

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

SENATE BILL 1559

By: McIntosh

AS INTRODUCED

An Act relating to the state Medicaid program; defining term; requiring the Oklahoma Health Care Authority to conduct certain pilot program; describing pilot program; stipulating certain 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.

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 1011.16 of Title 56, unless there is created a duplication in numbering, reads as follows:

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

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