

<DateSubmitted>

HOUSE OF REPRESENTATIVES
CONFERENCE COMMITTEE REPORT

Mr. President:
Mr. Speaker:

The Conference Committee, to which was referred

HB1683

By: Roe of the House and Dossett of the Senate

Title: Health benefit plans; terms; reimbursement; prescription; provisions; effective date.

Together with Engrossed Senate Amendments thereto, beg leave to report that we have had the same under consideration and herewith return the same with the following recommendations:

1. That the Senate recede from its amendment; and
2. That the attached Conference Committee Substitute be adopted.

Respectfully submitted,

House Action _____ Date _____ Senate Action _____ Date _____

SENATE CONFEREES

Dossett	_____
Coleman	_____
Alvord	_____
Pugh	_____
Reinhardt	_____
Weaver	_____
Mann	_____

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

CONFERENCE COMMITTEE
SUBSTITUTE
FOR ENGROSSED
HOUSE BILL NO. 1683

By: Roe, Hefner, and Cantrell
of the House

and

Dossett of the Senate

CONFERENCE COMMITTEE SUBSTITUTE

An Act relating to vision insurance; amending Section 2, Chapter 360, O.S.L. 2024 (36 O.S. Supp. 2024, Section 6973), which relates to limits to agreements or requirements, fees, reimbursement, rates, and impact to noncovered services or materials; including insurers for noncovered services or materials; including insurers for reimbursement; prohibiting insurers from using extrapolation on audits; prohibiting insurers from incentivizing patients to use services owned wholly or in part by the insurer; providing compliance provision regardless of exemption status; providing an effective date; and declaring an emergency.

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

SECTION 1. AMENDATORY Section 2, Chapter 360, O.S.L. 2024 (36 O.S. Supp. 2024, Section 6973), is amended to read as follows:

1 Section 6973. A. No agreement between an insurer or prepaid
2 vision plan and a vision care provider may require that a provider
3 provide services or materials at a fee limited or set by the insurer
4 or prepaid vision plan, unless the services or materials are
5 reimbursed as covered services or covered materials under the
6 contract.

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

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

22 D. ~~Prepaid~~ Insurers or prepaid vision plans shall not in any
23 manner impact the pricing of noncovered services or materials.
24

1 E. ~~Prepaid~~ Insurers or prepaid vision plans shall provide
2 standard reimbursements for all lenses with the same design,
3 quality, and composition. The period of time prescribed by a
4 contract between any prepaid vision plan and a provider for the plan
5 to recover any reimbursement amount from a provider shall be the
6 same period of time allowed or required for any provider to recover
7 any reimbursement amount from a prepaid vision plan.

8 F. A An insurer or a prepaid vision plan shall not use
9 extrapolation to complete an audit of a vision care provider. Any
10 additional payment due to a provider or any refund to a prepaid
11 vision plan shall be based on actual overpayment or underpayment and
12 shall not be based on extrapolation.

13 G. A An insurer or a prepaid vision plan shall not incentivize
14 patients to receive vision care services at an entity owned wholly
15 or in part by the insurer or plan or subsidiaries of the insurer or
16 plan. Any entity providing vision care services shall provide
17 notice to patients that an entity is owned wholly or in part by the
18 insurer or plan or subsidiaries of the insurer or plan.

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

22 I. An insurer shall comply with this section regardless of
23 whether an entity is otherwise exempt from all other insurance laws
24

1 as a charitable or benevolent corporation pursuant to Sections 2651
2 through 2667 of this title.

3 SECTION 2. This act shall become effective July 1, 2025.

4 SECTION 3. It being immediately necessary for the preservation
5 of the public peace, health or safety, an emergency is hereby
6 declared to exist, by reason whereof this act shall take effect and
7 be in full force from and after its passage and approval.

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