

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

HOUSE BILL 3699

By: Pogemiller

AS INTRODUCED

An Act relating to Medicaid; directing the Oklahoma Health Care Authority to apply for waivers or state plan amendments; providing services the supplemental reimbursement rate shall be used for; providing that the rate shall be reviewed periodically; directing certain physician practices and other entities or individuals to work with certain entities; directing the Oklahoma Health Care Authority to keep certain letter on file; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 4010 of Title 56, unless there is created a duplication in numbering, reads as follows:

A. On or before January 1, 2027, the Oklahoma Health Care Authority (OHCA) shall submit and apply for any federal waivers, state plan amendments, or other authority necessary to:

1. Provide a supplemental reimbursement rate for physician practices, community health workers, nonprofits, or other entities or individuals enrolled in the patient-centered medical home program that currently and actively participate in a team-based, evidence-

1 based pediatric practice or family practice transformation model of
2 care; and

3 2. Collaborate with experts in pediatric health care to select
4 team-based, evidence-based pediatric practice transformation models
5 of care most appropriate for use with the patient-centered medical
6 home program.

7 B. The supplemental reimbursement rate described in subsection
8 A of this section shall:

9 1. Supplement fee-for-service wellness visit rates in a child's
10 medical home program from birth until a child's fourth birthday;

11 2. Support the physician practices, community health care
12 workers, nonprofits, or other entities or individuals enrolled in
13 the patient-centered medical home program to employ
14 interdisciplinary staff required to implement the patient-centered
15 medical home program, including screening completion, or follow the
16 Bright Futures recommendations for screenings at nine (9) months,
17 eighteen (18) months and thirty (30) months or as stated by American
18 Academy of Pediatrics Bright Future guidelines with fidelity; and

19 3. Be reviewed periodically in conjunction with future Medicaid
20 rate reviews for physician services.

21 C. A physician practice, community health worker, nonprofit, or
22 other entity or individual enrolled in the patient-centered medical
23 home program shall work with an entity that utilizes data and
24 outcomes to demonstrate adherence to a team-based, evidence-based

1 pediatric practice transformation model of care focused on young
2 children and families.

3 D. The OHCA shall keep on file a letter, updated annually,
4 verifying that the physician practice, community health worker,
5 nonprofit, or other entity or individual enrolled in the patient-
6 centered medical home program actively participates in a team-based,
7 evidence-based pediatric practice transformation model of care.

8 SECTION 2. This act shall become effective November 1, 2026.

9

10 60-2-14410 CMA 01/07/26

11

12

13

14

15

16

17

18

19

20

21

22

23

24