

BILL SUMMARY
2nd Session of the 60th Legislature

Bill No.:	HB4453
Version:	POLAMD1
Request Number:	
Author:	Rep. Newton
Date:	2/10/2026
Impact:	OHCA: Potential Costs Travel Reimbursements: Minimal

Research Analysis

The policy committee amendment for HB 4453 adds appointments by the Oklahoma Hospital Association and the Healthcare Workforce Training Commission to the Health Care Cost Transparency Board. The measure also adds that State Coordinator for the Health Information Exchange will establish and maintain an All Payer Claims Database. The amendment deletes the requirement that all commercial health insurers must achieve a minimum of 11% of total medical spending devoted to primary care by Jan. 1, 2030. The Board's initial report must be published no later than Dec. 31, 2027.

HB 4453 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 State Coordinator for the Health Information Exchange 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 and submit annual reports to the Insurance Department. 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. The initial report must be published by December 31, 2027.

Fiscal Analysis

HB 4453 creates the Oklahoma Health Care Cost Transparency Board and an All-Payer Claims Database (APCD) to measure and track statewide health care costs. The Board is established within the Oklahoma Insurance Department (OID), and its members will serve without compensation; however, they may receive reimbursement for travel expenses. OID is a non-appropriated state agency; therefore, any related oversight costs are expected to be absorbed within the Department's existing resources.

The State Coordinator for Health Information Exchange (HIE) within the Oklahoma Health Care Authority (OHCA) will establish and maintain the APCD. OHCA is reviewing associated costs that may require additional administrative resources within the Office of the State Coordinator for HIE. As OHCA provides feedback, this fiscal impact will be updated.

Therefore, the state's fiscal considerations depend on the Board's annual travel expenses, which are anticipated to be minimal, if any, along with potential administrative costs within OHCA for implementation.

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Other Considerations

None.