

### **Rule Impact Statement (2025)**

**A. Purpose of the proposed rule and legal authority (75 OS § 253(B)(2)(b)(1), 75 OS 303(D)(2)(a))**

The proposed revisions align Nursing Facility policy with the Title XIX State Plan by clarifying that durable medical equipment (DME) is not an ancillary service.

**Authority:** The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; and Section 1396(a)(13)(A) of Title 42 of the United States Code.

**B. Brief description of the proposed rule (75 OS 253(B)(2)(b)(3))**

The OHCA is seeking to revise the Nursing Facility policy to align agency rules with the Title XIX State Plan durable medical equipment (DME) reimbursement guidelines for nursing facilities, which stipulate that DME is included as part of the nursing facility rate methodology, and is not billed separately.

**C. Classification of proposed rule (75 OS 253(B)(2)(b)(2))**

**Classification:**  Major  Nonmajor

**Justification:** (Include estimate of total implementation and compliance costs over 5 years and basis for estimate. If  $\geq \$1,000,000 \rightarrow$  classified as major.)

**Total annual implementation and compliance costs:** \$0

**Methodology used to calculate costs** (75 OS 253(B)(2)(b)(7)):

The proposed rule change aligns agency rules with current practice and the State Plan. There will be no implementation and compliance costs.

**D. Description of affected classes of persons most likely to be impacted by the proposed rule (75 OS 253(B)(2)(b)(4), 75 OS 303(D)(2)(b))**

The affected class of persons most likely to be impacted by the proposed rule is residents in Medicaid long-term care facilities. Because DME is included in the daily rate, funding will be immediately available to long-term care facilities to meet their residents' DME needs.

**E. Description of classes who will benefit from the proposed rule (75 OS 253(B)(2)(b)(5), 75 OS 303(D)(2)(c))**

The classes who will benefit from the proposed rule are residents in Medicaid long-term care facilities and long-term care facilities.

**F. Comprehensive economic impact analysis (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(d))**  
**Methodology used to calculate costs** (75 OS 253(B)(2)(b)(7)):

Since the proposed rule change will continue current practice, there will be no economic impact. However, long-term care facilities might be able to enjoy economies of scale if they purchase DME products in bulk from suppliers.

**G. Probable costs and benefits to OHCA and other agencies (75 OS 253(B)(2)(b)(6), 75 OS 303(D)(2)(e))**

Agency staff has determined that the proposed rule is budget neutral.

**H. Economic impact on political subdivisions and whether their cooperation is required (75 OS 253(B)(2)(b)(8), 75 OS 303(D)(2)(f))**

The proposed rule change would not have an economic impact on any political subdivision or require their cooperation to enforce the rule.

**I. Economic impact on small businesses (75 OS 253(B)(2)(b)(9), 75 OS 303(D)(2)(g))**

The agency does not anticipate that the proposed rule will have an adverse effect on any small business.

**J. Measures taken to minimize compliance costs and assessment of less costly, less intrusive, or nonregulatory alternatives (75 OS 253(B)(2)(b)(10), 75 OS 303(D)(2)(h))**

There are no less costly, less intrusive, or nonregulatory alternatives. The proposed change will align agency rules with current practice and the State Plan.

**K. Effect of the rule on public health, safety, and the environment (75 OS 253(B)(2)(b)(11), 75 OS 303(D)(2)(i))**

The proposed rule will not have a negative effect on public health, safety and the environment. Long-term care facilities will be able to procure DME products at competitive prices from the open market for their residents.

**L. Detrimental effects if the proposed rule is not implemented (75 OS 253(B)(2)(b)(12), 75 OS 303(D)(2)(j))**

If the proposed rule is not implemented, there will be a conflict between the DME language in rules for long-term care facilities and the State Plan.

**M. Summary of and preliminary comparison to existing or proposed federal regulations**  
(75 OS 303(D)(2)(n))

*The proposed rule change will align agency rules with the State Plan, which states that the daily rate covers DME products and that they are not billed separately.*

**N. Analysis of alternatives to adopting the proposed rule (75 OS 303(D)(2)(l))**

*There are no other alternatives to adopting this proposed rule.*

**O. Estimates of internal OHCA employee time and other resources used to develop the proposed rule (75 OS 303(D)(2)(m))**

OHCA has spent approximately 30 hours developing the proposed rule.

**P. Date statement prepared or modified (75 OS 253(B)(2)(b)(13), 75 OS 303(D)(2)(k))**

*Prepared date: November 20, 2025*