

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

HOUSE BILL 4453

By: Newton

AS INTRODUCED

An Act relating to health insurance; creating the Oklahoma Health Care Cost Transparency Board; providing purpose for the Board; directing Board to oversee operation and reporting of the All Payer Claims Database; providing membership of Board; directing for members to serve staggered terms; clarifying members shall serve without compensation but may receive travel reimbursement; directing Board to meet at least quarterly; permitting Board to create technical working groups; directing the Department to establish and maintain an All Payer Claims Database; directing to the Database to collect and analyze health care costs, utilization, and spending data; directing the Database to include certain data; directing for collected data to be used for certain purposes; granting Insurance Department rule-making authority; permitting publication of deidentified, aggregated data; directing the Oklahoma Health Care Authority to maintain and update state primary care spend methodology and definitions; directing all regulated commercial health insurers measure annual primary care spending; directing commercial health insurers to submit annual reports; directing commercial health insurers to achieve minimum percentage of total medical spending devoted to primary care by certain date; directing the Board to establish benchmarks; directing the Insurance Department to compile annual analyses of primary care spending levels; granting the Insurance Commissioner exclusive authority to determine and implement enforcement mechanisms and incentives; granting certain authority related to benchmark goals to the Commissioner; allowing Board to make advisory recommendations to Commissioner; directing the Insurance Department to coordinate with the Oklahoma

1 Health Care Authority and other agencies; directing
2 Board to prepare an annual report; directing for
3 report to be published to Insurance Department
4 website; providing for codification; and providing an
5 effective date.

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

7 SECTION 1. NEW LAW A new section of law to be codified
8 in the Oklahoma Statutes as Section 8000 of Title 36, unless there
9 is created a duplication in numbering, reads as follows:

10 A. There is hereby created within the Oklahoma Insurance
11 Department, the Oklahoma Health Care Cost Transparency Board,
12 hereinafter referred to as the Board.

13 B. The purpose of the Board is to:

14 1. Measure statewide health care cost growth and primary care
15 investment trends across commercial insurance, Medicaid, and
16 Medicare;

17 2. Ensure consistent statewide evaluation of total health
18 expenditures and primary care spending; and

19 3. Foster transparency and accountability in Oklahoma's health
20 care system.

21 C. The Board shall oversee the operation and reporting
22 functions of the All Payer Claims Database (APCD) established under
23 Section 3 of this act.

1 SECTION 2. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 8001 of Title 36, unless there
3 is created a duplication in numbering, reads as follows:

4 A. The Health Care Cost Transparency Board shall consist of
5 fourteen (14) members, as follows:

6 1. The Insurance Commissioner, or designee, who shall serve as
7 chair;

8 2. The Chief Executive Officer of the Oklahoma Health Care
9 Authority (OHCA), or designee;

10 3. The Commissioner of Health, or designee;

11 4. One representative of a licensed commercial health insurer,
12 appointed by the Insurance Commissioner;

13 5. One representative of employers or large purchasers of
14 health care, appointed by the Governor;

15 6. One representative of a hospital or health system, appointed
16 by the Speaker of the Oklahoma House of Representatives;

17 7. One representative of a rural health organization, appointed
18 by the President Pro Tempore of the Oklahoma State Senate;

19 8. One representative recommended by the Oklahoma Academy of
20 Family Physicians (OAFP);

21 9. One representative recommended by the Oklahoma Chapter of
22 the American Academy of Pediatrics (OKAAP);

23 10. One independent primary care provider practicing in
24 Oklahoma;

1 11. One consumer advocate, appointed by the Governor;

2 12. One health care economist or data analytics expert,
3 appointed by the Speaker of the Oklahoma House of Representatives;

4 13. One behavioral health care provider, appointed by the
5 President Pro Tempore of the Oklahoma State Senate; and

6 14. One primary care provider practicing in Oklahoma
7 recommended by the Oklahoma Primary Care Association.

8 B. 1. The first class of members shall serve terms as follows:

9 a. paragraphs 4, 11, and 12 of subsection A of this
10 section shall serve an initial one-year term,

11 b. paragraphs 5, 7, and 10 of subsection A of this
12 section shall serve an initial two-year term, and

13 c. paragraphs 6, 8, 9, and 13 of subsection A of this
14 section shall serve an initial three-year term.

15 2. All members, with the exception of paragraphs 1, 2, and 3 of
16 subsection A of this section following the first class shall serve
17 three-year terms.

