

**BILL SUMMARY**  
2<sup>nd</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 4453</b>
<b>Version:</b>	<b>INT</b>
<b>Request Number:</b>	<b>14147</b>
<b>Author:</b>	<b>Newton</b>
<b>Date:</b>	<b>2/6/2026</b>
<b>Impact:</b>	<b>Please see previous summary of this measure</b>

**Research Analysis**

HB 4453, as introduced, creates the 14-member Oklahoma Health Care Cost Transparency Board within the Oklahoma Insurance Department. The measure provides for the membership of the Board, including initial term lengths, after which time terms will be three years. The Board will meet quarterly and may create technical working groups for data, transparency, and performance evaluation. The Board's purpose is to measure statewide health care cost growth and trends, ensure consistent statewide health expenditures and spending evaluation, and foster transparency and accountability in the state's health care system. The Board will also oversee the operation and reporting functions of the All Payer Claims Database, which this measure also establishes. The Insurance Department must establish and maintain an All Payer Claims Database to collect and analyze health care costs, utilization, and spending data from all payer types in the state. Data collected will be used to measure statewide costs trends and growth, determine rates of investment in primary care, and support transparency and policy evaluation. The Department must adopt rules and may publish aggregated data through public reports and dashboards.

The measure also requires the Oklahoma Health Care Authority to maintain and periodically update the state primary care spending methodology and definitions originally established for Medicaid, which will serve as the uniform statewide standard. All commercial health insurers must measure their annual primary care spending with the OHCA methodology, submit annual reports to the Insurance Department, and achieve a minimum of 11% of total medical spending dedicated to primary care by Jan. 1, 2030. The Board must establish interim benchmarks from 2027 to 2029 to monitor progress towards the 2030 goal. The Insurance Department must compile annual analyses of primary care spending levels and publish a statewide report. The measure also gives the Insurance Commissioner exclusive authority to determine and implement enforcement mechanisms and incentive programs under the measure, with the Board able to make advisory recommendations. The Insurance Department must promulgate rules as necessary and coordinate with the Oklahoma Health Care Authority and other agencies. The Board will be required to prepare an annual report which will also be published online and available to the public.

Prepared By: Suzie Nahach, House Research Staff

**Fiscal Analysis**

The measure is currently under review and impact information will be completed.

Prepared By: House Fiscal Staff

**Other Considerations**

None.

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