

SENATE CHAMBER  
STATE OF OKLAHOMA

DISPOSITION

FLOOR AMENDMENT

No. 1

\_\_\_\_\_

COMMITTEE AMENDMENT

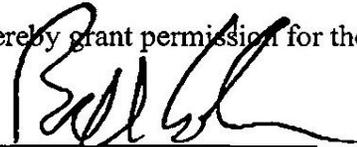
(Date)

I move to amend Senate Bill No. 1343, by substituting the attached floor substitute (Request # 3725) for the title, enacting clause and entire body of the measure.

Submitted by:

  
Senator Stanley

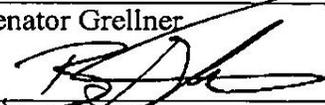
I hereby grant permission for the floor substitute to be adopted.

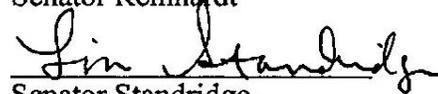
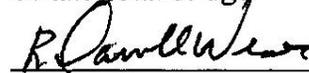
  
Senator Coleman, Chair (required)

  
Senator Mann

\_\_\_\_\_  
Senator Alvord  
  
Senator Brooks

\_\_\_\_\_  
Senator Pugh

\_\_\_\_\_  
Senator Grellner  
  
Senator Gutfrie

\_\_\_\_\_  
Senator Reinhardt  
  
Senator Standridge  
  
Senator Weaver

\_\_\_\_\_  
Senator Paxton, President Pro Tempore

\_\_\_\_\_  
Senator Daniels, Majority Floor Leader

Note: Business and Insurance committee majority requires six (6) members' signatures.

Stanley-CAD-FS-SB1343  
2/24/2026 11:32 AM

(Floor Amendments Only)

Date and Time Filed:

3/2/26 2:06pm 

Untimely

Amendment Cycle Extended

Secondary Amendment

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 FLOOR SUBSTITUTE  
4 FOR

5 SENATE BILL NO. 1343

6 By: Stanley, Hines, and Dossett  
7 of the Senate

8 and

9 Hilbert of the House

10 FLOOR SUBSTITUTE

11 An Act relating to vision care; amending Section 2,  
12 Chapter 360, O.S.L. 2024 (36 O.S. Supp. 2025, Section  
13 6973), which relates to reimbursement; prohibiting  
14 insurers from impacting certain pricing; requiring  
15 insurers to provide certain reimbursement;  
16 prohibiting certain insurer from using certain  
17 extrapolation; prohibiting certain insurer from  
18 incentivizing certain patients; updating statutory  
19 reference; providing an effective date; and declaring  
20 an emergency.

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

22 SECTION 1. AMENDATORY Section 2, Chapter 360, O.S.L.  
23 2024 (36 O.S. Supp. 2025, Section 6973), is amended to read as  
24 follows:

25 Section 6973. A. No agreement between an insurer or prepaid  
26 vision plan and a vision care provider may require that a provider  
27 provide services or materials at a fee limited or set by the insurer  
28 or prepaid vision plan, unless the services or materials are

1 reimbursed as covered services or covered materials under the  
2 contract.

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

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

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

20 E. ~~Prepaid~~ Insurers or prepaid vision plans shall provide  
21 standard reimbursements for all lenses with the same design,  
22 quality, and composition. The period of time prescribed by a  
23 contract between any prepaid vision plan and a provider for the plan  
24 to recover any reimbursement amount from a provider shall be the

1 same period of time allowed or required for any provider to recover  
2 any reimbursement amount from a prepaid vision plan.

3 F. ~~A~~ An insurer or a prepaid vision plan shall not use  
4 extrapolation to complete an audit of a vision care provider. Any  
5 additional payment due to a provider or any refund to a prepaid  
6 vision plan shall be based on actual overpayment or underpayment and  
7 shall not be based on extrapolation.

8 G. ~~A~~ An insurer or a prepaid vision plan shall not incentivize  
9 patients to receive vision care services at an entity owned wholly  
10 or in part by the insurer, plan, or subsidiaries of the insurer or  
11 plan. Any entity providing vision care services shall provide  
12 notice to patients that an entity is owned wholly or in part by the  
13 insurer, plan, or subsidiaries of the insurer or plan.

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

17 SECTION 2. This act shall become effective July 1, 2026.

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

22

23 60-2-3725 CAD 3/2/2026 2:31:48 PM

24