

Bill Summary
1st Session of the 60th Legislature

Bill No.:	SB 787
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Author:	Sen. Weaver
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Bill Analysis

SB 787 creates the Oklahoma Health Care Cost Containment and Affordability Act. The measure caps total payments any health care provider for inpatient or outpatient hospital services at the lesser of 200% of the amount paid by Medicare for the item or service or the median amount paid by health benefit plans for the same item or service. The measure prohibits a provider from charging or collecting from any patient an amount greater than cost-sharing amounts authorized by the terms of the health benefit plan and allowed under applicable law. The provisions of this measure shall not apply to critical access hospitals, federally qualified health centers, and rural health clinics.

The measure also requires providers to furnish data to the State Department of Health as needed to calculate the growth rates of health care services and to monitor compliance with the payment limits. Health insurance carriers and the health plan administrator of the state public employee health benefit plan shall provide the Insurance Department with data as needed to calculate the growth rates of health care services, to monitor compliance with the payment limits, and to evaluate compliance with medical loss ratio requirements. The measure requires both departments to keep such data confidential and to provide an electronic report to the President Pro Tempore of the Senate, the Speaker of the House, and the Governor detailing trends for providers, premiums, patient access, and compliance.

Any violation shall be considered an unfair trade practice. Providers who violate the provisions of this measure shall be required to refund any amount received that is more than the limit established in the measure and pay the patient the greater amount of \$1,000.00 or the amount the health care provider received that is more than the established limit. The measure directs the Insurance Department and Commissioner to utilize historical rates of trends for existing products, national and regional medical and health insurance trends, inflation indices, price comparison, ability to pay, efforts to maintain close control over administrative costs, and implementation of effective strategies by the health benefit plan to enhance the affordability of its products to determine the affordability of health plans.

Prepared by: Kalen Taylor