

BILL SUMMARY
2nd Session of the 60th Legislature

Bill No.:	HB3928
Version:	POLPCS1-AMD2
Request Number:	
Author:	Rep. Worthen
Date:	2/10/2026
Impact:	Medicaid & HealthChoice Plan: Potential Costs

Research Analysis

The second amendment to the proposed policy committee substitute for HB 3928 removes language that would have required a reimbursement not less than the 60th percentile of the usual and customary charges if the reimbursement did not fall under the Medicare reimbursement schedule.

HB 3928 provides that a vision benefit plan or any designee must reimburse licensed optometric physicians for services payable by Medicaid or Medicare and physician fee schedules and they should be reimbursed according to Medicare and Medicaid reimbursements rates depending on the subscriber's coverage. The measure adds that any increase in reimbursement for covered services will not be offset by a decrease in reimbursement for ophthalmic materials such as frames, lenses, and contacts unless these changes are uniformly applied to all providers. These entities must also not reduce reimbursements to providers for using nonaffiliated labs or frame vendors if they meet standards. These entities will be required to disclose average reimbursements to affiliated and independent providers for both services and materials.

Prepared By: Suzie Nahach, House Research Staff

Fiscal Analysis

HB 3928 establishes minimum payment standards for vision benefit plans when reimbursing licensed optometrists.

The Oklahoma Health Care Authority (OHCA) expects this measure to affect the state's Medicaid plan while having only a minimal impact on the HealthChoice plan. OHCA is currently evaluating the associated costs for each plan, and these estimates will be updated as additional feedback becomes available.

Prepared By: Alexandra Ladner, House Fiscal Staff

Other Considerations

None.