18 3. All members, with the exception of paragraphs 1, 2, and 3 of
19 subsection A of this section shall be reappointed only once.

20 C. Members shall serve without compensation but may receive
21 reimbursement for travel under the State Travel Reimbursement Act.

22 D. The Board shall meet at least quarterly and may create
23 technical working groups for data, transparency, and performance
24 evaluation.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 8002 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. The Insurance Department shall establish and maintain an All Payer Claims Database (APCD) to collect and analyze health care costs, utilization, and spending data from all payer types operating within this state.

B. The APCD shall, to the extent permitted by law, include data from:

1. Commercial health insurers and third-party administrators;

2. The Oklahoma Health Care Authority, covering all Medicaid programs; and

3. The Centers for Medicare and Medicaid Services, providing Medicare data under applicable data use agreements.

C. Data collected shall be used to:

1. Measure statewide health care cost trends and cost growth;

2. Determine rates of investment in primary care across all payer segments; and

3. Support public transparency and policy evaluation.

D. The Department shall adopt rules setting standards for data submission, validation, and confidentiality consistent with federal and state privacy laws.

E. The Department may publish de-identified, aggregated data through regular public reports and dashboards.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 8003 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. The Oklahoma Health Care Authority (OHCA) shall maintain and periodically update the state primary care spending methodology and definitions originally established for Medicaid, which shall serve as the uniform statewide standard for measuring primary care expenditures under this act.

B. All commercial health insurers regulated under Title 36 of the Oklahoma Statutes shall:

1. Measure their annual primary care spending using the OHCA-approved methodology;

2. Submit annual reports of primary care and total medical expenditures to the Insurance Department; and

3. Achieve a minimum of eleven percent (11%) of total medical spending devoted to primary care by January 1, 2030.

C. The Oklahoma Health Care Cost Transparency Board, in consultation with OHCA, shall establish interim benchmarks for the years 2027 through 2029 and monitor progress toward the 2030 goal.

D. The Insurance Department shall compile annual analyses of primary care spending levels across all payer types and publish a statewide transparency report.

1 SECTION 5. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 8004 of Title 36, unless there
3 is created a duplication in numbering, reads as follows:

4 A. The Insurance Commissioner shall have exclusive authority to
5 determine and implement enforcement mechanisms and incentive
6 programs under this act.

7 B. The Commissioner may:

8 1. Require commercial insurers not meeting progress benchmarks
9 to submit corrective action plans;

10 2. Impose administrative penalties not to exceed Five Thousand
11 Dollars (\$5,000.00) per day for willful noncompliance with data
12 reporting or benchmark requirements;

13 3. Develop incentive programs or recognition designations for
14 insurers demonstrating sustained investment in primary care,
15 achievement of benchmarks, or innovations in value-based care; and

16 4. Consider primary care investment performance when conducting
17 rate, form, or network adequacy reviews.

18 C. The Board may make advisory recommendations to the
19 Commissioner, but all enforcement and incentive actions shall be
20 determined and administered solely by the Insurance Commissioner's
21 Office.

22 SECTION 6. NEW LAW A new section of law to be codified
23 in the Oklahoma Statutes as Section 8005 of Title 36, unless there
24 is created a duplication in numbering, reads as follows:

1 A. The Insurance Department shall promulgate rules as necessary
2 to carry out the provisions of this act, including specifications
3 for data submission, risk adjustment, benchmark evaluation, and
4 public reporting.

5 B. The Department shall coordinate with the Oklahoma Health
6 Care Authority (OHCA) and other agencies to ensure consistent
7 application of methodologies and efficient use of existing data
8 infrastructure.

9 SECTION 7. NEW LAW A new section of law to be codified
10 in the Oklahoma Statutes as Section 8006 of Title 36, unless there
11 is created a duplication in numbering, reads as follows:

12 A. The Oklahoma Health Care Cost Transparency Board shall
13 prepare an annual report for the Governor, the President Pro Tempore
14 of the Oklahoma State Senate, and the Speaker of the Oklahoma House
15 of Representatives describing:

- 16 1. Statewide health care cost growth trends;
- 17 2. Primary care spending levels across commercial, Medicaid,
18 and Medicare payers;
- 19 3. Commercial insurer performance relative to interim and final
20 benchmarks; and
- 21 4. Policy recommendations to promote value and affordability in
22 the health care system.

23 B. The report shall be published annually on the Insurance
24 Department website and made available to the public.

SECTION 8. This act shall become effective November 1, 2026.

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