

OKLAHOMA

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	 Requires health systems or providers to notify the state of consolidation transactions	The Oklahoma Department of Health must be notified of any proposed long-term care facility acquisition under the state Certificate of Need laws.
Authority to Modify or Reject Consolidation Transactions	 Has authority to approve, set conditions, or disapprove consolidation transactions	The Oklahoma Commissioner of Health has the authority to approve or deny proposed long-term care facility acquisitions under the Certificate of Need process.
Affordability Criteria included in Transaction Review	 Does not include consumer affordability or price growth in review criteria, approval conditions, or both	



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Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 Non-competes generally unenforceable or prohibited	Oklahoma law bans all noncompete agreements, rendering them invalid and unenforceable.
Restricts Most-Favored Nation Contract Provisions	 No law restricting Most Favored Nation contract provisions	



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No Source, or Limited Information Found

Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Oklahoma has established balance bill protections that extend to both public and private ground ambulance services and cover both emergency and non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	



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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	 State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Oklahoma requires certain hospitals, including those run by the University Hospital Authority, to provide a baseline level of charity care. This minimum amount is based on the hospital's reported Medicare costs.
Hospital Charity Care Screening Requirements	 State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	 State does not require health care providers to notify patients of charity care options before collecting payment	
Hospital Community Benefit Reporting Requirement	 State law does not require hospitals to annually report the amount of charity care provided	Oklahoma requires hospitals reimbursed by the Trauma Care Assistance Revolving Fund to submit semiannual reports detailing the amount of trauma charity care provided, cost-to-charge ratios, and other financial information using state-designated forms. However, this reporting requirement applies specifically to trauma-related services and does not cover general hospital charity care.



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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	✗ State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	● State law does not prohibit initiating a lien or foreclosure to collect medical debt	Oklahoma has an unlimited homestead exemption, which protects residents from losing their homes due to debt.
Limits Wage Garnishment due to Medical Debt	✗ State law exceeds federal wage garnishment protections for residents with medical debt	
Limits on the Amount of Interest Charged to Medical Debt	✗ The state has not enacted a law to limit interest rates for medical debt	

Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	 Does not have an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	 Does not have the authority to modify or reject premium rate increases	The federal government is responsible for reviewing rate filings in states without an effective rate review program.
Affordability Criteria Included in Premium Rate Review	 Does not incorporate affordability criteria into premium rate review	



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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	State uses reference-based pricing tied to Medicare rates to regulate hospital pricing	Oklahoma reported using reference-based pricing in its public employee plans in a 2023 survey, but it is unclear what the reference range is or whether it's still in effect. Oklahoma also introduced SB 78 in 2025 which would have capped total payments to any health care provider for inpatient or outpatient hospital services at the lesser of 200% of the amount paid by Medicare or the median amount paid by health benefit plans, but it did not pass.
Hospital Global Budgets	State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	 State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	 State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	 State does not operate a Basic Health Plan	
State-Based Premium Subsidies	 State does not offer supplementary state-funded premium subsidies	



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	 State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	 Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Oklahoma are required to notify the prescribing physician of a biological substitution, however no time requirements are set in the governing statutes.
Drug Purchasing Consortium	 State participates in a drug purchasing consortium (see note)	Oklahoma is a member of the Sovereign States Drug Consortium.
Drug Coupon Prohibitions	 State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	 State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	 Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Oklahoma has policies or tools to promote mandatory generics.



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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are required to report rebate data to the state	
Spread Pricing Restrictions	State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager (PBM) Reimbursement and Clawbacks	State prohibits PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State prohibits copay accumulator programs	



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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	 State partners with MCOs to operate their Medicaid program	Oklahoma’s MCO program, SoonerSelect, covers many Medicaid recipients including children, foster children, low-income adults, pregnant women, non-disabled adults ages 19-64, and juvenile justice-involved children. Native Americans may enroll in SoonerSelect but are not required to.
Medicaid Vendor — Eligibility and Enrollment	 State contracts with a vendor for Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	 State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	



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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program covers infertility treatments, fertility preservation, or both (see notes)	Oklahoma Law S.B. 1334 requires coverage of standard fertility preservation services for all health benefit plans, including Medicaid, effective January 1, 2025.
Medicaid Coverage for Doula Services	 State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	 State Medicaid program does not explicitly cover transition-related care for adults	State Medicaid has no explicit and/or clear policy regarding transition-related healthcare.
Medicaid Coverage for Hearing Aids	 State Medicaid program does not cover hearing aids for adults	
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program offers no coverage for either eye exams or eyeglasses for adults	Eye exams and glasses are only covered for treatment of eye disease or injuries.
Medicaid Coverage for Dental Services	 State Medicaid program covers some dental services for adults (see notes)	Oklahoma Medicaid does not offer coverage for root canals or crowns.



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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	.
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	.
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	Oklahoma Medicaid has expanded its asset limit to \$9,660 for individual applicants and \$14,470 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State does not exempt retirement savings from Medicaid eligibility determinations	



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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option, but does not include post-partum coverage	
Immigrant Children without a Five-Year Bar	 State does not offer coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Does not offer coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	 State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	 APCD is not operated by the state	Oklahoma has a voluntary APCD maintained by the non-profit MyHealth Access Network.

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	 The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	 The state has not established Upper Payment Limits for prescription drugs	

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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	 State has a public-facing price transparency tool that reports negotiated rates	
Prescription Drug Price Reporting Requirement	 Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	 State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	 State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	 State does not monitor and report hospital spending, primary care spending, or both	SB 563 passed in 2023 affirmed requirements for reporting of the percentage of health care expenses by each contracted entity on primary care services and that no later than the fourth year of a contract with the Medicaid program must devote at least 11% to primary care to the Oklahoma Health Care Authority.



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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Oklahoma caps the out-of-pocket cost for each 30-day supply of prescription insulin at \$30.00.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector (s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Oklahoma caps cost-sharing for oral anticancer medications at \$100.00 per prescription.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state requires individual and small group health plans to offer coverage for fertility preservation services, but not for in-vitro fertilization	Oklahoma requires health benefit plans to cover fertility preservation services when individuals diagnosed with cancer are undergoing treatments that may cause iatrogenic infertility. In vitro fertilization (IVF) is not covered.
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	 State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	 State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams*	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	 State law does not require coverage or waive cost-sharing for lung cancer screening exams*	



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No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law does not require coverage or waive cost-sharing for cervical cancer screening exams*	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	Oklahoma requires health insurance carriers to cover some supplementary breast cancer screening examinations without cost-sharing. Beginning November 1, 2025, the state will expand the screening modalities included in the coverage requirement and cost-sharing prohibition to CEM, MRI, US, and MBI.

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	 State law requires insurers to cover prostate cancer screening but allows cost-sharing	Oklahoma requires health insurance carriers to cover prostate cancer screenings and caps cost-sharing at \$65.00 per examination.
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	 State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	Health insurance carriers in Oklahoma are required to cover genetic testing and imaging services for the detection of cancer or to evaluate an individuals risk of developing cancer, but it is unclear if this extends to ovarian cancer.
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	 State requires coverage of biomarker testing for cancer screening but allows cost-sharing	Oklahoma requires all health benefit plans, including private insurers and SoonerCare (Medicaid), to cover biomarker testing when it has demonstrated clinical utility. The law does not prohibit cost-sharing.



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