

1 ENGROSSED HOUSE  
2 BILL NO. 1811

3 By: Newton of the House

4 and

5 Jech of the Senate

6

7 An Act relating to insurance; amending Section 10,  
8 Chapter 303, O.S.L. 2024 (36 O.S. Supp. 2024, Section  
9 6570.9), which relates to treatment of chronic  
conditions and validity period for prior  
authorization of inpatient and non-inpatient care;  
modifying timeframe; and providing an effective date.

10

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

12

13 SECTION 1. AMENDATORY Section 10, Chapter 303, O.S.L.

14 2024 (36 O.S. Supp. 2024, Section 6570.9), is amended to read as  
15 follows:

16

17 Section 6570.9. A. If a prior authorization is required for a  
18 health care service, other than for inpatient care, for the  
19 treatment of a chronic condition of an enrollee, then the prior  
20 authorization shall remain valid for at least six (6) months from  
21 the date the health care provider receives the prior authorization  
22 approval, unless clinical criteria changes and notice of the change  
23 in clinical criteria is provided as stipulated in this act.

1       B. If a prior authorization is required for inpatient acute  
2 care for the treatment of a chronic condition of an enrollee, then  
3 the prior authorization shall remain valid for at least fourteen  
4 (14) calendar days from the date the health care provider receives  
5 the prior authorization approval.

6       1. If an enrollee requires inpatient care beyond the length of  
7 stay that was previously approved by the utilization review entity,  
8 then the utilization review entity shall evaluate any prior  
9 authorization requests for the continuation of inpatient care  
10 according to the provisions of this act. A utilization review  
11 entity shall not use any stricter criteria to determine medical  
12 necessity and appropriateness of the continuation of inpatient care  
13 as the utilization review entity used to evaluate the initial  
14 request for authorization of inpatient care. A utilization review  
15 entity shall review any relevant and pertinent literature or data  
16 provided by the health care provider to determine the medical  
17 necessity and appropriateness of the requested length of stay and/or  
18 continuation of inpatient care. A prior authorization for the  
19 continuation of inpatient care shall remain valid for a maximum of  
20 fourteen (14) calendar days from the date the health care provider  
21 receives the prior authorization approval.

22       2. If a utilization review entity fails to respond to a health  
23 care provider's timely prior authorization request for the  
24 continuation of inpatient acute care before the termination of the

1 previously approved length of stay, then the health benefit plan  
2 shall continue to compensate the health care provider at the  
3 contracted rate for inpatient care provided until the utilization  
4 review entity issues its determination on the prior authorization  
5 request.

6 For the purposes of this section, a timely request for  
7 continuation of inpatient care means a request that is submitted at  
8 least ~~seventy-two~~ twenty-four (24) hours prior to the  
9 termination of the previously approved prior authorization and  
10 includes all necessary information for the utilization review entity  
11 to make a determination.

12 3. If a utilization review entity issues an adverse  
13 determination to a health care provider's prior authorization  
14 request for continuation of inpatient acute care and the health care  
15 provider appeals the adverse determination according to the  
16 provisions of this act, then the health benefit plan shall continue  
17 to compensate the health care provider at the contracted rate for  
18 inpatient care provided until the appeal has been finalized.

19 C. This section does not require a health benefit plan to cover  
20 care, treatment, or services for a health condition that the terms  
21 of coverage otherwise completely exclude from the policy's covered  
22 benefits without regard for whether the care, treatment, or services  
23 are medically necessary.

24 SECTION 2. This act shall become effective November 1, 2025.

1           Passed the House of Representatives the 13th day of March, 2025.  
2  
3  
4

---

Presiding Officer of the House  
of Representatives

5  
6           Passed the Senate the \_\_\_\_\_ day of \_\_\_\_\_, 2025.  
7  
8

---

Presiding Officer of the Senate

9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24