

1                           **SENATE FLOOR VERSION**

2                           February 27, 2025

3 COMMITTEE SUBSTITUTE  
FOR  
4 SENATE BILL NO. 438

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7                           By: Coleman

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9                           An Act relating to health insurance; amending 36 O.S.  
10 2021, Section 1219.6, which relates to methods of  
11 payments to providers; requiring notice of certain  
12 fee; requiring certain instructions; updating  
13 statutory language; and providing an effective date.

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

15                           SECTION 1.       AMENDATORY       36 O.S. 2021, Section 1219.6, is  
16 amended to read as follows:

17                           Section 1219.6. A. As used in this section:

18                           1. "Health maintenance organization" means an entity that is  
19 organized for the purpose of providing or arranging health care,  
20 which has been granted a certificate of authority by the Insurance  
Commissioner as a health maintenance organization pursuant to the  
Health Maintenance Organization Act of 2003;

21                           2. "Credit card payment" means a type of electronic funds  
22 transfer in which a health insurance plan or health insurer or its  
23 contracted vendor issues a single-use series of numbers associated  
24 with the payment of health care services performed by a health care

1 provider and chargeable to a predetermined dollar amount, whereby  
2 the health care provider is responsible for processing the payment  
3 by a credit card terminal or Internet portal. Such term shall  
4 include virtual or online credit card payments, whereby no physical  
5 credit card is presented to the health care provider and the single-  
6 use credit card expires upon payment processing;

7       3. "Electronic funds transfer payment" means a payment by any  
8 method of electronic funds transfer other than through the Automated  
9 Clearing House Network (ACH), as codified in 45 CFR C.F.R., Sections  
10 162.1601 and 162.1602;

11       4. "Health care provider" means any physician, dentist,  
12 pharmacist, optometrist, psychologist, registered optician, licensed  
13 professional counselor, physical therapist, chiropractor, hospital  
14 or other entity or person that is licensed or otherwise authorized  
15 in this state to furnish health care services;

16       5. "Health care provider agent" means a person or entity that  
17 contracts with a health care provider establishing an agency  
18 relationship to process bills for services provided by the health  
19 care provider under the terms and conditions of a contract between  
20 the agent and health care provider. Such contracts may permit the  
21 agent to submit bills, request reconsideration and receive  
22 reimbursement;

23       6. "Health care services" means the examination or treatment of  
24 persons for the prevention of illness or the correction or treatment

1 | of any physical or mental condition resulting from illness, injury  
2 | or other human physical problem and includes, but is not limited to:  
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4 |     a. hospital services which include the general and usual  
5 |                 services and care, supplies and equipment furnished by  
6 |                 hospitals,  
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8 |     b. medical services which include the general and usual  
9 |                 services and care rendered and administered by doctors  
10 |                 of medicine, doctors of dental surgery and doctors of  
11 |                 podiatry, and  
12 |  
13 |     c. other health care services which include appliances  
14 |                 and supplies; nursing care by a registered nurse or a  
15 |                 licensed practical nurse; care furnished by such other  
16 |                 licensed practitioners; institutional services  
17 |                 including the general and usual care, services,  
18 |                 supplies and equipment furnished by health care  
19 |                 institutions and agencies or entities other than  
20 |                 hospitals; physiotherapy; ambulance services; drugs  
21 |                 and medications; therapeutic services and equipment  
22 |                 including oxygen and the rental of oxygen equipment;  
23 |                 hospital beds; iron lungs; orthopedic services and  
24 |                 appliances including wheelchairs, trusses, braces,  
               crutches and prosthetic devices including artificial  
               limbs and eyes; and any other appliance, supply or  
               service related to health care;

1       7. "Health insurance plan" means any hospital or medical  
2 insurance policy or certificate; qualified higher deductible health  
3 plan; health maintenance organization subscriber contract; contract  
4 providing benefits for dental care whether such contract is pursuant  
5 to a medical insurance policy or certificate; stand-alone dental  
6 plan, health maintenance provider contract or managed health care  
7 plan; and

8       8. "Health insurer" means any entity or person that issues  
9 health insurance plans, as defined in this section.

10      B. Any health insurance plan issued, amended or renewed on or  
11 after January 1, 2020, between a health insurer or its contracted  
12 vendor or a health maintenance organization and a health care  
13 provider for the provision of health care services to a plan  
14 enrollee shall not contain restrictions on methods of payment from  
15 the health insurer or its vendor or the health maintenance  
16 organization to the health care provider in which the only  
17 acceptable payment method is a credit card payment.

18      C. If initiating or changing payments to a health care provider  
19 using a credit card, a health insurance plan, health insurer or its  
20 contracted vendor, or health maintenance organization shall:

21       1. Notify the health care provider of any fees associated with  
22 a particular payment method; and

1       2. Advise the health care provider of the available methods of  
2 payment and provide clear instructions on how to select a preferred  
3 method of payment.

4           D. If initiating or changing payments to a health care provider  
5 using electronic funds transfer payments, including virtual credit  
6 card payments, a health insurance plan, health insurer or its  
7 contracted vendor, or health maintenance organization shall:

8           1. Notify the health care provider if of any fees that are  
9 associated with a particular payment method; and

10          2. Advise the provider of the available methods of payment and  
11 provide clear instructions to the health care provider as to how to  
12 select an alternative payment method.

13           D. E. A health insurance plan, health insurer or its contracted  
14 vendor, or health maintenance organization that initiates or changes  
15 payments to a health care provider through the Automated Clearing  
16 House Network, as codified in 45 CFR C.F.R., Sections 162.1601 and  
17 162.1602, shall not charge a fee solely to transmit the payment to a  
18 health care provider unless the health care provider has consented  
19 to the fee. A health care provider agent may charge reasonable fees  
20 when transmitting an Automated Clearing House Network payment  
21 related to transaction management, data management, portal services  
22 and other value-added services in addition to the bank transmittal.

23           E. F. The provisions of this section shall not be waived by  
24 contract, and any contractual clause in conflict with the provisions

1 of this section or that purport to waive any requirements of this  
2 section are void.

3 F. G. Violations of this section shall be subject to  
4 enforcement by the Insurance Commissioner.

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

6 COMMITTEE REPORT BY: COMMITTEE ON BUSINESS AND INSURANCE  
February 27, 2025 - DO PASS AS AMENDED BY CS

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