

1 STATE OF OKLAHOMA

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

3 HOUSE BILL 3928

By: Worthen

6 AS INTRODUCED

7 An Act relating to vision insurance; amending Section
8 2, Chapter 360, O.S.L. 2024 (36 O.S. Supp. 2025,
9 Section 6973), which relates to reimbursements,
10 charges, and pricing related to vision insurance;
11 modifying citation; requiring reimbursement of
12 licensed optometric physicians for covered services
13 be not less than sixtieth percentile of usual charge
14 for same services; prohibiting increases in
15 reimbursement being offset by decrease for ophthalmic
16 materials; providing exception for uniform
17 application of changes; prohibiting reduction in
18 reimbursements to providers for using nonaffiliated
19 labs or frame vendors if credentialing standards are
20 met; requiring disclosure of certain reimbursements;
21 providing for codification; and providing an
22 effective date.

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

24 SECTION 1. AMENDATORY Section 2, Chapter 360, O.S.L.

2024 (36 O.S. Supp. 2025, Section 6973), is amended to read as
follows:

21 Section 6973. A. No agreement between an insurer or prepaid
22 vision plan and a vision care provider may require that a provider
23 provide services or materials at a fee limited or set by the insurer
24 or prepaid vision plan, unless the services or materials are

1 reimbursed as covered services or covered materials under the
2 contract.

3 B. A provider shall not charge more for services and materials
4 that are not covered services or materials to an enrollee of a
5 prepaid vision plan or insurer than his or her usual and customary
6 rate for those services and materials.

7 C. Reimbursements paid by an insurer or prepaid vision plan for
8 covered services and covered materials, regardless of the supplier
9 or optical lab used to obtain materials, shall be at the usual,
10 customary, and reasonable rate and made available to the vision care
11 provider prior to the provider accepting a contract from the insurer
12 or prepaid vision plan. An insurer or prepaid vision plan shall not
13 provide nominal reimbursement or advertise services and materials to
14 be covered with additional copay or coinsurance in order to claim
15 that services and materials are covered services and materials if
16 the health benefit plan or prepaid vision plan does not reimburse
17 for the services or materials.

18 D. Prepaid vision plans shall not in any manner impact the
19 pricing of noncovered services or materials.

20 E. Prepaid vision plans shall provide standard reimbursements
21 for all lenses with the same design, quality, and composition. The
22 period of time prescribed by a contract between any prepaid vision
23 plan and a provider for the plan to recover any reimbursement amount
24 from a provider shall be the same period of time allowed or required

1 for any provider to recover any reimbursement amount from a prepaid
2 vision plan.

3 F. A prepaid vision plan shall not use extrapolation to
4 complete an audit of a vision care provider. Any additional payment
5 due to a provider or any refund to a prepaid vision plan shall be
6 based on actual overpayment or underpayment and shall not be based
7 on extrapolation.

8 G. A prepaid vision plan shall not incentivize patients to
9 receive vision care services at an entity owned wholly or in part by
10 the plan or subsidiaries of the plan. Any entity providing vision
11 care services shall provide notice to patients that an entity is
12 owned wholly or in part by the plan or subsidiaries of the plan.

13 H. No person or entity shall sell, solicit, or negotiate any
14 prepaid vision plan to an enrollee in this state without an approved
15 certificate of authority under Section ~~7 of this act~~ 6978 of this
16 title.

17 I. A vision benefit plan or an insurer/insurance company,
18 health maintenance organization (HMO), vision benefit managers,
19 or nonprofit optometric service and indemnity corporation and any
20 affiliate, subsidiary, agent, contractor, subcontractor, or other
21 designee acting on behalf of, at the direction of, or under
22 common control with any of the foregoing, shall reimburse licensed
23 optometric physicians for covered services at a rate not less than
24 the sixtieth percentile of usual and customary charges for the same

1 services or materials in the same geographic region, as determined
2 by a nationally known independent nonprofit that collects data from
3 privately billed health insurance claims as determined by the
4 Oklahoma Insurance Commissioner.

5 J. Any increase in reimbursement for covered services shall not
6 be offset by a decrease in reimbursement for ophthalmic materials
7 (including frames, lenses, and contacts), unless such changes apply
8 uniformly to all providers, including those owned or employed by the
9 vision benefit plan and including those practicing in a clinic owned
10 by the vision benefit plan, or the provider is employed by a company
11 which has any ownership by the plan.

12 K. A vision benefit plan or an insurer/insurance company,
13 health maintenance organization (HMO), vision benefit managers,
14 or nonprofit optometric service and indemnity corporation and any
15 affiliate, subsidiary, agent, contractor, subcontractor, or other
16 designee acting on behalf of, at the direction of, or under
17 common control with any of the foregoing shall not reduce
18 reimbursements to providers for using nonaffiliated labs or frame
19 vendors if they meet credentialing standards.

20 L. A vision benefit plan or an insurer/insurance company,
21 health maintenance organization (HMO), vision benefit managers,
22 or nonprofit optometric service and indemnity corporation and any
23 affiliate, subsidiary, agent, contractor, subcontractor, or other
24 designee acting on behalf of, at the direction of, or under

1 common control with any of the foregoing shall be required to
2 disclose average reimbursements to affiliated and independent
3 providers for both services and materials.

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

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