Health Care
12 Authority and one or more direct primary care providers, independent
13 of capitated contracts entered into by the Authority and contracted
14 entities under the Ensuring Access to Medicaid Act;

15 2. Specify:

16 a. the primary care services to be provided,
17 b. the target populations to be served,
18 c. the terms of per-member-per-month payments for direct
19 primary care providers, and
20 d. quality benchmarks to ensure accountability and
21 performance; and

22 3. Be compliant with federal regulations including 42 C.F.R.,
23 Part 438.

1 D. 1. The Authority shall establish a competitive bidding
2 process to select direct primary care providers for the pilot
3 program. The selection process shall account for the distinct
4 operational model of direct primary care, facilitating effective
5 integration of direct primary care into the Medicaid framework.

6 2. To qualify for the pilot program, a direct primary care
7 provider shall meet federal enrollment and quality standards as
8 provided in 42 C.F.R., Section 455.410 and 42 C.F.R., Part 438, with
9 credentialing processes tailored to accommodate the noninsurance
10 framework of direct primary care.

11 E. During the operation of and at the conclusion of the pilot
12 program, the Authority shall electronically submit annual reports to
13 the President Pro Tempore of the Senate, the Speaker of the House of
14 Representatives, and the Governor detailing:

15 1. Access to primary care services;

16 2. Patient satisfaction;

17 3. Clinical outcomes;

18 4. Cost outcomes; and

19 5. Recommendations for policy changes, particularly regarding
20 the integration of direct primary care models into the state
21 Medicaid program.

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